Chronology

of the

Swine Flu Pandemic

Main Events of 2009-2010

RemembeЯ

"… The world can now reap the benefits of investments, over the last five years, in pandemic preparedness …"
Dr. Margaret Chan, Geneva, WHO, June 11, 2009

Chronology

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Swine Flu Pandemic

Main Events
of 2009-2010

a collection
of articles, documents, news, and remarks
on the history of the Swine Flu Pandemic
which 'affected' Humanity in 2009-2010

RemembeЯ

2024-2025

M. Teppone.
Chronology of the Swine Flu Pandemic: Main Events of 2009-2010.
A collection of articles, documents, news, and remarks on the history of the Swine Flu Pandemic, which 'affected' Humanity in 2009-2010. – RemembeЯ, 2024-2025, P. 1896

Disclaimers

This Collection was compiled by Dr. Mikhail Teppone.

It was prepared in the course of research on Swine Flu Pandemic which was declared in 2009. The need for this collection is due to the fact that many web pages with the information related to the history of the 'Swine Flu Pandemic' and 'Global Vaccination Project' have been lost or removed from the original web-sites (see Chapter 20) and were preserved only in the web archive.

Another reason for preparing this collection is that historical facts published at the news platforms are usually forgotten and become inaccessible for further research.

The Collection has been prepared for research and education purposes to encourage further studies related to influenza pandemics that have occurred in the XXI century.

The Collection includes information that was found in the public domain.

The Compiler declares there is no conflict of interests or any financial interest.

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Jefferson: It's true that influenza viruses are unpredictable, so it does call for a certain degree of caution. But one of the extraordinary features of this influenza – and the whole influenza saga – is that there are some people who make predictions year after year, and they get worse and worse.

None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all? Nothing. But that doesn't stop these people from always making their predictions. *Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur*. [A Whole Industry is Waiting for a Pandemic. – Spiegel International, 21 July 2009]

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Chapter 1

Introduction:

Some events before Declaration of a Pandemic

Roadmap
of the Swine Flu Pandemic

Gain-of-Function research on viruses
since 1950s ...
Rescue of Spanish Flu virus in 2004

a Bird Flu Alarm: Manufacture of Bird Flu Vaccines
in 2007-2008

Decline of a Bird Flu Pandemic Alarm
2007-2008

Spreading Vaccine "contaminated" with Bird Flu virus
in January 2009

a Lawsuit against Baxter (Austria)
8 April 2009

a Swine Flu Epidemic in Mexico
mid of April 2009

a Swine Flu Pandemic Alarm
25-29 April 2009

Decline of a Swine Flu Epidemic in Mexico
3 May 2009

Change of Swine Flu Reporting in the US
4 May 2009

Change of a Definition of a Pandemic on the WHO website
4/6 May 2009

Declaration of the Swine Flu Pandemic
11 June 2009

Global Vaccination Project
started in Fall 2009

Declaration of the National Emergency in the USA
24 October 2009

PACE: Health Committee Denounced 'Unjustified Scare' of a Swine Flu Pandemic by WHO
4/24 June 2010

a Swine Flu Pandemic is over
10 August 2010

San Francisco Examiner

Mary Jo Takach

No Cure for that Cold?

San Francisco Examiner (San Francisco, CA), 1972, Oct 8, Sun, N 41: 28.
https://newspaperarchive.com/tags/?pl=common-cold-is-like-the-weather&pr=10&page=2/

No Cure For That Cold?

By Mary Jo Takach

New York

THE common cold is like the weather — everybody talks about it but no one can do much about it.

Nearly 26 years ago Britain's Medical Research Council set up a unit at Harvard Hospital, Salisbury, to study common colds. In the beginning, in England, as in the United States, the major research was to identify the cause of the common cold. The study of viruses was young and scientists were hopeful that only one or two caused the common cold.

Volunteers Exposed

The original viruses were identified by exposing volunteers to them and seeing what happened. The volunteers would be inoculated with potentially infectious viruses by placing a few drops of liquid containing them into the nose and if any of them developed colds this would indicate that virus had been present in the inoculus, explains Dr. Sylvia Reed of the cold unit's research staff.

Today, the number of viruses is no longer of interest. "It is now known that there are more than 90 serotypes of rhinoviruses, which do not cross-immunize against one another," Dr. Reed says. "Furthermore, a new group of viruses has also been isolated. These are called human coronaviruses and they also cause typical colds."

Dr. James Spray of the National Center for Disease Control in Atlanta, Ga., estimates that there are at least 200 cold viruses which cause Americans to lose 47 million workdays and 65 million school days every year.

These viruses do not cross-immunize. This means each virus would need its own vaccine. In addition, vaccines cause antibodies in the bloodstream and cold viruses affect the outer linings of the nasal passages — just about as far away from the bloodstream as one can get in the body." Dr. Spray notes. Also, the immunity against a cold lasts for about two weeks.

Thus, researchers have decided it is just not worth the effort to develop 200 vaccines which would have to be given every two weeks or so. The U.S. National Institutes of Health (NIH) closed down its Board of Vaccine Development last year, deciding it was a waste of time and money. The British equivalent is still flourishing although the trend of its research has changed radically.

There are at least 200 cold viruses

Volunteers, however, still enroll in the British program for 10 days. Only healthy people aged 18 to 50 are accepted and they are isolated in pairs or threes in comfortable apartments. The only people the volunteers meet other than their "flatmates" are the doctor, nurse and virologists, who are all gowned and masked.

Many of the volunteers are students, nurses, married couples or groups of housewives who can enjoy a relaxing holiday without expenses and with a bit of pocket money. Only about a third come down with a cold. Some actually return for another "vacation."

"At present," Dr. Reed explains, "the volunteers assist in two main research topics." One is assessing the activity in man of antiviral drugs. The other is testing influenza vaccines.

"At Salisbury, drugs which are known to be active against respiratory viruses in test tubes and which have satisfactorily completed their toxicology testing can be assessed for activity against experimental infections of volunteers using rhinoviruses, coronaviruses or attenuated influenza viruses," Dr. Reed says.

Possible Drugs

There are several drugs, according to Dr. Donald D'Alessio, an assistant professor of preventive medicine at the University of Wisconsin, which show some tendency to kill viruses the way antibiotics kill bacteria. "We have tested several compounds which showed activity in tissue against a group of viruses. Unfortunately, in humans the activity of these drugs is marginal."

When a specific compound does not work, researchers then try different derivatives of the compound in hope that one of these will prove stronger. As of yet, Dr. D'Alessio says, there has been no compound that shows itself to be "hot stuff," despite recent reports of one that has given some positive results in animal tests.

Enterprise Science Service

The common cold is like the weather – everybody talks about it but no one can do much about it.

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Enterprise Science Service

American Journal of
EPIDEMIOLOGY

Nic Masurel, William M. Marine

Recycling of Asian and Hong Kong influenza A virus hemagglutinins in man

Am J Epidemiol. 1973 Jan; 97(1): 44-49.
doi: 10.1093/oxfordjournals.aje.a121483. PMID: 4684066.

Pre-Asian/57 and post-Hong Kong/ 68 epidemic sera were studied for antibodies to A/Japan/305/57 (H2N2), A/Hong Kong/1/68 (H3N2), and A/Equine/63 (Heq2Neq2) viruses by the hemagglutination-inhibition test. The relationship of antibodies in pre-Asian/57 sera further established the hypothesis that a Hong Kong/ 68-like virus stimulated antibody cross-reacting asymmetrically with Hong Kong/68 and Equine/63 hemagglutinins.

The lack of a predictable quantitative and qualitative relationship of Asian/57 and Hong Kong/68 antibodies in the pre-Asian/57 sera, together with the different timing of increase in prevalence to these two hemagglutinins, lead to a unified hypothesis for recycling of Asian/57-like and Hong Kong/68-like viruses.

The positive relationship between Asian/57 and Hong Kong/68 antibodies in the pre-Asian/57 and post-Hong Kong/68 collection of sera is explained by the anamnestic stimulation of Asian/57 antibody.

A hemagglutinin-mediated anamnestic response in Asian/57 antibody by Hong Kong/68 vaccine was confirmed in a group of young adults, using hemagglutinin-specific recomhinants.

Although the data do not permit the exact timing of this recycling, we can be quite certain that influenza viruses with Asian/57-like and Hong Kong/68-like hemagglutinins occurred in the same sequence at the end of the 19th century as was seen in 1957 and 1968.

The implications of this conclusion include the prediction that a Swine-like influenza A virus may **recur in man by 1985–1990**.

THE State Journal

W. Kim Heron

Tomorrow's Sci-Fi: Aspiring writers gather here at feet of pros

The State Journal (Lansing, MI), 12 August 1975, Tue, p. B-3.

Stan Robinson from California stood in the phone booth: "I found your letter on the floor. I guess it has been there about two weeks so I figured I better call ... Yes, things are going well, Damon is here ..." The revered editor and writer Damon Knight of science fiction circles and his wife Kate (Kate Wilhelm of science fiction and nonscience fiction circles) were in their room with four of the floating pool of 25 Clarionoids writers of the Clarion science fiction writing workshop con-ference and their coordinator Larry Isaacs.

Tomorrow's Sci-Fi

Aspiring Writers Gather Here at Feet of Pros

Damon Knight Kate Wihelm

The Mason Hall apartment on Michigan State University campus. on one of the final mornines of the work-shop, was littered with peanut jars, beer bottles. empty glasses. glasses being emptied, manuscripts. Damon's bare feet over the edge of the coffee table and bing-flopping-bing-thud, mini-sized superbails careening off the walls, making occupants duck. Welcome to closing scenes from Clarion 8: A science fic-tion writer's workshop which for the past six weeks put together 25 aspiring science fiction writers with six professionals, one a week for the first four weeks. then the Knights for two weeks together.

The first four were Samuel Delaney, Gene Wolfe, Joe Haldeman and Roger Zelanzny, all familiar names to science fiction devotees. Damon Knight also buys workshop material for his biannual "Orbit" hard-back anthology. This year Kate Wilhelm is planning an anthol ogy of Clarion writers, to indude this year's workshop and last year's. The original "Clarion" series was edited by former director Robin Scott Wilson. After watching one clannoid spit a ping pong ball out of his mouth – which struck another, cutting off his Donald Duck imitation during an early morning insanity session – Isaacs explained that "this year may not be the best writers, or the brightest intellects, but they do display the widest array of talents." The writers come from a variety of backgrounds though most are either college students, graduates or dropouts. They vary in age from 18 to 37 and geologically they range coast to coast and north to Saskatoon in Canada.

Most Have written before; some have been published, others have collected folders full of rejection notices. All are white. 21 are male and four female. The attraction to science fiction is in part no different from the attraction of Buck Rogers in the pulp '40s: The fantastic. Len Rosenberg, an unem ployed former college student from New York, said, "I like the fantastic and the weird, and I think that science fiction is a good kind of meta-phor for society and the changes that are taking place."

Knight Puts it in a larger context, saying that our current notions of fiction come from realism and naturalism, a movement that is only about 100 years old. "All the way back men have dreamed of strange places. like Sinbad's voyages to strange places," said Kate Wilhelm. "Now it's spaceships instead of sailing boats." *The workshop produced numerous stories around three problems in particular raised by current science: Cloning, genetic manipulation and brain control*.

Cloning is a technique where a single cell or bit of tissue from an organism could be used to regrow an entire organism. In human terms, scientists could thus grow a twin from anyone, using a piece of his or her tissue.

Genetic manipulation is the process of altering the genes which determine the form, function and operation of an organism. For example, a genetically altered human could have gills, while a genetically altered virus might be one human beings, would have no immunity to. Recent brain research has revealed new information about how the brain operates. but this knowledge can be used for good or evil.

All these become fertile grounds for science fiction writers worried about the re-luctance of scientists to look into the implications of their own research. While science, technology and gadgetry have been corn-mon in science fiction, the writers today enter a more literate and more respectable field than the pulp days. Science fiction has become an accepted part of many college programs and is being adopted m high schools. What was a "ghettoized" school of writing is now closer to the mainstream than ever. But the short story market the writers hope to sell to is in a dreary state. Reprints outsell new material and pay averages three cents a word. A major impact of the workshop, according to most participants and writers alike was on basic writing skills, not problems particular to science fiction.

But what the workshop offered most of all was in-stant feedback. Mike Berlyn, a college stu-dent from Florida, busily edit-ing another writer's manus-cript, said, "The great thing is that you're with each other 24 hours a day. "You get direct feedback," he said. "This workshop has taken my writing from the 1940s to the 1970s ... well, at least the 1950s."

The New York Times

Edwin D. Kilbourne

Flu to the Starboard! Man the Harpoons!
Fill ’em With Vaccine! Get the Captain! Hurry!

The New York Times, 13 February 1976, p. 32
https://www.nytimes.com/1976/02/13/archives/flu-to-the-starboard-man-the-harpoons-fillem-with-vaccine-get-the.html

World-wide epidemics, or pandemics, of influenza have marked the end of every decade since the 1940's – at intervals of exactly eleven years 1946, 1957 and 1968. A perhaps simplistic reading of this immediate past tells us that 11 plus 1968 is 1979, and urgently suggests that those concerned with the public health had best plan without further delay for an imminent natural disaster.

Since the virus of influenza was first isolated in 1933, it has been measured, dissected and chemically analyzed with the assumption that its tiny particle holds the secret of its unique ability to persist into the twentieth century as the last great plague of man. In truth, the influenza virus particle will reveal the secret of its unusual mutability when the function of its genes and proteins can be understood.

The basic structure of the virus is now known, its proteins and genes counted and numbered and subject to deliberate laboratory manipulation, yet we have no answer to its predictable disappearance every ten years and its periodic replacement by new mutants to which the whole world is susceptible.

Reasonably effective vaccines for influenza have been available for thirty years, but not even recent pandemics have been significantly influenced by human intervention. Whenever pandemic influenza next appears, we must improve upon our well-intentioned but uncoordinated individual efforts of the past that have resulted in ambiguous advice to the public and inadequate production and maldistribution of vaccines.

The initial introduction in 1968 of the currently circulating Hong Kong subtype of influenza virus witnessed within the United States alone the occurrence of more than 50 million illnesses and 19,000 influenza-associated deaths (and 1968 was not our worst pandemic year). The economic burden of such a disaster is not easily Calculated but in 1968-69 approached $4 billion if losses in earnings are added to total medical costs.

If, then, we accept pandemic influenza as a disaster and are concerned about its apparent predictability, what can be done about the predictable disaster of circa 1979? Although hardly as predictable as the tides, the recurrence of pandemics is predictable, if the record of the last 400 years is any guide to the future.

Much can be done without a single new scientific development. Our present vaccine policy is not carried out in practice. This policy recommends the preferential immunization of the estimated 45 million Americans unusually susceptible to influenza complications (pneumonia and death) even in interpandemic years.

But only about 20 million doses of vaccine are produced annually, and of this amount less than half reaches the high-risk population.

A central advisory commission should be established to coordinate the influenza-related research activities of the National Institute for Allergy and Infectious Diseases, the vaccine regulatory functions of the Bureau of Biologics of the Food and Drug Administration, and the epidemiological surveillance and public health advisory functions of the Center for Disease Control, to insure adequate production of vaccine by the private sector and its appropriate distribution. Achievement of this objective may require governmental subsidizing of industry with the probability of occasional overproduction of vaccine – but discarded vaccine should be weighed against discarded lives.

Although present vaccines do not produce lasting immunity, they are 70 percent to 90 percent effective for about one year. These vaccines have never been systematically or widely used during pandemics. If only individuals abnormally susceptible to fatal complications (those over 65 years of age and those with cardiac or pulmonary disease) were selectively immunized, many of the predictable thousands of deaths and millions of illnesses could be prevented.

Recent basic research has already yielded practical dividends in enhancement of vaccine production by the use of genetically modified viruses – thus shortening the production lag responsible, in part, for past vaccine shortages in pandemic years.

Meanwhile, research on new live virus vaccines as well as basic studies should be accelerated so that these and other new approaches to the control of pandemic influenza can be tested when pandemic influenza, the predictable natural disaster, next strikes.

The New York Times

Harold M. Schmeck, Jr.

U.S. Calls Flu alert on possible return of epidemic's virus.
Special to The New York Times

The New York Times, 20 February 1976, p. 1, 69.
https://www.nytimes.com/1976/02/20/archives/us-calls-flu-alert-on-possible-return-of-epidemics-virus-us-flu.html

WASHINGTON, Feb. 19 – The possibility was raised today that the virus that caused the greatest world epidemic of influenza in modern history – the pandemic of 1918-19 – may have returned.

As yet no one knows whether this has happened. Because of the potential importance of such a return, however, Federal health experts are alerting all state health departments and the World Health Organization. A worldwide influenza surveillance network will he looking for the suspected virus.

The experts said that there was little danger of any "wildfire" epidemic of the newly found virus this season, since flu virus seems to spread slowly and the flu season usually ends by mid-March or lateApril.

The reason for the alert, made public today, was the discovery of an unusual strain of influenza virus in four flu victims at Fort Dix, N.J. One of the patients, an 18-year-old man, died.

The announcement was made in Atlanta today by experts at the Federal Government's Center for Disease Control. It was disclosed that the four patients at Fort Dix were infected with la virus that appeared to he hybrid combining characteristies of human Asian flu virus and a virus that causes flu-like illness in swine.

"Although the swine-type virus has been found in swine for many years, this is the first time to our knowledge that it, has been associated with an outbreak of influenza in the human population in the United States," said Dr. H. Bruce Dull, assistant director of the disease-control center. "Whether this is significant or merely a curiosity Is unknown at this time."

The reason for the alert, he and other experts said, is that some evidence suggests that the great flu pandemic of 1918- 19 was caused by a virus related to that of swine influenza.

The main evidence is that many persons over the age of 50 have antibodies to the swine, influenza virus, suggesting that they must have been exposed to it. Influenza viruses were not discovered until the 1930's.

For that reason, health experts have no way of knowing specifically what virus strain caused the great pandemic,

The word pandemic means world epidemic. The influenza pandemic of 1918-19 is believed to have involved 200 million cases—perhaps one-tenth of the human race at that time—and about 20 million deaths. Nothing approaching that pandemic has been seen since, although there have been periodic world. outbreaks.

In the United States, the toll from the 1918-19 pandemic was roughly 20 million cases and half a million deaths.

The virus that caused the, pandemic was both exceptionally widespread and unusually deadly. After the great outbreak, that virulent form apparently did not persist long in the human population.

Occasional cases of flu in humans have been linked to virus like the swine virus. There was one such case in 1974 in Minnesota and one last fall in Wisconsin, both in farm residents.

The cluster of cases at Fort Dix was an entirely different sort of occurrence. It involved four persons, none of whom seemed likely to have been exposed to swine carrying virus.

The virus was discovered during routine investigations by, New Jersey and military doctors. Now, in addition to the worldwide alert, the New Jersey and military medical authorities are carefully evaluating flu in New Jersey to see if the virus may extend beyond the four cases.

"It is possible that the cluster of cases at Fort Dix represents little more than a curiosity,"

Dr. Dull said. "Nevertheless, the findings require careful evaluation and special investigation." Existing flu vaccines would be of virtually no use against the newly detected virus. Vaccine experts will meet with officials of the Food and Drug Adminstration tomorrow to decide what steps need to be taken, if any.

Dr. Dull and Dr. Walter R. Dowdle of the C.D.C. virology division said today that there was little danger of any "wildfire" epidemic of the newly found virus this season. Flu virus seems to spread relatively slowly, they said, and the flu season ordinarily ends by midMarch or late-April. Thus, the current season is already waning, and the next one is not, expected until late fall or early winter.

Dr. Dull said that the four cases at Fort Dix were identified early in February and, to date, no further infections with the swine-type virus was found.

He and Dr. Dowdle said it might take about six months to develop and produce large amounts of a new vaccine effective against the virus found at Fort Dix.

Ordinarily, they said, vaccines for the 1976-77 flu season would be going into production at about this time of year. Because the influenza virus is very changeable, new vaccine types have to be produced every few years.

Dr. Dull said it should he possible to judge within several weeks whether or not there will a need for a vaccine against swine-type influenza virus of man.

The Swine Flu Affair

Richard E. Neustadt, Harvey V. Fineberg

The Swine Flu Affair. Decision-Making on a Slippery Disaese

Washington (DC): National Academies Press (US); 1978, 189 p. PMID: 25032342
https://www.ncbi.nlm.nih.gov/books/NBK219606/ // https://pubmed.ncbi.nlm.nih.gov/25032342/

Summaru and Comments

In winter 1976, it was cold on the East Coast of the United States. By mid-January, many of the recruits serving in the military at Fort Dix had "colds." The patients were offered hospitalization; one of them, David Lewis, refused hospitalization, continued training, and died suddenly.

On February 20, 1976, the New York Times published an article by scientific columnist Harold Schmeck stating that a recently discovered virus was probably the cause of the 1918-1919 epidemic.

On March 24, 1976, after discussing the events at Fort Dix, US President Gerald Ford announced a plan to vaccinate 200 million Americans against the swine flu virus. To carry out the program of total vaccination, J. Ford asked the US Congress for 135 million dollars, and later received the support of both chambers.

Vaccination began on October 1, but was suspended on December 16, 1976, due to an increasing number of various complications, including Guillain-Barré syndrome and deaths. In two and a half months, more than 40 million Americans received the vaccine.

As it turned out, ***there was no epidemic of swine flu*** and there was no need for vaccination. Human lives and huge funds were wasted. It was a trial balloon for future universal vaccination projects. No one has been held accountable for this crime.

The New York Times

Robin Marantz Henig

The Flu Pandemic

The New York Times, 29 November 1992
https://web.archive.org/web/20090504010229/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html
https://web.archive.org/web/20090507040240/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=2
https://web.archive.org/web/20150526061307/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=3
https://web.archive.org/web/20150526061308/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=4
https://web.archive.org/web/20150526061308/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=5
https://web.archive.org/web/20150526061308/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=6

During the flu epidemic of 1918, according to medical lore, victims were struck down almost in midstride. Four women in a bridge group played cards together until 11 o'clock in the evening. By the next morning three of them were dead. One man got on a streetcar feeling well enough to go to work, rode six blocks and died. During the single month of October, influenza killed 196,000 people in this country – more than twice as many as would die of AIDS during the first 10 years of that epidemic. By the end of the winter of 1918-19, two billion people around the world had come down with influenza, and between 20 million and 40 million had died.

The flu outbreak of 1918 was "the most devastating epidemic that we have ever had in history," says John R. La Montagne, chief of infectious diseases at the National Institute of Allergy and Infectious Diseases in Bethesda, Md. "And it happened in this century. No one really knows why it occurred, but there's every expectation that if it occurred once, it can occur again." The 1918 influenza pandemic killed as many people in a single year as died in the four-year Black Death, the bubonic plague that ravaged Europe from 1347 to 1351.

We like to believe such plunder is an ancient relic; whatever was killing people so ruthlessly in 1918 must be something we can treat by now. Modern medicine has given us an influenza vaccine, an anti-influenza drug (amantadine) and plenty of antibiotics to prevent or treat secondary bacterial infections. But in the face of a virus that kills so rapidly, all the antiviral drugs in the physician's armamentarium would be impotent. If a strain similar to the 1918 variant were to emerge today – a strain that, last time around, killed literally overnight – some experts believe that even modern medicine would be helpless to prevent many related deaths.

...

Because mutation is such a crucial factor in the virus's reproductive strategy, any discussion of influenza must include a discussion of how the virus itself changes from one strain to the next. The mutations that lead to major changes in viral surface antigens – changes that create the pandemic strains of influenza – are quite rare. Pandemic strains have occurred just three times in this century: in 1918, the year of the so-called Spanish flu; in 1957, when a new strain called the Asian flu emerged, and in 1968, when a third strain was introduced, known as the Hong Kong flu.

...

For a short while, influenza researchers believed that pandemics occurred every 11 years. This theory – developed in the late 1970's when it looked as though the next pandemic, in the form of swine flu, was on its way – was based on a cycle of three large-scale outbreaks: 1946, 1957 and 1968. Only now do we realize, in retrospect, that the 1946 outbreak represented not a totally new antigenic shift, but a higher-than-expected incidence of an old influenza.

...

Only three hemagglutinin types and three neuraminidase types seem to be capable of infecting human beings. (These are hemagglutinin types H1, H2 and H3, and neuraminidase types N1, N2

and N8.) But there are many other antigen types circulating, a total of 14 H types and nine N types; most of them are limited to avian or swine influenza. Recent research has indicated, though, that at least one antigen previously thought unable to infect humans – hemagglutinin type 7 – can infect monkey cells in the laboratory. This raises the possibility that more antigens than we realize may be capable of causing pandemic influenza. The only reason we have not seen it happen is that the right reassortant has not yet emerged.

While the 11-year cycle may be a myth, there are good grounds for suspecting that influenza does emerge in a cycle of some kind – one that suggests that the next pandemic may be caused by an H1 surface antigen. The three H types that infect human beings seem to take turns, in order, as the pandemic strains change. H1 seems always to beget H2, H2 to beget H3, H3 to beget H1 again. It seems to work this way even retrospectively, when scientists try to extrapolate, from the blood of older individuals, what type of antigens were responsible for pre-1918 pandemics. In the mid-1970's, researchers analyzed the antibodies still circulating in the bloodstreams of very old people who had been exposed to influenza pandemics in the late 19th century. They found that people in their 90's still had antibodies to H2N2 – the probable cause of a pandemic from the mid-1800's – and those in their 70's and 80's had antibodies to a different variety – H3N2, the probable cause of the pandemic of 1890. (Another clue about the strain responsible for earlier epidemics was the fact that in 1968, when the H3N2 Hong Kong flu emerged, people over age 78 – who had been children during the 1890 pandemic – had lower mortality and morbidity rates than people who were 10 or 15 years younger.) If the H types really do cycle in this way, the next one in line to emerge is type H1.

...

Influenza experts thought they saw big-league trouble coming in February 1976, when a few cases of severe swine flu broke out among young military recruits in Fort Dix, N.J. One of them, Pvt. David Lewis, 19, died. Of 19 patients whose specimens were sent to the Centers for Disease Control for virus typing, Lewis and four others were shown to be infected with the same H1N1 influenza virus as was responsible for the 1918 pandemic. This got many public-health officials into gear, hoping to use modern technology, namely vaccination, to head off a disaster of the magnitude of 1918.

The large-scale effort to manufacture and distribute enough vaccine for everyone in the country showed that millions of doses of high-quality vaccine could be made in a matter of three or four months. But the swine-flu pandemic never materialized. In retrospect, some critics now say 40 million Americans were vaccinated for nothing. In fact, the only real illness to result from the swine flu adventure was caused by the vaccine: about one thousand people developed Guillain-Barre syndrome, a serious paralytic disease that could be traced directly to an immunological response to the inoculation. Still, Edwin Kilbourne – an early and consistent advocate of mass immunization – says that, based on what was known at the time, the Government acted rationally and prudently. Scientists thought they had encountered the same influenza strain that caused the devastation of 1918, and they thought they had a tool available to help avert hundreds of thousands of deaths. "Better a vaccine without an epidemic," Kilbourne says today, "than an epidemic without a vaccine."

In hindsight, those involved in the decision-making realize that major variants of influenza virus in a few individuals do not necessarily signal the start of a new pandemic. Some variants prove easily transmitted; most, like the Fort Dix strain, will die out after a few passages through human hosts. "Early detection of a new virus therefore may not be adequate evidence on which to undertake mass immunization," Kilbourne wrote in a 1979 article called "Swine Flu: The Virus That Vanished." "But it is, I believe, a signal at least to produce vaccine to hold in readiness."

...

This is not simply a dress rehearsal for some bigger, more important disease; pandemic influenza will be, almost without a doubt, a major plague when it emerges, probably in the next several years.

...

Viral emergence was until recently thought to be a rare event and one that could be accounted for by mutations – bizarre, totally unpredictable changes in a virus's genetic arrangement. But as scientists began to look systematically at how and why viruses emerge, they were surprised to find how rare it was that mutations were responsible. Much more important in terms of the emergence of new viruses was human behavior.

World Health Organization

Infectious diseases kill over 17 million people a year: WHO warns of global crisis. News release

Geneva, WHO, 1 January 1996

https://www.who.int/news/item/01-01-1996-infectious-diseases-kill-over-17-million-people-a-year-who-warns-of-global-crisis

Nearly 50,000 men, women and children are dying every day from infectious diseases; many of these diseases could be prevented or cured for as little as a single dollar per head, the World Health Organization says in The World Health Report 1996, published today.

At least 30 new diseases have emerged in the last 20 years and now together threaten the health of hundreds of millions of people. For many of these diseases, there is no treatment, cure or vaccine.

"We are standing on the brink of a global crisis in infectious diseases. No country is safe from them. No country can any longer afford to ignore their threat," the Director-General of WHO, Dr Hiroshi Nakajima, says in the report.

The report warns that some major diseases, such as cholera, malaria and tuberculosis are making a deadly comeback in many parts of the world, despite being preventable or treatable. At the same time, many new and highly infectious diseases such as HIV/AIDS and the notorious Ebola haemorrhagic fever - both of which are incurable - are emerging to pose additional threats. Fears are growing over a possible food-chain link between bovine spongiform encephalopathy ("mad cow disease") and a variant of the incurable Creutzfeldt-Jakob disease, due to an infectious agent that attacks the human brain.

Meanwhile, antibiotics and other life-saving drugs used against many diseases are rapidly losing their effectiveness as bacteria and other microbes develop resistance to them. For example, doctors worldwide are losing some of the most useful and affordable antibiotics against the two principal bacteria which cause pneumonia, the major cause of death in children.

The World Health Report 1996 - Fighting disease, fostering development, published by WHO, states that ***infectious diseases are the world's leading cause of premature death***. Of about 52 million deaths from all causes in 1995, more than 17 million were due to infectious diseases, including about 9 million deaths in young children. Up to half the world's population of 5.72 billion are at risk of many endemic diseases. In addition, millions of people are developing cancers as a direct result of preventable infections by bacteria and viruses, the report says.

"The optimism of a relatively few years ago that many of these diseases could easily be brought under control has led to a fatal complacency among the international community. This complacency is now costing millions of lives - lives that we have the knowledge and means to save, yet that we are allowing to trickle through our fingers" Dr Nakajima says.

"The socioeconomic development of many nations - their prospect of a better future - is being crippled by the burden of these diseases. Other countries are paying a huge price in lost foreign currency income from food trade and tourism as a result of epidemics of cholera, plague and other diseases."

"The world has lost sight of its priority to reduce poverty through better health and foster development by fighting disease. Today, infectious diseases are not only a health issue; they have become a social problem with tremendous consequences for the well-being of the individual and the world we live in. We need to recognize them as a common threat that has been ignored, at great cost, for too long, and to build global solidarity to confront them."

"What is required is the commitment of the international community to help countries most at risk to help themselves. By helping each other, nations protect the world and protect themselves."

According to the report, many countries have failed to invest adequately in the control of common infectious diseases. Less prevention is now resulting in rising treatment costs.

DEFENSE TECHNICAL INFORMATION CENTER
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Joseph A. Engelbrecht, Jr., Robert L. Bivins, Patrick M. Condray,
Merrily D. Fecteau, John P. Geis II, Kevin C. Smith

Alternate Futures for 2025:
Security Planning to Avoid Surprise

Washington, DC Department of the Air Force, 17 June (1 April) 1996
ADA319867; https://apps.dtic.mil/sti/citations/ADA319867

Abstract:

The importance of long-range planning has never been greater due to the dwindling resources dedicated to defense, debates over roles and missions, and the changing security environment. In response to this need, the Air Force embarked on a wide-ranging effort to improve long-range planning.

The Air University-hosted project 2025 looks 30 years into the future and identifies the systems, concepts of operation, and technologies required to ensure the US possesses the dominant air and space forces in the future.

In order to envision the world of 2025, the study had to make predictions. Futurists use several methods to forecast the future. The approach used for the 2025 study creates alternate futures by examining trends, studying the work of respected futurists, considering surprises and wild cards, and conducting analyses to identify the factors, or drivers, that will be major contributors to change.

To be effective for planning, these drivers must encapsulate the major forces likely to shape the world of 2025 and be relevant to the organization.

After extensive analysis, the Alternate Futures team identified American Woridview, A TeK, and World Power Grid as the most important drivers affecting the future and relevant to air and space power.

American Worldview is the US perspective of the world and describes American willingness and capability to interact with the rest of the world. A TeK is the differential in the rate of growth and proliferation of technology. World Power Grid describes the generation, transmission, distribution, and control of economic, political, and military power throughout the world.

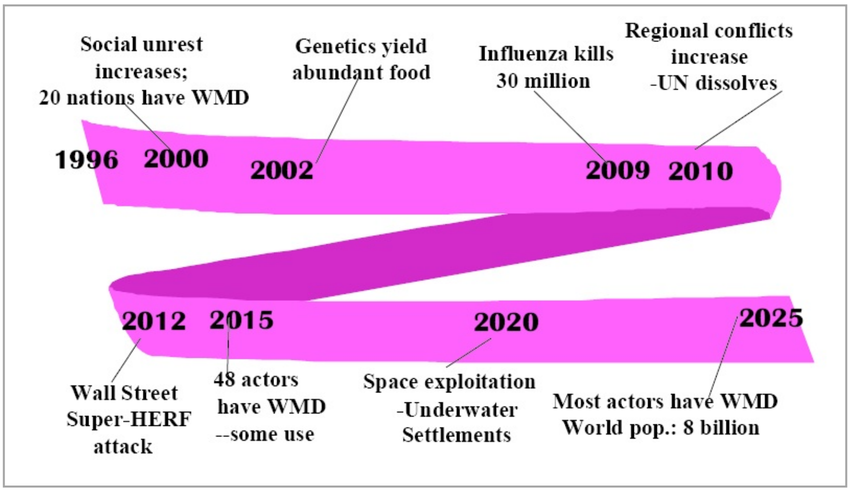

Figure 5-2. Plausible History, p. 55.
(WMD means - weapons of mass destruction).

Plausible History

... Technology could not solve some old problems, as in 2009, when an influenza pandemic struck in southern China, then rapidly spread worldwide.[17] Three hundred-thirty million people were affected and over thirty million died.[18] No one ever determined if the virus was a natural mutation or bioengineered.[19] Many feared the latter." [p. 54].

Notes.

17. "The influenza virus is unique among viruses in being able to undergo so much antigenic change that an antigenically novel virus can sweep around the world in a year or two, giving rise to significant morbidity and mortality…. Recent and historical information suggest China, especially southern China, as a hypothetical influenza epicenter." Kennedy F. Shortridge, "*The Next Pandemic Influenza Virus*?" – The Lancet 346, no. 8984 (4 November 1995): 1210-1212.

In addition, a very realistic plague situation is played out in "*Savior of the Plague Years*," Wired Scenarios, Special Edition, 1.01 (1995): 84.

18. A similar influenza pandemic occurred in the past. "It was a secondary bacterial infection that accounted for the high mortality in the influenza epidemic of 1918 and 1919, one of the worst human catastrophes on record. It has been estimated that more than 20 million people around the world died during the epidemic, and of the 20 million people who suffered from the illness in the United States, approximately 850,000 died." *The New Encyclopedia Britannica*, 15th ed., 1991, vol. 26, Macropeadia, 748 (2)a.

19. In 1995, "ninety-five percent of the wild rabbits in South Australia were killed by the accidental release of the deadly calcivirus" in less than three months. Such accidents cause great fear in Digital Cacophony, a world where information is available at the lowest level, without the infrastructure to institute rigorous safeguards. Steve Newman, "Rabbit Viruses," The Atlanta Journal-Constitution, 3 February 1996.

Los Angeles Times

More Dangerous Flu Virus Predicted

Los Angeles Times, 27 September 1996, 12 AM PT
https://www.latimes.com/archives/la-xpm-1996-09-27-mn-48177-story.html

A more dangerous strain of the flu virus than those seen last year will be circulating this time, the Centers for Disease Control and Prevention in Atlanta said. The Type A-Wuhan virus, which can lead to deadly complications in the elderly, is the most dangerous of three viruses expected around the nation.

The others are Type A-Texas and Type B.

The current flu vaccine counteracts all three.

The CDC recommends vaccinations for people 65 and older, people in nursing homes, children with asthma and anyone with a chronic illness.

Flu contributes to the deaths of about 20,000 people a year in the United States.

A more dangerous strain of the flu virus than those seen last year will be circulating this time, the Centers for Disease Control and Prevention in Atlanta said. The Type A-Wuhan virus, which can lead to deadly complications in the elderly, is the most dangerous of three viruses expected around the nation. The others are Type A-Texas and Type B. The current flu vaccine counteracts all three. The CDC recommends vaccinations for people 65 and older, people in nursing homes, children with asthma and anyone with a chronic illness. Flu contributes to the deaths of about 20,000 people a year in the United States.

TIME
IN PARTNERSHIP WITH CNN World

Bryan Walsh

Why Viruses are Hard to Kill

The Times, CNN, Hong Kong Monday, 21 April 2003
https://web.archive.org/web/20071111182104/http://www.time.com/time/magazine/article/0%2C9171%2C445012%2C00.html

Dr. Julie Gerberding, director of the U.S. Centers for Disease Control and Prevention, was elated. In a matter of weeks - not months or years - teams of scientists whose work was coordinated by the World Health Organization had managed to decode the entire genetic sequence of the new coronavirus now conclusively believed to cause SARS, or severe acute respiratory syndrome. "It's a scientific achievement that I don't think has ever been paralleled in human history," said Dr. Gerberding shortly before the April 16 announcement that the coronavirus's genetic fingerprint had been fully identified.

Theoretically, the achievement should lead to better diagnostic tools, treatments and perhaps even a vaccine for SARS. Germany's Artus Biotech has already released what it claims is a highly accurate test kit that can detect SARS in less than three hours. But as has been shown in AIDS research, knowing your enemy is merely the first battle in what is likely to be a lengthy war. AIDS and SARS (and the common cold, for that matter) are caused by viruses and viruses are notoriously hard to kill. Although doctors have a huge arsenal of drugs and antibiotics capable of wiping out most bacterial infections, a viral invasion is a tougher proposition. "All along, it's been much easier to produce agents to kill bacteria than to kill viruses," says Professor Brian Tomlinson, a clinical pharmacologist at the Chinese University of Hong Kong (CUHK).

The reason lies in the nature of the pathogens themselves. Bacteria are living organisms that, multiplying unchecked, damage bodily tissue. They can be destroyed by cutting off their life-support systems. Antibiotics defeat bacterial infections by attacking enzymes within the bacteria, allowing the body's immune system to mop them up. Viruses, however, are parasites incapable of reproducing on their own. They're inactive - that is, until they burrow into a host cell, taking over its functions in order to replicate and thereby destroying the host. Inside the body, they become vulnerable to drugs only after they invade a cell, but any treatment may damage the cell as well. And even when scientists develop an effective vaccine or antiviral agent, viruses can suddenly mutate - potentially becoming deadlier and even tougher to eliminate.

A virus's worst enemy is the human immune system. When an unknown pathogen like the new coronavirus invades, the body naturally develops antibodies that can seek out and destroy the interloper. The process takes time, however, and sometimes the system doesn't react fast enough. Science can help with vaccines, which prep the body to recognize and produce antibodies against a particular attacker, such as polio. A vaccine for SARS is under development, but even the most optimistic researchers say it may take more than a year to come up with one that works.

In the meantime, clinicians are working feverishly to fine-tune existing antiviral drugs and treatments in order to render SARS less deadly. At present, about one in every 20 SARS victims dies, usually due to swelling in the lungs, a result of the body's own immune-system response. In Hong Kong, doctors claim they are successfully combating the disease using the antiviral drug

ribavirin to inhibit the virus combined with corticosteroids to check an overstimulated immune response. Ribavirin works by interfering with intracellular viral replication, slowing the infection's spread within the body. The problem, as microbiologist Professor John Tam of CUHK points out, is that "if you stop the replication, that means you stop the function of the cell."

Ribavirin's side effects, which include anemia, become dangerous at prolonged high dosages. Moreover, laboratory tests in the U.S. suggest that ribavirin may actually do nothing to the coronavirus. Scientists are exploring other antivirals - such as interferon, which boosts the immune system – or even HIV drugs - such as protease inhibitors, which block an enzyme the virus needs to replicate. But too little is known about the coronavirus to predict the effectiveness of these other drugs.

Researchers are even more worried that the coronavirus, which may be a mutated version of a virus common to animals, could mutate again, becoming more resistant to current treatments. "We are beginning to see patients not responding," says Tam, "and that's a very worrying development." A shape shift in the coronavirus' genetic code can make it more virulent and contagious. Highly mutable HIV continues to frustrate doctors, as it transforms before a vaccine can be developed.

Fortunately, the coronavirus seems to be more stable than HIV, and researchers are confident that SARS-specific antivirals and vaccines can be developed over time. For those patients already under attack from a microbe science is only beginning to understand, that help may be too little, too late.

One World, One Health: one world • one health
Building Interdisciplinary Bridges – 29 September 2004 – New York City

One World, One Health:
Building Interdisciplinary Bridges to Health in a Globalized World

New York, The Rockefeller University, 29 September 2004
http://www.oneworldonehealth.org/sept2004/owoh_sept04.html

Conference Summary

Health experts from around the world met on September 29, 2004 for a symposium focused on the current and potential movements of diseases among human, domestic animal, and wildlife populations organized by the Wildlife Conservation Society and hosted by The Rockefeller University. Using case studies on Ebola, Avian Influenza, and Chronic Wasting Disease as examples, the assembled expert panelists delineated priorities for an international, interdisciplinary approach for combating threats to the health of life on Earth. The product—called the "Manhattan Principles" by the organizers of the "One World, One Health" event, lists 12 recommendations (see below) for establishing a more holistic approach to preventing epidemic / epizootic disease and for maintaining ecosystem integrity for the benefit of humans, their domesticated animals, and the foundational biodiversity that supports us all.

Representatives from the World Health Organization; the UN Food and Agriculture Organization; the Centers for Disease Control and Prevention; the United States Geological Survey National Wildlife Health Center; the United States Department of Agriculture; the Canadian Cooperative Wildlife Health Centre; the Laboratoire Nationale de Sante Publique of Brazzaville, Republic of Congo; the IUCN Commission on Environmental Law; and the Wildlife Conservation Society were among the many participants.

The Manhattan Principles on "One World, One Health"

Recent outbreaks of West Nile Virus, Ebola Hemorrhagic Fever, SARS, Monkeypox, Mad Cow Disease and Avian Influenza remind us that human and animal health are intimately connected. A broader understanding of health and disease demands a unity of approach achievable only through a consilience of human, domestic animal and wildlife health - One Health. Phenomena such as species loss, habitat degradation, pollution, invasive alien species, and global climate change are fundamentally altering life on our planet from terrestrial wilderness and ocean depths to the most densely populated cities. The rise of emerging and resurging infectious diseases threatens not only humans (and their food supplies and economies), but also the fauna and flora comprising the critically needed biodiversity that supports the living infrastructure of our world. The earnestness and effectiveness of humankind's environmental stewardship and our future health have never been more clearly linked. To win the disease battles of the 21st Century while ensuring the biological integrity of the Earth for future generations requires interdisciplinary and cross-sectoral approaches to disease prevention, surveillance, monitoring, control and mitigation as well as to environmental conservation more broadly.

We urge the world's leaders, civil society, the global health community and institutions of science to:

1. Recognize the essential link between human, domestic animal and wildlife health and the threat disease poses to people, their food supplies and economies, and the biodiversity essential to maintaining the healthy environments and functioning ecosystems we all require.

2. Recognize that decisions regarding land and water use have real implications for health. Alterations in the resilience of ecosystems and shifts in patterns of disease emergence and spread manifest themselves when we fail to recognize this relationship.

3. Include wildlife health science as an essential component of global disease prevention, surveillance, monitoring, control and mitigation.

4. Recognize that human health programs can greatly contribute to conservation efforts.

5. Devise adaptive, holistic and forward-looking approaches to the prevention, surveillance, monitoring, control and mitigation of emerging and resurging diseases that take the complex interconnections among species into full account.

6. Seek opportunities to fully integrate biodiversity conservation perspectives and human needs (including those related to domestic animal health) when developing solutions to infectious disease threats.

7. Reduce the demand for and better regulate the international live wildlife and bushmeat trade not only to protect wildlife populations but to lessen the risks of disease movement, cross-species transmission, and the development of novel pathogen-host relationships. The costs of this worldwide trade in terms of impacts on public health, agriculture and conservation are enormous, and the global community must address this trade as the real threat it is to global socioeconomic security.

8. Restrict the mass culling of free-ranging wildlife species for disease control to situations where there is a multidisciplinary, international scientific consensus that a wildlife population poses an urgent, significant threat to human health, food security, or wildlife health more broadly.

9. Increase investment in the global human and animal health infrastructure commensurate with the serious nature of emerging and resurging disease threats to people, domestic animals and wildlife. Enhanced capacity for global human and animal health surveillance and for clear, timely information-sharing (that takes language barriers into account) can only help improve coordination of responses among governmental and non-governmental agencies, public and animal health institutions, vaccine / pharmaceutical manufacturers, and other stakeholders.

10. Form collaborative relationships among governments, local people, and the private and public (i.e.- non-profit) sectors to meet the challenges of global health and biodiversity conservation.

11. Provide adequate resources and support for global wildlife health surveillance networks that exchange disease information with the public health and agricultural animal health communities as part of early warning systems for the emergence and resurgence of disease threats.

12. Invest in educating and raising awareness among the world's people and in influencing the policy process to increase recognition that we must better understand the relationships between health and ecosystem integrity to succeed in improving prospects for a healthier planet.

It is clear that no one discipline or sector of society has enough knowledge and resources to prevent the emergence or resurgence of diseases in today's globalized world. No one nation can reverse the patterns of habitat loss and extinction that can and do undermine the health of people and animals. Only by breaking down the barriers among agencies, individuals, specialties and sectors can we unleash the innovation and expertise needed to meet the many serious challenges to the health of people, domestic animals, and wildlife and to the integrity of ecosystems. Solving today's threats and tomorrow's problems cannot be accomplished with yesterday's approaches. We are in an era of "One World, One Health" and we must devise adaptive, forward-looking and multidisciplinary solutions to the challenges that undoubtedly lie ahead.

Robert A. Cook, William B. Karesh, and Steven A. Osofsky
Wildlife Conservation Society, Bronx, New York, USA

The 1st Interpol Global Conference on preventing bioterrorism

Interpol, Lyon, France, 1-2 March 2005
https://web.archive.org/web/20091110211907/http://www.interpol.int/Public/BioTerrorism/Conferences/Conf01/default.asp

The 1st Interpol Global Conference on Preventing Bio-terrorism was held in Lyon, France on 1 and 2 March 2005. It was attended by more than 500 delegates from 155 countries, with representatives from the police, scientific and academic communities, as well as delegates from international and non governmental organizations.

News and Media Releases
Interpol Conference agrees on measures to fight Bio-Terrorism
Bio-Terrorism Conference opens with warning of major threat
Interpol Bio-Terrorism Conference set to be largest ever
Interpol hosts first global conference on bio-terrorism
Interpol launches police training programme on bio-terrorism

Speeches
Speech by Jackie Selebi, President, Interpol
Speech by Ronald K. Noble, Secretary General, Interpol

See also
All Interpol bioterrorism workshops and events
Presentations
Final Communiqué
Steps taken by member countries in response to UNSCR 1540
National Laws and Measures
Speakers' CVs
Conference announcement
Photo gallery
Agenda (Diffusion - 30/12/2004)

1st Interpol Global Conference - Lyon, France, 1-2 March 2005
https://web.archive.org/web/20091110211907/http://www.interpol.int/Public/BioTerrorism/Conferences/Conf01/default.asp
Regional Workshop for African countries: Cape Town, South Africa, 21-23 November 2005
https://web.archive.org/web/20080625093725/http://www.interpol.int/public/BioTerrorism/Workshops/CapeTown2005/default.asp
Regional Workshop for Asian countries: Singapore, 27-29 March, 2006
https://web.archive.org/web/20090408043907/http://www.interpol.int/Public/BioTerrorism/Workshops/SingaporeMarch2006/default.asp
Americas Regional Workshop: Chile, Santiago, 10-12 July, 2006
https://web.archive.org/web/20110529005751/http://www.interpol.int/Public/BioTerrorism/Workshops/ChileJuly2006/default.asp
Interpol Workshop on Preventing Bioterrorism: Kiev, Ukraine, 6-8 November, 2006
https://web.archive.org/web/20080319114103/http://www.interpol.int/Public/BioTerrorism/Workshops/KievNov2006/Default.asp
Interpol Workshop on Preventing Bioterrorism: Muscat, Oman, 19-21 March 2007
https://web.archive.org/web/20110528052354/http://www.interpol.int/Public/BioTerrorism/Workshops/Oman2007/Default.asp
International Bioterrorism Table Top Exercise: Warsaw, Poland, 29-30 September 2009
https://web.archive.org/web/20091110084341/http://www.interpol.int/Public/BioTerrorism/tabletop/default.asp

BBC NEWS

Cobra: The UK's emergencies team

BBC News, 8 July, 2005, 09:43 GMT 10:43 UK
https://web.archive.org/web/20060113101517/http://news.bbc.co.uk/1/hi/uk_politics/4663369.stm

Cobra is the dramatic name for the civil contingencies committee which leads responses to national crises.

The group is named after the Cabinet Office Briefing Room A in the bowels of Downing Street where it normally meets.

It has been convened in recent years for the foot-and-mouth outbreak, fuel tax protests and 11 September attack.

Its members vary according to the issue being dealt with, but in this case include Tony Blair, senior ministers and police and intelligence chiefs.

Home Secretary Charles Clarke and Prime Minister Tony Blair have chaired meetings since the London bombings on 7 July in which 56 people died.

The committee has covered the investigation and looked at what steps can be taken to avoid further attacks.

A hastily arranged meeting of Cobra was called following the incidents on the 21 July.

The seniority of Cobra's members is intended to ensure it gets things done quickly, and ensure that what needs to be done is done.

Secure meetings

Cobra does not necessarily meet in Number 10 - there are a number of secure meeting places in the Whitehall area.

An emergency meeting of the committee was called on 11 September 2001 as soon as the enormity of the attacks on the World Trade Center and Pentagon became clear.

It was also convened after two suicide car bombings in Istanbul hit the British Consulate General and the HQ of HSBC bank in the city in November 2003, killing 61 people including British Consul-General Roger Short.

The committee considers issues such as whether to invoke the powers contained in part two of the Civil Contingencies Act, which gives considerable extra powers in times of a serious emergency.

They were designed to cope with a far larger incidents than that which struck London on 7 July, particularly one involving chemical or radiological material, such as a nuclear "dirty bomb".

They would allow a minister to suspend sittings of Parliament if necessary and to declare a bank holiday to shut down businesses.

By executive decree, property could be destroyed or requisitioned, assemblies banned, freedom of movement limited, the Armed Forces mobilised and special courts set up to deal with suspects if it was felt another atrocity was planned.

SPIEGEL Wissenschaft

Uno rechnet mit bis zu 150 Millionen Toten

Spiegel, 30 September 2005, 15.30 Uhr
https://www.spiegel.de/wissenschaft/mensch/grippe-pandemie-uno-rechnet-mit-bis-zu-150-millionen-toten-a-377590.html

Die Vereinten Nationen warnen davor, die Vogelgrippe zu unterschätzen. Ein mutiertes Virus könnte bis zu 150 Millionen Menschen töten. Bei der WHO hält man solche Aussagen für Panikmache.

"Jeden Moment kann eine neue Grippe-Pandemie ausbrechen", sagte David Nabarro. "Auslöser wird vermutlich eine Mutation des Vogelgrippevirus sein." Die Zahl der Todesopfer könne zwischen fünf und 150 Millionen Menschen liegen. Ohne ausreichende Vorsichtsmaßnahmen könne das in Asien grassierende Virus zu einer globalen Grippe-Epidemie beim Menschen führen, erklärte der britische Arzt. Uno-Generalsekretär Kofi Annan hatte Nabarro gestern zum Chefkoordinator der Vereinten Nationen im Kampf gegen die Vogelgrippe ernannt.

Dick Thompson, Sprecher der Weltgesundheitsorganisation WHO, warnte vor dem Hintergrund von prognostizierten 150 Millionen Toten vor "Panikmache": Vorhersagen zu Opferzahlen seien derzeit so gut wie unmöglich. Die WHO habe jedoch die Länder weltweit aufgefordert, sich auf bis zu 7,4 Millionen Todesopfer einzustellen. "Wir halten das für eine logische Annahme", erklärte Thompson. "Wir werden nicht wissen, wie tödlich die nächste Pandemie ist, bis sie begonnen hat."

Gesundheitsexperten verfolgen mit Sorge die Entwicklung in Asien, wo seit Ende 2003 mehr als 60 Menschen durch die Vogelgrippe ums Leben gekommen sind. Der Erreger H5N1 könnte mutieren oder sich mit einem menschlichen Grippevirus vermischen und dann eine weltweite Pandemie auslösen.

"Die Vogelgrippe-Epidemie muss unter Kontrolle gebracht werden, wenn wir eine Grippe-Pandemie beim Menschen verhindern wollen", betonte der Uno-Koordinator Nabarro. Bei der letzten großen Grippe-Pandemie 1918 kamen mehr als 40 Millionen Menschen ums Leben, bei weiteren Pandemien 1957 und 1968 gab es weniger Opfer.

Nabarro will seine Strategie zur Bekämpfung der Grippe auf drei Pfeiler stellen: In den betroffenen Regionen sollen Menschen und Tiere stärker voneinander getrennt werden; gleichzeitig sollen weltweit Vorbereitungen für den Fall getroffen werden, dass das Virus mutiert und auf den Menschen überspringt. Vor allem aber dürfe der Zeitpunkt nicht verpasst werden, an dem das Virus mutiere: "Die meisten Experten gehen davon aus, dass zwischen der Entdeckung des mutierten Virus' und dem Beginn einer weltweiten Epidemie nur wenig Zeit bleibt. Die Rede ist von wenigen Wochen", sagte Nabarro.

Entsprechend knapp sei auch der Zeitraum zum Eingreifen. Wichtig sei dabei vor allem, die Information rechtzeitig zu verbreiten, damit "angemessen und ohne Panik" auf sie reagiert werden könne.

Für eine weltumspannende Bekämpfung des Virus fehlt der Uno allerdings derzeit noch das Geld: Von den rund 82 Millionen Dollar, die sie für die nächsten drei Jahre veranschlagt, hat sie laut der Ernährungs- und Landwirtschaftsorganisation FAO bis heute erst Zusagen in Höhe von 13,7 Millionen Euro erhalten.

THE WHITE HOUSE
PRESIDENT GEORGE W. BUSH

President Outlines Pandemic Influenza Preparations and Response

William Natcher Center, NIH, Bethesda, Maryland, 1 November 2005, 10:30 AM
https://georgewbush-whitehouse.archives.gov/news/releases/2005/11/20051101-1.html

For more than a century, the NIH has been at the forefront of this country's efforts to prevent, detect and treat disease, and I appreciate the good work you're doing here. This is an important facility, an important complex, and the people who work here are really important to the security of this nation. The scientists who have been supported by the folks who work here have developed and improved vaccines for meningitis and whooping cough and measles and mumps and rubella and chickenpox, and other infectious diseases. Because of the revolutionary advances in medicine pioneered with the help of the NIH, Americans no longer fear these dreaded diseases – many lives have been saved.

I appreciate members of my Cabinet who are here. More importantly, I appreciate the hard work you've done on this issue. Secretary Rice, Secretary Johanns, Secretary Mineta, Secretary Nicholson, Secretary Chertoff. I appreciate the fact that Dr. J.W. Lee, Director-General of the World Health Organization has joined us. Dr. Lee, thank you for being here.

I want to recognize Dr. David Nabarro, the Senior United Nations System Coordinator for Avian and Human Influenza. Thanks for being here. This is -- you're about to hear me talk about an international scope of response and detection necessary to protect not only our own people, but people around the world. And the fact that these two gentlemen are here is an important signal.

I want to thank Dr. Elias Zerhouni, he's the Director of the NIH; doing a fine job. I want to thank Julie Gerberding, who's the Director of the Centers for Disease Control and Prevention. I appreciate Dr. Rich Carmona, U.S. Surgeon General. Dr. Tony Fauci, Director of the National Institute of Allergy and Infectious Diseases. I want to thank Dr. Bruce Gellin, Director of the National Vaccine Program Office. I want to thank Dr. Andy von Eschenbach, who is the Acting Director of the FDA and the Director of the National Cancer Institute.

I appreciate all the members of the health care community who have joined us today. I want to thank state and local officials who are here. I particularly want to thank Senators Specter and Kennedy for coming, as well as Congressmen Linder, Burgess and Price. I appreciate you all taking time to be here.

Most Americans are familiar with the influenza or the "flu" as a respiratory illness that makes hundreds of thousands of people sick every year. This fall as the flu season approaches, millions of our fellow citizens are once again visiting their doctors for their annual flu shot. I had mine. For most, it's just simply a precautionary measure to avoid the fever or a sore throat or muscle aches that come with the flu. Seasonal flu is extremely dangerous for some – people whose immune systems have been weakened by age or illness. But it is not usually life-threatening for most healthy people.

Pandemic flu is another matter. Pandemic flu occurs when a new strain of influenza emerges that can be transmitted easily from person to person – and for which there is little or no natural immunity. Unlike seasonal flu, most people have not built up resistance to it. And unlike seasonal flu, it can kill those who are young and the healthy as well as those who are frail and sick.

At this moment, there is no pandemic influenza in the United States or the world. But if history is our guide, there is reason to be concerned. In the last century, our country and the world have been hit by three influenza pandemics – and viruses from birds contributed to all of them. The first, which struck in 1918, killed over half-a-million Americans and more than 20 million people across the globe. One-third of the U.S. population was infected, and life expectancy in our country was reduced by 13 years. The 1918 pandemic was followed by pandemics in 1957 and 1968 which killed tens of thousands of Americans, and millions across the world.

Three years ago, the world had a preview of the disruption an influenza pandemic can cause, when a previously unknown virus called SARS appeared in rural China. When an infected doctor carried the virus out of China, it spread to Vietnam and Singapore and Canada within a month. Before long, the SARS virus had spread to nearly 30 countries on six continents. It infected more than 8,000 people and killed nearly 800. One elderly woman brought the virus from Hong Kong to Toronto, where it quickly spread to her son and then to others. Eventually, four others arrived with the virus and hundreds of Canadians fell ill with SARS, and dozens died.

By one estimate, the SARS outbreak cost the Asian-Pacific region about $40 billion. The airline industry was hit particularly hard, with air travel to Asia dropping 45 percent in the year after the outbreak. All this was caused by a limited outbreak of a virus that infected thousands and lasted about six months. A global influenza pandemic that infects millions and lasts from one to three years could be far worse.

Scientists and doctors cannot tell us where or when the next pandemic will strike, or how severe it will be, but most agree: at some point, we are likely to face another pandemic. And the scientific community is increasingly concerned by a new influenza virus known as H5N1 – or avian flu - that is now spreading through bird populations across Asia, and has recently reached Europe.

This new strain of influenza has infected domesticated birds like ducks and chickens, as well as long-range migratory birds. In 1997, the first recorded outbreak among people took place in Hong Kong, when 18 people became infected and six died from the disease. Public health officials in the region took aggressive action and successfully contained the spread of the virus. Avian flu struck again in late 2003, and has infected over 120 people in Thailand, Cambodia, Vietnam and Indonesia, and killed more than 60 – that's a fatality rate of about 50 percent.

At this point, we do not have evidence that a pandemic is imminent. Most of the people in Southeast Asia who got sick were handling infected birds. And while the avian flu virus has spread from Asia to Europe, there are no reports of infected birds, animals, or people in the United States. Even if the virus does eventually appear on our shores in birds, that does not mean people in our country will be infected. Avian flu is still primarily an animal disease. And as of now, unless people come into direct, sustained contact with infected birds, it is unlikely they will come down with avian flu.

While avian flu has not yet acquired the ability to spread easily from human to human, there is still cause for vigilance. The virus has developed some characteristics needed to cause a pandemic: It has demonstrated the ability to infect human beings, and it has produced a fatal illness in humans. If the virus were to develop the capacity for sustained human-to-human transmission, it could spread quickly across the globe.

Our country has been given fair warning of this danger to our homeland – and time to prepare. It's my responsibility as President to take measures now to protect the American people from the possibility that human-to-human transmission may occur. So several months ago, I directed all relevant departments and agencies in the federal government to take steps to address the threat of avian and pandemic flu. Since that time, my administration has developed a comprehensive national strategy, with concrete measures we can take to prepare for an influenza pandemic.

Today, I am announcing key elements of that strategy. Our strategy is designed to meet three critical goals: First, we must detect outbreaks that occur anywhere in the world; second, we must protect the American people by stockpiling vaccines and antiviral drugs, and improve our ability to

rapidly produce new vaccines against a pandemic strain; and, third, we must be ready to respond at the federal, state and local levels in the event that a pandemic reaches our shores.

To meet these three goals, our strategy will require the combined efforts of government officials in public health, medical, veterinary and law enforcement communities and the private sector. It will require the active participation of the American people. And it will require the immediate attention of the United States Congress so we can have the resources in place to begin implementing this strategy right away.

The first part of our strategy is to detect outbreaks before they spread across the world. In the fight against avian and pandemic flu, early detection is our first line of defense. A pandemic is a lot like a forest fire: if caught early, it might be extinguished with limited damage; if allowed to smolder undetected, it can grow to an inferno that spreads quickly beyond our ability to control it. So we're taking immediate steps to ensure early warning of an avian or pandemic flu outbreak among animals or humans anywhere in the world.

In September at the United Nations, I announced a new International Partnership on Avian and Pandemic Influenza – a global network of surveillance and preparedness that will help us to detect and respond quickly to any outbreaks of disease. The partnership requires participating countries that face an outbreak to immediately share information and provide samples to the World Health Organization. By requiring transparency, we can respond more rapidly to dangerous outbreaks.

Since we announced this global initiative, the response from across the world has been very positive. Already, 88 countries and nine international organizations have joined the effort. Senior officials from participating governments recently convened the partnership's first meeting here in Washington.

Together, we're working to control and monitor avian flu in Asia, and to ensure that all nations have structures in place to recognize and report outbreaks before they spread beyond human control. I've requested $251 million from Congress to help our foreign partners train local medical personnel, expand their surveillance and testing capacity, draw up preparedness plans, and take other vital actions to detect and contain outbreaks.

A flu pandemic would have global consequences, so no nation can afford to ignore this threat, and every nation has responsibilities to detect and stop its spread.

Here in the United States, we're doing our part. To strengthen domestic surveillance, my administration is launching the National Bio-surveillance Initiative. This initiative will help us rapidly detect, quantify and respond to outbreaks of disease in humans and animals, and deliver information quickly to state, and local, and national and international public health officials. By creating systems that provide continuous situational awareness, we're more likely to be able to stop, slow, or limit the spread of the pandemic and save American lives.

The second part of our strategy is to protect the American people by stockpiling vaccines and antiviral drugs, and accelerating development of new vaccine technologies. One of the challenges presented by a pandemic is that scientists need a sample of the new strain before they can produce a vaccine against it. This means it is difficult to produce a pandemic vaccine before the pandemic actually appears – and so there may not be a vaccine capable of fully immunizing our citizens from the new influenza virus during the first several months of a pandemic.

To help protect our citizens during these early months when a fully effective vaccine would not be available, we're taking a number of immediate steps. Researchers here at the NIH have developed a vaccine based on the current strain of the avian flu virus; the vaccine is already in clinical trials. And I am asking that the Congress fund $1.2 billion for the Department of Health and Human Services to purchase enough doses of this vaccine from manufacturers to vaccinate 20 million people.

This vaccine would not be a perfect match to pandemic flu because the pandemic strain would probably differ somewhat from the avian flu virus it grew from. But a vaccine against the current

avian flu virus would likely offer some protection against a pandemic strain, and possibly save many lives in the first critical months of an outbreak.

We're also increasing stockpiles of antiviral drugs such as Tamiflu and Relenza. Antiviral drugs cannot prevent people from contracting the flu. It can – but they can reduce the severity of the illness when taken within 48 hours of getting sick. So in addition to vaccines, which are the foundation of our pandemic response, I am asking Congress for a billion dollars to stockpile additional antiviral medications, so that we have enough on hand to help treat first responders and those on the front lines, as well as populations most at risk in the first stages of a pandemic.

To protect the greatest possible number of Americans during a pandemic, the cornerstone of our strategy is to develop new technologies that will allow us to produce new vaccines rapidly. If a pandemic strikes our country – if a pandemic strikes, our country must have a surge capacity in place that will allow us to bring a new vaccine online quickly and manufacture enough to immunize every American against the pandemic strain.

I recently met with leaders of the vaccine industry. They assured me that they will work with the federal government to expand the vaccine industry, so that our country is better prepared for any pandemic. Today, the NIH is working with vaccine makers to develop new cell-culture techniques that will help us bring a pandemic flu vaccine to the American people faster in the event of an outbreak. Right now, most vaccines are still produced with 1950's technology using chicken eggs that are infected with the influenza virus and then used to develop and produce vaccines. In the event of a pandemic, this antiquated process would take many, many months to produce a vaccine, and it would not allow us to produce enough vaccine for every American in time.

Since American lives depend on rapid advances in vaccine production technology, we must fund a crash program to help our best scientists bring the next generation of technology online rapidly. I'm asking Congress for $2.8 billion to accelerate development of cell-culture technology. By bringing cell-culture technology from the research laboratory into the production line, we should be able to produce enough vaccine for every American within six months of the start of a pandemic.

I'm also asking Congress to remove one of the greatest obstacles to domestic vaccine production: the growing burden of litigation. In the past three decades, the number of vaccine manufacturers in America has plummeted, as the industry has been flooded with lawsuits. Today, there is only one manufacturer in the United States that can produce influenza vaccine. That leaves our nation vulnerable in the event of a pandemic. We must increase the number of vaccine manufacturers in our country, and improve our domestic production capacity. So Congress must pass liability protection for the makers of life-saving vaccines.

By making wise investments in technology and breaking down barriers to vaccine production, we're working toward a clear goal: In the event of a pandemic, we must have enough vaccine for every American.

The third part of our strategy is to ensure that we are ready to respond to a pandemic outbreak. A pandemic is unlike other natural disasters; outbreaks can happen simultaneously in hundreds, or even thousands, of locations at the same time. And unlike storms or floods, which strike in an instant and then recede, a pandemic can continue spreading destruction in repeated waves that can last for a year or more.

To respond to a pandemic, we must have emergency plans in place in all 50 states and every local community. We must ensure that all levels of government are ready to act to contain an outbreak. We must be able to deliver vaccines and other treatments to frontline responders and at-risk populations.

So my administration is working with public health officials in the medical community to develop – to develop effective pandemic emergency plans. We're working at the federal level. We're looking at ways and options to coordinate our response with state and local leaders. I've asked Mike Leavitt – Secretary Leavitt – to bring together state and local public health officials from across the nation to discuss their plans for a pandemic, and to help them improve pandemic planning at the community

level. I'm asking Congress to provide $583 million for pandemic preparedness, including $100 million to help states complete and exercise their pandemic plans now, before a pandemic strikes.

If an influenza pandemic strikes, every nation, every state in this Union, and every community in these states, must be ready.

To respond to a pandemic, we need medical personnel and adequate supplies of equipment. In a pandemic, everything from syringes to hospital beds, respirators, masks and protective equipment would be in short supply. So the federal government is stockpiling critical supplies in locations across America as part of the Strategic National Stockpile. The Department of Health and Human Services is helping states create rosters of medical personnel who are willing to help alleviate local shortfalls during a pandemic. And every federal department involved in health care is expanding plans to ensure that all federal medical facilities, personnel, and response capabilities are available to support local communities in the event of a pandemic crisis.

To respond to a pandemic, the American people need to have information to protect themselves and others. In a pandemic, an infection carried by one person can be transmitted to many other people, and so every American must take personal responsibility for stopping the spread of the virus. To provide Americans with more information about pandemics, we're launching a new website, pandemicflu.gov. That ought to be easy for people to remember: pandemicflu.gov. The website will keep our citizens informed about the preparations underway, steps they can take now to prepare for a pandemic, and what every American can do to decrease their risk of contracting and spreading the disease in the event of an outbreak.

To respond to a pandemic, members of the international community will continue to work together. An influenza pandemic would be an event with global consequences, and therefore we're continuing to meet to develop a global response. We've called nations together in the past, and will continue to call nations together to work with public health experts to better coordinate our efforts to deal with a disaster.

Now, all the steps I've outlined today require immediate resources. Because a pandemic could strike at any time, we can't waste time in preparing. So to meet all our goals, I'm requesting a total of $7.1 billion in emergency funding from the United States Congress. By making critical investments today, we'll strengthen our ability to safeguard the American people in the awful event of a devastating global pandemic, and at the same time will bring our nation's public health and medical infrastructure more squarely in the 21st century.

The steps I have outlined will also help our nation in other critical ways. By perfecting cell-based technologies now, we will be able to produce vaccines for a range of illnesses and save countless lives. By strengthening our domestic vaccine industry, we can help ensure that our nation will never again have a shortage of vaccine for seasonal – seasonal flu. And by putting in place and exercising pandemic emergency plans across the nation, we can help our nation prepare for other dangers – such as a terrorist attack using chemical or biological weapons.

Leaders at every level of government have a responsibility to confront dangers before they appear, and engage the American people on the best course of action. It is vital that our nation discuss and address the threat of pandemic flu now. There is no pandemic flu in our country or in the world at this time – but if we wait for a pandemic to appear, it will be too late to prepare, and one day many lives could be needlessly lost because we failed to act today.

By preparing now, we can give our citizens some peace of mind knowing that our nation is ready to act at the first sign of danger, and that we have the plans in place to prevent and, if necessary, withstand an influenza pandemic.

Thank you for coming today to let me outline my strategy. Thank the United States Congress for considering this measure. May God bless you all. (Applause.)

The New York Times

Gina Kolata

Hazard in Hunt for New Flu: Looking for Bugs in All the Wrong Places

The New York Time, 8 November 2005
https://www.nytimes.com/2005/11/08/science/hazard-in-hunt-for-new-flu-looking-for-bugs-in-all-the-wrong-places.html

Science moves in mysterious ways, and sometimes what seems like the end of the story is really just the beginning. Or, at least, that is what some researchers are thinking as they scratch their heads over the weird genetic sequence of the 1918 flu virus.

Dr. Jeffery Taubenberger, a molecular pathologist at the Armed Forces Institute of Technology who led the research team that reconstructed the long-extinct virus, said that a few things seemed clear.

The 1918 virus appears to be a bird flu virus. But if it is from a bird, it is not a bird anyone has studied before. It is not like the A(H5N1) strain of bird flus in Asia, which has sickened at least 116 people, and killed 60. It is not like the influenza viruses that infect fowl in North America.

Yet many researchers believe that the 1918 virus, which caused the worst infectious disease epidemic in human history, is a bird flu virus. And if so, it is the only one that has ever been known to cause a human pandemic.

That, Dr. Taubenberger said, gives rise to a question. Are scientists looking for the next pandemic flu virus in all the wrong places? Is there a bird that no one ever thought about that harbors the next 1918-like flu? And if so, what bird is it, and where does it live?

"I can't even assign a hemisphere," he said. "It just came from somewhere else. Maybe it's in pigeons. Or in songbirds."

"It's weird, it's really weird," he added. "My view is to be undogmatic as possible and just try to follow the data. This is the result we get. The question is, What does it mean?"

Dr. Taubenberger's question emerged from the science fiction-like search for the 1918 virus that eventually led to its reconstruction.

A decade ago, Dr. Taubenberger and his colleagues found shards of the extinct virus in two fingernail-size snippets of formaldehyde-soaked lung tissue from two soldiers and from the frozen lung of an Inuit woman who died of the flu in 1918 and was buried in permafrost. Slowly and painstakingly, they fished out the tiny fragments of viral genes and began reconstructing them.

The first gene they sequenced was the one that codes for the hemagglutinin protein on the virus's surface. Immediately, Dr. Taubenberger and his colleagues were struck by an oddity: the chain of nucleotides that coded for the amino acids in the protein were arranged differently from those found in any other bird flu.

The genetic code is flexible; there is more than one way that a group of three nucleotides can be arranged to code for the same amino acid. But every bird flu virus ever studied used the same spellings for the hemagglutinin amino acids. Not the 1918 flu.

There were two possibilities, Dr. Taubenberger thought. One was that bird flus have evolved over the decades and that back in 1918, the amino acids in bird viruses were simply coded differently.

Another was that if the 1918 flu virus came from a bird, it was no bird that anyone had considered before.

"We decided there was no way to address this," Dr. Taubenberger said. After all, the birds from 1918 were long gone, and their viruses had died with them.

Then Dr. Thomas Fanning, a scientist in Dr. Taubenberger's group, mentioned that he had a friend at the Smithsonian who worked at the National Museum of Natural History in Washington. It had several thousand preserved birds from the early 20th century that were floating in Mason jars of alcohol.

From there, they reached James P. Dean, a supervisor in the division of birds at the museum, who sent Dr. Taubenberger a computer printout of the birds in the museum's collection – hundreds of birds, with notes telling the species and the exact times and places where they were collected. But which to choose?

Dr. Taubenberger consulted with one of the leading experts on bird flus, Richard Slemons of Ohio State, who chose 40 birds on the museum's list, all waterfowl collected around 1918. The museum found 25 of them.

The scientists took tiny pinches of tissue from passages of the birds' excretory tracts, or cloacas, and Dr. Taubenberger looked for flu viruses in the tissue. Six of the birds had a flu virus. The genetic coding for the amino acids in those viruses was exactly like that in bird flu viruses today, Dr. Taubenberger found.

In fact, the viruses had not even evolved. Human influenza viruses change every year, mutating slightly so they can reinfect people who had just had the flu and developed antibodies against it. But birds, Dr. Slemons said, do not have much of an immune response to influenza, and so there is no particular pressure for the virus to mutate.

Another reason the viruses stay the same, he said, is that some birds live for only a couple of years and so, every year, the viruses have a new bird population to infect. Finally, he said, birds are chronically infected with lots of flu viruses at once, and all the viruses coexist peacefully.

"There are so many that there is no selective pressure on any virus," he said.

But if bird viruses do not evolve and if the waterfowl viruses in 1915 and 1916 look just like bird viruses today, where did the 1918 virus come from? Or was it really a bird virus?

After all, at the time that he looked at the Smithsonian birds, Dr. Taubenberger had reconstructed only part of the virus's genetic sequence. Maybe when he had the whole thing, the picture would change.

It did not. The entire sequence, published last month in Nature, had the distinctive protein structures of a bird virus, he said. And it had that same peculiar way of spelling its amino acids.

When he compared the 1918 virus with today's human flu viruses, Dr. Taubenberger noticed that it had alterations in just 25 to 30 of the virus's 4,400 amino acids. Those few changes turned a bird virus into a killer than could spread from person to person.

Dr. Taubenberger noticed that, so far, the A(H5N1) viruses in Asia have just a few of those changes. They do not, however, have the unusual ways of coding the amino acid instructions that the 1918 virus had. So are the Asian bird viruses on their way to becoming pandemic viruses, or not?

Some experts like Dr. Peter Palese of the Mount Sinai School of Medicine in New York say the A(H5N1) flu viruses are a false alarm. He notes that studies of serum collected in 1992 from people in rural China indicated that millions of people there had antibodies to the A(H5N1) strain.

That means they had been infected with an H5N1 bird virus and recovered, apparently without incident.

Despite that, and the fact that those viruses have been circulating in China more than a dozen years, almost no human-to-human spread has occurred. "The virus has been around for more than a dozen years, but it hasn't jumped into the human population," Dr. Palese said. "I don't think it has the capability of doing it."

Dr. Taubenberger said he could argue it either way.

"It's a nasty virus," he said. "It is highly virulent in domestic birds and wild birds. The fact that it has killed half the humans it has infected makes it of concern, and the fact that it shares some features with the 1918 virus makes it of concern.

"But the fact that it has circulated in Asia for years and hasn't caused a pandemic argues against it. Maybe there are some biological barriers we don't understand."

So where will the next pandemic come from? Dr. Taubenberger says he wonders if it may be from a bird no one has thought of, a bird with a flu virus that has the same funny coding of amino acids that he saw in the 1918 flu.

He has teamed up with scientists in Alaska to get swabs from the cloacas of migrating birds, and he is looking in those samples for flu viruses that look like the one from 1918.

"Probably nobody else has thought much about this," Dr. Taubenberger said. "But we've been staring at the sequence of the virus for the last 10 years, and we've been thinking about it." For him, the story is not over; it has just taken another turn.

thebmj

Peter Doshi

Are US flu death figures more PR than science?

British Medical Journal, 8 December 2005, 331:1412
DOI:10.1136/BMJ.331.7529.1412 3

US data on influenza deaths are a mess; there are significant statistical incompatibilities between official estimates and national vital statistics data and a marketing of fear in which medical experts “predict dire outcomes” during flu seasons.

Abstract

US data on influenza deaths are a mess.

The Centers for Disease Control and Prevention (CDC) acknowledges a difference between flu death and flu associated death yet uses the terms interchangeably.

Additionally, there are significant statistical incompatibilities between official estimates and national vital statistics data.

Compounding these problems is a marketing of fear – a CDC communications strategy in which medical experts “predict dire outcomes” during flu seasons. The CDC website states what has become commonly accepted and widely reported in the lay and scientific press: annually “about 36 000 [Americans] die from flu” (www.cdc.gov/flu/about/disease.htm) and “influenza/pneumonia” is the seventh leading cause of death in the United States (www.cdc.gov/nchs/fastats/lcod.htm).

But why are flu and pneumonia bundled together? Is the relationship so strong or unique to warrant characterising them as a single cause of death?

David Rosenthal, director of Harvard University Health Services, said, “People don't necessarily die, per se, of the [flu] virus – the viraemia. What they die of is a secondary pneumonia. So many of these pneumonias are not viral pneumonias but secondary [pneumonias].”

But Dr Rosenthal agreed that the flu/pneumonia relationship was not unique. For instance, a recent study (JAMA 2004; 292: 1955-60) found that stomach acid suppressing drugs are associated with a higher risk of community

thebmj

Dr. Raj Mehta

Can we really trust CDC?

Rapid Response:
Are US flu death figures more PR than science?

British Medical Journal, 8 December 2005, 331:1412 // 16 December 2005
doi: https://doi.org/10.1136/bmj.331.7529.1412

Peter Doshi's short article, "Are US flu death figures more PR than science?" is very interesting and important.

This is my initial response, will probably have more to say once I digest the implications of erroneous figures perpatrated by a public body like CDC.

There are major implications when the public body like CDC making such claims. Both professionals and the lay people take these figures and claims as gospel turth and base their actions on these statements. Such statements by CDC have a cascading and multiplying effect. Monies and time are spent to accommodate the conclusions of CDC. Which of course means for an organization (http://www.louriecenter.org) like the one I volunteer for, that something else which is important is not attended to.

This kind of twisting/misrepresentation of the facts, which for some ill advised reason CDC has embarked on, must brought to public attention.

I really laud Peter Doshi and your BMJ journal to have the courage to take up an issue which is not going to win friends at CDC.

I think more such efforts have to be undertaken by individuals and support to be given by Journal like yours to reverse the trend of twisting/misrepresentation of medical science data by both private and public bodies.

Thanks BMJ for publishing this item.
Raj

Anita Manning

Study: Annual flu death toll could be overstated.

USA Today, 11 December 2005
https://tacanow.org/enewsletters_archive/2005/December_2005_2.htm#4d

Every winter, flu takes its toll on the health of Americans. But how great a toll is being questioned in a review published Saturday in the British Medical Journal.

Peter Doshi, a graduate student at Harvard University, says the estimate by the Centers for Disease Control and Prevention of 36,000 flu-related deaths each year is based on "flawed" statistics.

"I found a number of inconsistencies and poor assumptions being made," he says. An example is the CDC's use of "pneumonia and influenza" deaths, taken together, as a basis for estimating deaths caused by flu. He says that link is "arbitrary" and "has the effect of biasing their estimates of flu mortality."

Lab-confirmed flu cases and flu-related deaths, except for those in children, are not reported to the CDC, so estimates of cases are based on a variety of measures, including deaths from pneumonia or circulatory diseases during flu season compared with deaths from those causes when there is no flu around. If the pneumonia deaths jump in January and February, health experts assume some are caused by flu.

About 10% of pneumonia deaths are associated with flu, says William Thompson of the CDC's National Immunization Program, but flu also contributes to deaths from other causes.

If you go by death certificates alone, says Martin Meltzer, a CDC expert in health economics, almost nobody dies of flu.

"Somebody can have flu and go to a hospital and die of a heart attack, but he might not have had the heart attack if he hadn't had the flu," Meltzer says. "The death certificates don't read 'influenza,' " he says. "They read 'heart attack,' 'diabetes' and all the fancy things people write down because they don't know what they died of."

The statistical model used to come up with the estimated average of 36,000 deaths each year takes these less obvious cases into account, Meltzer says. They are deaths associated with flu, but not necessarily caused primarily by flu, he says. "We think if you could prevent flu, you would prevent a large proportion of these deaths," Meltzer says.

Until 2003, the CDC had estimated 20,000 deaths per year, but in a study published in The Journal of the American Medical Association, of which Thompson was the lead author, researchers concluded that flu-related deaths had increased during the 1980s and 1990s to between 17,000 and 51,000 deaths annually, an average of 36,000. They attributed that partly to a rise in the number of elderly people, who are at higher risk of dying from flu complications, and to virulent strains circulating in the '90s.

Thompson's estimates were based on statistics reported between 1976 and 1999, and his analysis is "state of the art," Meltzer says. Only data from lab tests on hundreds of thousands of patients would provide greater accuracy, he says. "It's the best estimate we can do at the moment."

Dynamic Chiropractic

Donald M. Petersen Jr.

Worry, Anxiety, Concern and Inflated Statistics
The CDC's "Recipe" for Creating "Higher Demand for Influenza Vaccine"

Dynamic Chiropractic, January 2006
https://dynamicchiropractic.com/article/51036-worry-anxiety-concern-and-inflated-statistics

When most people think of the Centers for Disease Control and Prevention (CDC), they think of an organization within the Department of Health and Human Services whose primary focus is the health of American citizens. However, a recent review published in the *British Medial Journal*[1] calls that role into question.

The paper, "Are U.S. Flu Death Figures More PR Than Science?" questions the CDC's recent claim that "about 36,000 people per year in the United States die from influenza."
(www.cdc.gov/flu/about/disease.htm).

The Harvard University grad student who authored the review goes on the compare this figure with other information published by the CDC. He points to the fact that the CDC's National Center for Health Statistics (NCHS) published data showing "between 1979 and 2002 an average [of] 1,348 flu deaths per year (range 257 to 3006)." He goes on note that even considering the CDC's own modeling program, only 8,097 deaths per year would be "described as flu or flu associated."[2]

But perhaps the most startling aspect of the author's comments is his reference to a presentation made by the associate director for communications of the CDC's National Immunization Program. The presentation was made during the 2004 Influenza Vaccine Summit, co-sponsored by the American Medical Association and the CDC. The presenter gives the seven-step "recipe" for creating greater demand for flu vaccinations. The following is excerpted from his PowerPoint presentation:[3]

"Recipe" That Fosters Higher Interest and Demand for Influenza Vaccine

1. Influenza's arrival coincides with immunization "season" (i.e., when people can take action)
2. Dominant strain and/or initial cases of disease are:
   - Associated with severe illness and/or outcomes
   - Occur among people for whom influenza is not generally perceived to cause serious complications (e.g., children, healthy adults, healthy seniors)
   - In cities and communities with significant media outlets (e.g., daily newspapers, major TV stations)
3. Medical experts and public health authorities publicly (e.g., via media) state concern and alarm (and predict dire outcomes) - and urge influenza vaccination.
4. The combination of '2' and"3' result in:
   (1) Significant media interest and attention
   (2) Framing of the flu season in terms that motivate behavior
   (e.g., as "very severe," "more severe than last or past years," "deadly")
5. Continued reports (e.g., from health officials and media) that influenza is causing severe illness and/or affecting lots of people - helping foster the perception that many people are susceptible to a bad case of influenza.

6. Visible/tangible examples of the seriousness of the illness (e.g., pictures of children, families of those affected coming forward) and people getting vaccinated (the first to motivate, the latter to reinforce).
7. References to, and discussions of, pandemic influenza - along with continued reference to the importance of vaccination.

Implications of "Recipe"

- A large component of consumer demand for flu vaccination is contingent upon things we can't control (e.g., timing, severity, extent, duration of the disease and resulting illness).
- Vaccination demand, particularly among people who don't routinely receive an annual influenza vaccination, is related to heightened concern, anxiety, and worry. For example:
    - A perception or sense that many people are falling ill;
    - A perception or sense that many people are experiencing bad illness;
    - A perception or sense of vulnerability to contracting and experiencing bad illness

Influenza Immunization Communication Challenges (2)

- Some component of success (i.e., higher demand for influenza vaccine) stems from media stories and information that create motivating (i.e., high) levels of concern and anxiety about influenza.
- Inducing worry, raised anxiety, and concern in people brings forth a number of issues and presents many dilemmas for health care professionals.

And Can Leave You Searching for the "Holy Grail" of Health Communication (Lanard and Sandman, 2004)

The belief that you can inform and warn people, and get them to take appropriate actions or precautions with respect to a health threat or risk without actually making them anxious or concerned. (Remember the quiz?)

This is not possible. Rather *"This is like breaking up with your boyfriend without hurting his feelings. It can't be done."*

One has to wonder why a federal agency would have to resort to "(i)nducing worry, raised anxiety, and concern in people" to get them to buy the flu vaccine. Is this truly about public health? If so, why the obviously inflated figures? At what point will our government accept the will of the people regarding their own health? At what point are the means no longer justified by the end?

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The Christian Science Monitor

Peter Doshi

Selling 'pandemic flu' through a language of fear
Traditional skepticism is missing in discussions of pandemic flu.

The Christian Science Monitor, 21 March 2006
http://www.csmonitor.com/2006/0321/p09s01-coop.html

Americans consider the United States to be a country where debate flourishes. Yet with regard to avian flu, hyped sound bites predominate. When President Bush asked Congress for $7.1 billion toward "pandemic flu preparedness," even his critics replied "not enough." Meanwhile, public health officials seem obsessed with preparing for an impending crisis - even before they have established that doom is truly heading our way.

What is lacking in the overall discussion about pandemic flu is disagreement, criticism, and skepticism – once the bedrock of science – from researchers willing to question and test the data. Further, little has been done to educate the public on what exactly defines a pandemic.

First, some facts: According to the World Health Organization, the first "outbreak" of the H5N1 virus, also known as avian flu, killed six people in 1997 in Hong Kong. Since then, H5N1 has allegedly killed 97 more worldwide, the majority of whom lived in poor, rural areas and had direct contact with dead or sick birds often kept in unsanitary conditions.

These numbers do not suggest the human population faces an insurmountable threat from this virus. Peter Palese, flu scientist at Mount Sinai School of Medicine in New York, told The New York Times in a Nov. 8, 2005, article that H5N1 is a false alarm. The virus has been "around for more than a dozen years, but it hasn't jumped into the human population." The reason? It probably can't. Dr. Palese points to studies of serum collected from rural Chinese populations in 1992. The results indicated that millions of people had natural antibodies to H5N1. This suggests they had been infected and recovered without becoming noticeably or extremely sick - not the outcome one would expect from a virus as feared as this one.

The Centers for Disease Control and Prevention (CDC) estimates that 36,000 deaths in the US occur during an "average" flu season. During the last "flu pandemic" of 1968, however, they state 34,000 Americans died.

In response to an article I recently published in the British Medical Journal, questioning the reliability of US flu death statistics, the CDC countered that "it cannot be assumed a priori that pandemics will cause more mortality than interpandemic seasons." Unfortunately, this information is rarely explained to the general public.

The CDC's statement is echoed by scientists at the National Institutes of Health in Bethesda, Md. "The mild 1968 pandemic was actually exceeded by a few more recent severe A(H3N2) seasons," they say. In other words - technical jargon removed - the annual (nonpandemic) flu season can (and

has often been) more deadly than a pandemic. Despite this, the World Health Organization informs readers that among the top 10 things you should know about pandemic flu: "Large numbers of deaths will occur."

If regular flu seasons can be worse than "pandemics," just what does the word mean? Many people seem unsure. The online Merriam-Webster dictionary reports that "pandemic" was the seventh most frequently looked up word in 2005. But what the dictionary doesn't tell its readers is the definition that flu scientists employ.

To influenza researchers, "a pandemic" occurs when the flu virus in wide circulation has changed more dramatically than the normal seasonal variation. While important to flu virologists, it's not clear what relevance this viral caveat holds for the average American. As historian John Barry recently put it, "The last time a new influenza virus reached pandemic levels was in 1968, but the episode was not significantly deadlier than a typical bad flu season. Few people who lived through it even knew it occurred."

Our healthcare system – and Americans' general state of health - is not in such great shape that little is left to do but spend billions of dollars on fighting so-called killers that may never come or may not have a significant impact if they do.

Certainly public health officials are sincerely interested in our well-being. Dr. Julie Gerberding, director of the CDC, stated in a telephone press conference last fall, "We've been putting an awful lot of attention on pandemic influenza, so influenza is on people's minds, and I think the factor of pandemic influenza is very frightening to people." One begins to wonder whether some officials might not cherish their worst case scenario, and even see vindication in it.

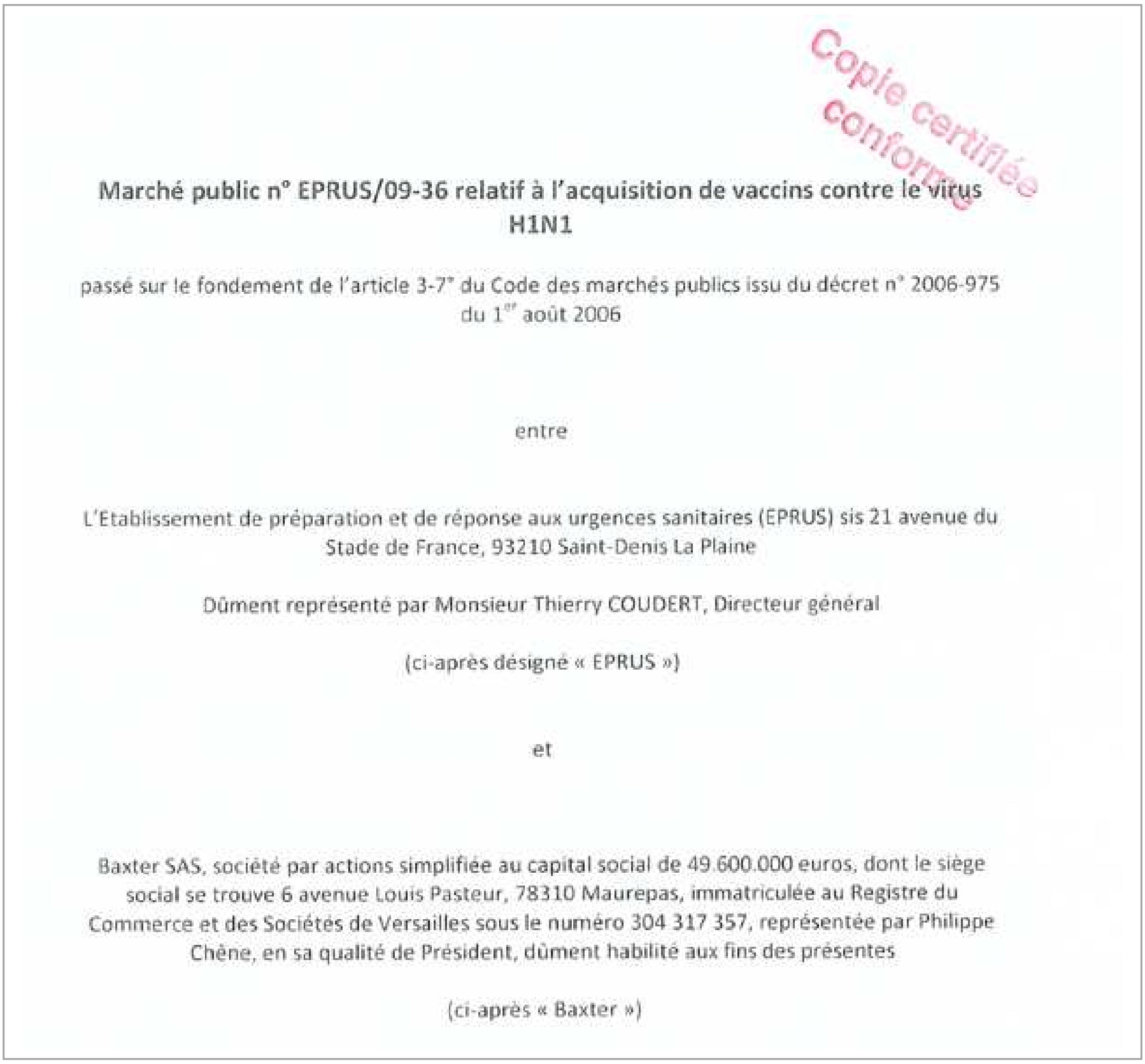
There are better ways to promote America's health than selling sickness through the language of fear. Before the government employs "all instruments of national power," including "quarantine authority," as the National Strategy for Pandemic Influenza declares, we need to be told what "pandemic flu" really means. So far, we have not been given the full story in plain language.

SÉNAT

Marché public n° EPRUS/09-36 relatif à l'acquisition de vaccins contre e-virus HINI

passé sur le fondement de l'article 3-7° du Code des marchés publics issu du décret np 2006-975 du 1er août 2006,
entre
L'Etablissement de préparation et de réponse aux urgences sanitaires (EPRUS) sis 21 avenue du Stade de France, 93210 Saint-Denis La Plaine

Dûment représenté par Monsieur Thierry Coudert, Directeur général ...
https://web.archive.org/web/20110917190018/http://www.lepoint2.com/sons/pdf/vaccin-H1N1%20medias.pdf



Copie certifiée conforme

Marché public n° EPRUS/09-36 relatif à l'acquisition de vaccins contre le virus H1N1

passé sur le fondement de l'article 3-7° du Code des marchés publics issu du décret n° 2006-975 du 1er août 2006

entre

L'Etablissement de préparation et de réponse aux urgences sanitaires (EPRUS) sis 21 avenue du Stade de France, 93210 Saint-Denis La Plaine

Dûment représenté par Monsieur Thierry COUDERT, Directeur général

(ci-après désigné « EPRUS »)

et

Baxter SAS, société par actions simplifiée au capital social de 49.600.000 euros, dont le siège social se trouve 6 avenue Louis Pasteur, 78310 Maurepas, immatriculée au Registre du Commerce et des Sociétés de Versailles sous le numéro 304 317 357, représentée par Philippe Chêne, en sa qualité de Président, dûment habilité aux fins des présentes

(ci-après « Baxter »)

PreventDISEASE.com
Aiming Towards Better Health

IBM Internal Document Outlines Knowledge of Planned Pandemic With 100% Certainty

Prevent Disease, 2006
https://web.archive.org/web/20091105095601/http://preventdisease.com/news/09/110209_ibm_internal_doc_reveals_knowledge_pandemic_2006.shtml

"Services & Global Procurement pan IOT Europe, Pandemic Plan Overview,"an official inter-departmental document was distributed to upper-level management of IBM, France in 2006. Disclosed in this secret document was the prediction of a "planned" pandemic described as having a "100% chance of occurring within the next 5 years."

The document also describes "quarantines"and operational procedures to be taken upon the official announcements of the "pandemic"by the World Health Organization. The foreknowledge of such an event could not exist, unless the pandemic was a planned event.

Certainly, this document is the “smoking gun" which demonstrates the current bird/swine flu "pandemic"is an orchestrated event leading to mass vaccinations sponsored by the WHO and UN.

This single document definitively proves there is international, corporate collusion behind the "bird/swine flu pandemic"and the intentional plan to create disease on a worldwide scale.

As evidenced by this document (see below), IBM's primary concerns are focused on maintaining their workforce, even under an official quarantine, and the continuation of sales and services to their clients.

IBM is considered to be one of the most powerful corporations in the world. They and their subsidiaries helped create enabling technologies, step-by-step, from the identification and cataloging programs of the 1930s to the selections of the 1940s which designed complex solutions for Adolf Hitler during this period.

You can apply a simple search at www.ibm.com/us/en/ for additional documents. Query [pandemic 2006] or [pandemic 2005] for dozens of relevant results on pandemic preparedness and planning.

The New York Times

Gina Kolata

Faith in Quick Test Leads to Epidemic That Wasn't

The New York Times, 22 January 2007, p. 1.
https://www.nytimes.com/2007/01/22/health/22whoop.html
https://web.archive.org/web/20111226022430/https://www.nytimes.com/2007/01/22/health/22whoop.html

Correction Appended

Dr. Brooke Herndon, an internist at Dartmouth-Hitchcock Medical Center, could not stop coughing. For two weeks starting in mid-April last year, she coughed, seemingly nonstop, followed by another week when she coughed sporadically, annoying, she said, everyone who worked with her.

Before long, Dr. Kathryn Kirkland, an infectious disease specialist at Dartmouth, had a chilling thought: Could she be seeing the start of a whooping cough epidemic? By late April, other health care workers at the hospital were coughing, and severe, intractable coughing is a whooping cough hallmark. And if it was whooping cough, the epidemic had to be contained immediately because the disease could be deadly to babies in the hospital and could lead to pneumonia in the frail and vulnerable adult patients there.

It was the start of a bizarre episode at the medical center: the story of the epidemic that wasn't.

For months, nearly everyone involved thought the medical center had had a huge whooping cough outbreak, with extensive ramifications. Nearly 1,000 health care workers at the hospital in Lebanon, N.H., were given a preliminary test and furloughed from work until their results were in; 142 people, including Dr. Herndon, were told they appeared to have the disease; and thousands were given antibiotics and a vaccine for protection. Hospital beds were taken out of commission, including some in intensive care.

Then, about eight months later, health care workers were dumbfounded to receive an e-mail message from the hospital administration informing them that the whole thing was a false alarm.

Not a single case of whooping cough was confirmed with the definitive test, growing the bacterium, Bordetella pertussis, in the laboratory. Instead, it appears the health care workers probably were afflicted with ordinary respiratory diseases like the common cold.

Now, as they look back on the episode, epidemiologists and infectious disease specialists say the problem was that they placed too much faith in a quick and highly sensitive molecular test that led them astray.

Infectious disease experts say such tests are coming into increasing use and may be the only way to get a quick answer in diagnosing diseases like whooping cough, Legionnaire's, bird flu, tuberculosis and SARS, and deciding whether an epidemic is under way.

There are no national data on pseudo-epidemics caused by an overreliance on such molecular tests, said Dr. Trish M. Perl, an epidemiologist at Johns Hopkins and past president of the Society of Health Care Epidemiologists of America. But, she said, pseudo-epidemics happen all the time. The Dartmouth case may have been one the largest, but it was by no means an exception, she said.

There was a similar whooping cough scare at Children's Hospital in Boston last fall that involved 36 adults and 2 children. Definitive tests, though, did not find pertussis.

"It's a problem; we know it's a problem," Dr. Perl said. "My guess is that what happened at Dartmouth is going to become more common."

Many of the new molecular tests are quick but technically demanding, and each laboratory may do them in its own way. These tests, called “home brews,” are not commercially available, and there are no good estimates of their error rates. But their very sensitivity makes false positives likely, and when hundreds or thousands of people are tested, as occurred at Dartmouth, false positives can make it seem like there is an epidemic.

“You’re in a little bit of no man’s land,” with the new molecular tests, said Dr. Mark Perkins, an infectious disease specialist and chief scientific officer at the Foundation for Innovative New Diagnostics, a nonprofit foundation supported by the Bill and Melinda Gates Foundation. “All bets are off on exact performance.”

Of course, that leads to the question of why rely on them at all. “At face value, obviously they shouldn’t be doing it,” Dr. Perl said. But, she said, often when answers are needed and an organism like the pertussis bacterium is finicky and hard to grow in a laboratory, “you don’t have great options.”

Waiting to see if the bacteria grow can take weeks, but the quick molecular test can be wrong. “It’s almost like you’re trying to pick the least of two evils,” Dr. Perl said.

At Dartmouth the decision was to use a test, P.C.R., for polymerase chain reaction. It is a molecular test that, until recently, was confined to molecular biology laboratories.

“That’s kind of what’s happening,” said Dr. Kathryn Edwards, an infectious disease specialist and professor of pediatrics at Vanderbilt University. “That’s the reality out there. We are trying to figure out how to use methods that have been the purview of bench scientists.”

The Dartmouth whooping cough story shows what can ensue.

To say the episode was disruptive was an understatement, said Dr. Elizabeth Talbot, deputy state epidemiologist for the New Hampshire Department of Health and Human Services.

“You cannot imagine,” Dr. Talbot said. “I had a feeling at the time that this gave us a shadow of a hint of what it might be like during a pandemic flu epidemic.”

Yet, epidemiologists say, one of the most troubling aspects of the pseudo-epidemic is that all the decisions seemed so sensible at the time.

Dr. Katrina Kretsinger, a medical epidemiologist at the federal Centers for Disease Control and Prevention, who worked on the case along with her colleague Dr. Manisha Patel, does not fault the Dartmouth doctors.

“The issue was not that they overreacted or did anything inappropriate at all,” Dr. Kretsinger said. Instead, it is that there is often is no way to decide early on whether an epidemic is under way.

Before the 1940s when a pertussis vaccine for children was introduced, whooping cough was a leading cause of death in young children. The vaccine led to an 80 percent drop in the disease’s incidence, but did not completely eliminate it. That is because the vaccine’s effectiveness wanes after about a decade, and although there is now a new vaccine for adolescents and adults, it is only starting to come into use. Whooping cough, Dr. Kretsinger said, is still a concern.

The disease got its name from its most salient feature: Patients may cough and cough and cough until they have to gasp for breath, making a sound like a whoop. The coughing can last so long that one of the common names for whooping cough was the 100-day cough, Dr. Talbot said.

But neither coughing long and hard nor even whooping is unique to pertussis infections, and many people with whooping cough have symptoms that like those of common cold: a runny nose or an ordinary cough.

“Almost everything about the clinical presentation of pertussis, especially early pertussis, is not very specific,” Dr. Kirkland said.

That was the first problem in deciding whether there was an epidemic at Dartmouth.

The second was with P.C.R., the quick test to diagnose the disease, Dr. Kretsinger said.

With pertussis, she said, “there are probably 100 different P.C.R. protocols and methods being used throughout the country,” and it is unclear how often any of them are accurate. “We have had a number of outbreaks where we believe that despite the presence of P.C.R.-positive results, the disease was not pertussis,” Dr. Kretsinger added.

At Dartmouth, when the first suspect pertussis cases emerged and the P.C.R. test showed pertussis, doctors believed it. The results seem completely consistent with the patients' symptoms.

"That's how the whole thing got started," Dr. Kirkland said. Then the doctors decided to test people who did not have severe coughing.

"Because we had cases we thought were pertussis and because we had vulnerable patients at the hospital, we lowered our threshold," she said. Anyone who had a cough got a P.C.R. test, and so did anyone with a runny nose who worked with high-risk patients like infants.

"That's how we ended up with 134 suspect cases," Dr. Kirkland said. And that, she added, was why 1,445 health care workers ended up taking antibiotics and 4,524 health care workers at the hospital, or 72 percent of all the health care workers there, were immunized against whooping cough in a matter of days.

"If we had stopped there, I think we all would have agreed that we had had an outbreak of pertussis and that we had controlled it," Dr. Kirkland said.

But epidemiologists at the hospital and working for the States of New Hampshire and Vermont decided to take extra steps to confirm that what they were seeing really was pertussis.

The Dartmouth doctors sent samples from 27 patients they thought had pertussis to the state health departments and the Centers for Disease Control. There, scientists tried to grow the bacteria, a process that can take weeks. Finally, they had their answer: There was no pertussis in any of the samples.

"We thought, Well, that's odd," Dr. Kirkland said. "Maybe it's the timing of the culturing, maybe it's a transport problem. Why don't we try serological testing? Certainly, after a pertussis infection, a person should develop antibodies to the bacteria."

They could only get suitable blood samples from 39 patients – the others had gotten the vaccine which itself elicits pertussis antibodies. But when the Centers for Disease Control tested those 39 samples, its scientists reported that only one showed increases in antibody levels indicative of pertussis.

The disease center did additional tests too, including molecular tests to look for features of the pertussis bacteria. Its scientists also did additional P.C.R. tests on samples from 116 of the 134 people who were thought to have whooping cough. Only one P.C.R. was positive, but other tests did not show that that person was infected with pertussis bacteria. The disease center also interviewed patients in depth to see what their symptoms were and how they evolved.

"It was going on for months," Dr. Kirkland said. But in the end, the conclusion was clear: There was no pertussis epidemic.

We were all somewhat surprised," Dr. Kirkland said, "and we were left in a very frustrating situation about what to do when the next outbreak comes."

Dr. Cathy A. Petti, an infectious disease specialist at the University of Utah, said the story had one clear lesson.

"The big message is that every lab is vulnerable to having false positives," Dr. Petti said. "No single test result is absolute and that is even more important with a test result based on P.C.R."

As for Dr. Herndon, though, she now knows she is off the hook.

"I thought I might have caused the epidemic," she said.

The Washington Post

Spencer S. Hsu

Bush Changes Continuity Plan
Administration, Not DHS, Would Run Shadow Government

Washington Post, 10 May 2007
https://web.archive.org/web/20110513055449/http://www.washingtonpost.com/wp-dyn/content/article/2007/05/09/AR2007050902719.html

President Bush issued a formal national security directive yesterday ordering agencies to prepare contingency plans for a surprise, "decapitating" attack on the federal government, and assigned responsibility for coordinating such plans to the White House.

The prospect of a nuclear bomb being detonated in Washington without warning, whether smuggled in by terrorists or a foreign government, has been cited by many security analysts as a rising concern since the Sept. 11, 2001, attacks.

The order makes explicit that the focus of federal worst-case planning involves a covert nuclear attack against the nation's capital, in contrast with Cold War assumptions that a long-range strike would be preceded by a notice of minutes or hours as missiles were fueled and launched.

"As a result of the asymmetric threat environment, adequate warning of potential emergencies that could pose a significant risk to the homeland might not be available, and therefore all continuity planning shall be based on the assumption that no such warning will be received," states the 72-paragraph order. It is designated National Security Presidential Directive 51 and Homeland Security Presidential Directive 20.

The statement added, "Emphasis will be placed upon geographic dispersion of leadership, staff, and infrastructure in order to increase survivability and maintain uninterrupted Government Functions."

After the 2001 attacks, Bush assigned about 100 senior civilian managers to rotate secretly to locations outside of Washington for weeks or months at a time to ensure the nation's survival, a shadow government that evolved based on long-standing "continuity of operations plans."

Since then, other agencies including the Pentagon, the Office of the Director of National Intelligence and the CIA have taken steps to relocate facilities or key functions outside of Washington for their own reasons, citing factors such as economics or the importance of avoiding Beltway "group-think."

Norman J. Ornstein, a scholar at the American Enterprise Institute and an adviser to an independent Continuity of Government Commission, said the order "is a more explicit embrace of what has been since 9/11 an implicit but fairly clear set of assumptions." He added, "My frustration is that those assumptions have not gripped the Congress in the same way."

Other former Bush administration officials said the directive formalizes a shift of authority away from the Department of Homeland Security to the White House.

Under an executive order dating to the Reagan administration, responsibility for coordinating, implementing and exercising such plans was originally charged to the Federal Emergency Management Agency and later DHS, the Congressional Research Service noted in a 2005 report on a pending DHS reorganization.

The new directive gives the job of coordinating policy to the president's assistant for homeland security and counterterrorism – Frances Fragos Townsend, who will assume the title of national continuity coordinator – in consultation with Bush's national security adviser, Stephen J. Hadley, with the support of the White House's Homeland Security Council staff. Townsend is to produce an implementation plan within 90 days. Homeland Security Secretary Michael Chertoff will continue to coordinate operations and activities, the directive said.

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine.

Richard T. Moore

An Act Relative to Pandemic and Disaster Preparation and Response in The Commonwealth.

SENATE, No. 2028, Senate, 6 April 2008
https://web.archive.org/web/20090902062420/http://www.mass.gov/legis/bills/senate/186/st02/st02028.htm
https://web.archive.org/web/20090903180650/http://www.mass.gov/legis/bills/senate/186/st02pdf/st02028.pdf

The committee on Healthcare Financing, to whom was referred the petition (accompanied by petitions, Senate, No. 18 and House, No. 108), relative to pandemic preparation and response in the Commonwealth, reported, recommending that the same ought to pass, with an amendment substituting a new draft of the same title (Senate, No. 2028).

SENATE DOCKET, NO. 2194 FILED ON: 8/7/2009

SENATE . . . . No. 2028

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act relative to pandemic and disaster preparation and response in the Commonwealth.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 17 of the General Laws is hereby amended by striking out section 2A, as appearing in the 2006 Official Edition, and inserting in place thereof the following section:-

Section 2A. (a) Upon declaration by the governor that an emergency exists which is detrimental to the public health or upon declaration of a state of emergency under chapter 639 of the acts of 1950, as amended, the commissioner may, during such period of emergency, take such action and incur such liabilities as he or she may consider necessary to assure the maintenance of public health and the prevention of disease. The commissioner may establish procedures to be followed during such emergency to ensure the continuation of essential public health services and the enforcement of the same.

In circumstances where the governor declares that the emergency detrimental to public health is limited to a specified local area, the appropriate local public health authority, as defined in section 1 of chapter 111, may, with the approval of the commissioner, during such period of emergency, take such action and incur such liabilities as it may deem necessary to assure the

1 of 8

MIT news

Study challenges notion of 'pandemic' flu
CDC-labeled pandemics no deadlier than seasonal influenza

MIT (Massachusetts Institute of Technology), 8/11 April 2008
https://web.archive.org/web/20090502140838/http://web.mit.edu/newsoffice/2008/pandemic-0411.html

The widespread assumption that pandemic influenza is an exceptionally deadly form of seasonal, or nonpandemic, flu is hard to support, according to a new study in the May issue of the American Journal of Public Health.

The study challenges common beliefs about the flu – in particular, the Centers for Disease Control and Prevention claim that "the hallmark of pandemic influenza is excess mortality."

Peter Doshi, a graduate student in the History, Anthropology, and Science, Technology and Society Program at MIT, based his study on an analysis of more than a century of influenza mortality data. He found that the peak monthly death rates in the 1957-1958 and 1968-1969 pandemic seasons were no higher than – and were sometimes exceeded by – those for severe nonpandemic seasons.

Doshi says the pandemic-equals-extreme-mortality concept appears to be a generalization of a single data point: the 1918 season, a period in which "doctors lacked intensive care units, respirators, antiviral agents and antibiotics." He argues that "had no other aspect of modern medicine but antibiotics been available in 1918, there seems good reason to believe that the severity of this pandemic would have been far reduced."

As may be expected given improvements in living conditions, nutrition and other public health measures, influenza death rates substantially declined across the 20th century. Doshi calculates an 18-fold decrease in influenza deaths between the 1940s and 1990s, a trend that began far before the introduction of widespread vaccination.

Noting the gap between evidence and fear, Doshi identifies possible reasons that pandemic flu might be so misunderstood, including the possibility that commercial interests may be playing a role in inflating the perceived impact of pandemics. With public policies such as universal vaccination being discussed and more than $5 billion of federal money spent on preparing for the next pandemic, the study raises many important questions of public policy.

"Should the trends observed over the 20th century continue to hold in the 21st, the next influenza pandemic may be far from a catastrophic event," he concludes.

Volume 52, Number 23
Wednesday, April 16, 2008
TechTalk
SERVING THE MIT COMMUNITY

MIT grad student's study challenges notion of 'pandemic' flu
MIT (Massachusetts Institute of Technology), 16 April 2008, 52(23): 7
https://web.archive.org/web/20090102224406/http://web.mit.edu/newsoffice/2008/techtalk52-23.pdf

U.S. NORTHERN COMMAND

Sgt. 1st Class Gail Braymen

HCOM contributes pandemic flu contingency planning expertise to trilateral workshop

NORAD and USNORTHCOM Public Affairs, 14 April 2008
https://web.archive.org/web/20080421175154/http://www.northcom.mil/news/2008/041408.html

Peterson Air Force Base, Colo. – Rules, regulations and red tape can make traveling from one country to another tedious and time-consuming for people. Diseases, on the other hand, can cross borders without passports, visas or even reservations.

That ease of movement, combined with modern transportation that can move people from one hemisphere to another in a matter of hours, has made dealing with a potentially international pandemic a major concern of the United States – South Korea – Japan Trilateral Workshop. The latest workshop, held earlier this year on South Korea's Jeju Island, was the fourth in a series that was first hosted in Tokyo in 2006.

U.S. Northern Command, at the request of the Institute for Defense Analyses, has participated in the Trilateral Workshop since the beginning, contributing its expertise in pandemic influenza contingency planning, among other subjects. Army Brig. Gen. Robert Felderman, deputy director of USNORTHCOM's Plans, Policy and Strategy Directorate, attended the Jeju Island workshop and presented a briefing on the command's pandemic influenza plan.

"USNORTHCOM is the global synchronizer – the global coordinator – for pandemic influenza across the combatant commands," Felderman said. "Also, the United States in 1918 had the Spanish influenza. We were the ones who had the largest response to [a pandemic] in more recent history. So I discussed what we did then, what we expect to have happen now and the numbers that we would expect in a pandemic influenza."

The potential number of fatalities in the United States in a modern pandemic influenza could reach nearly two million, according to Felderman. Not only would the nation's economy suffer, but the Department of Defense would still have to be ready and able to protect and defend the country and provide support of civil authorities in disaster situations. While virtually every aspect of society would be affected, "the implications for Northern Command will be very significant."

"[A pandemic would have] a huge economic impact, in addition to the defense-of-our-nation impact," Felderman said.

The United States isn't alone in preparing for such a potential catastrophe.

"[The workshop organizers] wanted pandemic influenza to be the focal point for this meeting because it's something that all three nations have in common, and all three nations are in the planning phase for this," said David Koster, deputy chief of the Joint Readiness Division in the North American Aerospace Defense Command and USNORTHCOM Training and Exercise Directorate. "That kind

of shared experience serves as a common denominator, and it really does help break the ice because it gives everyone something very familiar to discuss."

Koster, who has attended three of the four Trilateral Workshops, said that, despite the cultural, political and functional differences among the three participating countries, their solutions to problems are often surprisingly similar.

"The structure of the workshop was that questions were posed by the facilitators, and the three nations split off into three different teams to discuss and find their unique solution to the problem that's been posed," Koster explained. "When we'd come back together and brief our answers, we'd often find that the Japanese or the Koreans, or perhaps both, had the same solutions as we did. So the differences in the cultures were often superseded by the issues at hand."

The workshops not only give representatives from the three countries the opportunity to brainstorm answers to hypothetical questions, but to learn more about each other.

"It gives us a good understanding of the other nations – of governments and what sort of processes they have to go through, and their bureaucracy compared to our bureaucracy," Koster said.

The four Trilateral Workshops in the past two years have also laid the groundwork for more permanent, ongoing working groups scheduled to be established this year. And the three countries plan to interact and communicate more actively.

"We're intending to share experiences by sending observers to each other's exercises." Koster said. "We're also intending to create a trilateral portal that will allow us to collaborate electronically. And that's brand-new, a result of the discussions at these workshops."

U.S. Northern Command was established on Oct. 1, 2002, to anticipate and conduct homeland defense and civil support operations within the assigned area of responsibility to defend, protect, and secure the United States and its interests.

RÉPUBLIQUE
FRANÇAISE

Décret n° 2008-733 créant un Comité de lutte contre la grippe

Journal Officiel, 27 Juillet 2008
SJSP0809603D // JORF n°0174 // Texte n° 5
https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000019246635
ELI: https://www.legifrance.gouv.fr/eli/decret/2008/7/25/SJSP0809603D/jo/texte
Alias: https://www.legifrance.gouv.fr/eli/decret/2008/7/25/2008-733/jo/texte

Article 1

Il est constitué pour une durée de cinq ans un Comité de lutte contre la grippe placé auprès du ministre chargé de la santé. Le Comité de lutte contre la grippe apporte au ministre chargé de la santé une expertise sur l'ensemble des mesures à mettre en œuvre pour contrôler et réduire l'impact d'une épidémie de grippe ou d'une pandémie grippale.

En période interpandémique ou prépandémique, le Comité de lutte contre la grippe est chargé:

a) D'émettre des recommandations, en fonction de l'évolution des données scientifiques, sur le diagnostic de la grippe, la prise en charge thérapeutique des patients et la conduite à tenir pour leur entourage, les mesures de prévention au niveau individuel et collectif, la place des antiviraux dans le traitement curatif et préventif ;

b) D'assurer une veille scientifique sur les évolutions et les perspectives en matière de vaccin contre la grippe (interpandémique, prépandémique et pandémique) et d'élaborer des recommandations de stratégie de vaccination en fonction de l'évolution des données;

c) De jouer, pour la grippe, un rôle de veille et d'analyse médicale et scientifique sur les aspects pouvant avoir un impact sur la santé publique;

d) De participer à l'élaboration et à l'actualisation du plan national de prévention et de lutte contre un risque de pandémie grippale en fonction de l'évolution des données scientifiques.

En cas d'alerte pandémique, le Comité de lutte contre la grippe est chargé de poursuivre les missions énumérées à l'alinéa précédent, y compris en cas d'activation de la cellule interministérielle de crise prévue par le plan national de prévention et de lutte contre un risque de pandémie grippale.

Article 2

Le Comité de lutte contre la grippe comprend, outre son président:

1° Des membres de droit:

a) Le directeur général de la santé;

b) Le directeur général de l'Institut de veille sanitaire;

c) Le directeur général de l'Agence française de sécurité sanitaire des produits de santé;

d) Le président de la commission spécialisée «sécurité sanitaire» du Haut Conseil de santé publique;

e) Le président du comité technique des vaccinations, comité permanent du Haut Conseil de santé publique;

f) Le directeur central du service de santé des armées;

g) Le directeur du Centre national de référence chargé de la grippe en France-Nord;

h) Le directeur du Centre national de référence chargé de la grippe en France-Sud;

2° Des membres nommés par arrêté du ministre chargé de la santé:

a) Deux représentants du réseau des groupes régionaux d'observation de la grippe (GROG);

b) Un représentant du réseau Sentinelles;
c) Huit personnalités qualifiées:
- trois médecins infectiologues;
- un médecin interniste;
- un pédiatre;
- un médecin de santé publique;
- un immunologiste;
- un médecin urgentiste.

Article 3

Le président du Comité de lutte contre la grippe est nommé par arrêté du ministre chargé de la santé.

Article 4

Le mandat des membres du Comité de lutte contre la grippe est de cinq ans.
Si un membre nommé par arrêté s'abstient pendant six mois d'assister aux réunions, le ministre chargé de la santé pourvoit à son remplacement dans les mêmes conditions que sa nomination.

Article 5

Le Comité de lutte contre la grippe se réunit au moins six fois par an, sur convocation de son président, qui fixe l'ordre du jour.
Si les circonstances le justifient, le directeur général de la santé ou le président du comité peuvent convoquer les membres en urgence.
Le secrétariat est assuré par le service de la direction générale de la santé en charge de l'expertise sur la grippe.
Le Comité de lutte contre la grippe adopte un règlement intérieur précisant les règles de fonctionnement de cette instance, y compris les modalités de désignation d'un vice-président en cas d'indisponibilité du président.

Article 6

Pour l'exercice de sa mission, le Comité de lutte contre la grippe constitue, en tant que de besoin, et pour une durée limitée, des groupes de travail, notamment dans le cadre de la veille scientifique et du suivi du développement des vaccins interpandémique, prépandémique et pandémique. Il peut, en tant que de besoin, solliciter des experts d'autres disciplines, d'administrations ou d'organismes concernés dans le cadre de groupe de travail ou lorsque l'ordre du jour le justifie.

Article 7

Le président du Comité de lutte contre la grippe prépare chaque année pour le directeur général de la santé un rapport sur l'activité du comité.

Article 8

Les fonctions de président et de membre du Comité de lutte contre la grippe sont exercées à titre gracieux. Cette disposition ne fait pas obstacle à la prise en charge des frais de déplacement prévue par le décret du 3 juillet 2006 susvisé.

Article 9

La ministre de la santé, de la jeunesse, des sports et de la vie associative est chargée de l'exécution du présent décret, qui sera publié au Journal officiel de la République française.

SÉNAT

Absence de médecin généraliste dans le Comité de lutte contre la grippe
Question écrite n°05677 - 13e législature

Senat France, 2 Octobre 2008
https://www.senat.fr/questions/base/2008/qSEQ081005677.html

Question de M. SUEUR Jean-Pierre (Loiret - SOC) publiée le 02/10/2008

M. Jean-Pierre Sueur appelle l'attention de Mme la ministre de la santé, de la jeunesse, des sports et de la vie associative sur la composition du Comité de lutte contre la grippe telle qu'elle est fixée à l'article 2 du décret n° 2008-733 du 25 juillet 2008 paru au Journal officiel de la République française du 27 juillet 2008. Outre les membres de droit et les membres nommés par arrêté du ministre chargé de la santé, figurent huit personnalités qualifiées parmi lesquelles on ne relève aucun médecin généraliste, ce qui apparaît paradoxal dans la mesure où les médecins généralistes jouent à l'évidence un rôle essentiel dans la prévention et le traitement de cette maladie. Il lui demande en conséquence si elle compte désigner des représentants des médecins généralistes au sein de cette commission.

Publiée dans le JO Sénat du 02/10/2008 - page 1972

Réponse du Ministère de la santé, de la jeunesse, des sports et de la vie associative publiée le 11/12/2008

Suivant les recommandations d'un groupe de travail multidisciplinaire qui, à la demande de la direction générale de la santé (DGS), avait élaboré des stratégies de prévention et de contrôle des épidémies de grippe en France, un groupe d'experts constituant la cellule de lutte contre la grippe s'est réuni pour la première fois en juillet 1995. En dehors de réunions régulières, cette cellule a été mobilisée lors d'épisodes épidémiques spécifiques, comme par exemple l'épidémie de grippe à virus A (H5N1) en 1997-1998 ou lors de l'épisode du syndrome respiratoire aigu sévère (SRAS) en 2003. Depuis cette date, la cellule de lutte contre la grippe a poursuivi son rôle d'expertise sur les mesures à mettre en oeuvre pour contrôler et réduire l'impact d'une épidémie de grippe ou d'une pandémie grippale. Par ailleurs, la DGS a mandaté, depuis avril 2006, un groupe d'experts composé de membres du conseil supérieur d'hygiène publique de France, du comité technique des vaccinations et de la cellule de lutte contre la grippe, afin de suivre le développement des vaccins prépandémiques A (H5N1) et pandémiques par les différents laboratoires pharmaceutiques producteurs. Aucun cadre juridique ne précisant officiellement la configuration et les missions de la cellule de lutte contre la grippe et du groupe auditionnant les laboratoires pharmaceutiques producteurs de vaccins prépandémiques, il est apparu nécessaire de remédier à cette carence. C'est pourquoi un décret procédant à la création du comité de lutte contre la grippe a été proposé par la direction générale de la santé au Premier ministre (décret n° 2008-733 du 25 juillet 2008). Ce comité, qui reprend les missions de la cellule de lutte contre la grippe et celles du groupe d'experts chargé de l'audition des laboratoires pharmaceutiques, est logiquement composé des experts des deux instances dont il est issu. Outre les membres de droit prévus dans l'article 2 du décret, huit personnes nommées au titre des personnalités qualifiées (arrêté du 28 juillet 2008) continuent ainsi à apporter leur expertise à ce comité. Un médecin généraliste représentant du réseau des groupes régionaux d'observation de la grippe (GROG) figure parmi ces personnes.

Publiée dans le JO Sénat du 11/12/2008 - page 2499

REUTERS

Influenza may trigger Guillain-Barre syndrome

Reuters, 28/29 January 2009, 3:33 AM

https://www.reuters.com/article/us-guillain-barre/influenza-may-trigger-guillain-barre-syndrome-idINTRE50R6IK20090128

New York (Reuters Health) **-** Influenza infection can occasionally precipitate the occurrence of Guillain-Barre syndrome, French researchers report in the journal Clinical Infectious Diseases.

Guillain-Barre syndrome is an inflammatory disease affecting the peripheral nerves, with symptoms of weakness, numbness or tingling in the arms and legs. Loss of movement and feeling in the arms, legs, upper body, and face may also occur.

The condition "is usually triggered by infectious disease or vaccine," senior investigator Dr. Elyanne Gault told Reuters Health. "To date, influenza was associated with Guillain-Barre syndrome through vaccination, based on the report of a high number of Guillain-Barre syndrome cases during a mass vaccination campaign against swine influenza in the US."

The current study reports "virological evidence that influenza infection is a trigger for Guillain-Barre syndrome, with a frequency related to the level of influenza epidemics," she explained.

Gault of Hopital Ambroise Pare, Boulogne-Billancourt, and colleagues studied data on 406 Guillain-Barre syndrome patients. The causative agent was unidentified in 234 patients.

The researchers investigated the monthly incidence of Guillain-Barre syndrome cases and the incidence of influenza-like illnesses, and also analyzed anti-influenza antibodies.

In all, 73 Guillain-Barre syndrome cases were positively link to influenza. Nearly 14 percent had serological evidence of recent influenza A infection and 5.5 percent had evidence of influenza B infection. Eight of the 10 influenza A cases occurred during a major influenza season and antibodies specific to the current epidemic strain were seen in 9 of these patients.

Gault concluded, "Although the occurrence is rare, it is by far more frequent than that following influenza vaccine...The benefit of large-scale influenza vaccination should also be considered as a means to protect against Guillain-Barre syndrome."

Reuters
https://www.reuters.com › article › us-guillain-barre

Influenza may trigger Guillain-Barre syndrome

28 Jan 2009 — **Influenza infection can occasionally precipitate the occurrence of Guillain-Barre** syndrome, French researchers report in the journal ...

The New York Times

Robert Mackey

Lessons From the Non-Pandemic of 1976

The New York Times, 30 April 2009, 1:29
https://archive.nytimes.com/thelede.blogs.nytimes.com/2009/04/30/lessons-from-the-non-pandemic-of-1976/

CDC Public Health Image Library During a national immunization campaign in 1976, millions of Americans were given shots of a vaccine against a strain of swine flu.

As news and concern about the swine flu spreads around the world, governments and public health officials are walking a fine line: They try to alert people to the dangers of the illness without stoking people's fears. As a post on our politics and government blog, The Caucus, noted this morning, remarks by Vice President Joe Biden illustrated that politicians are often not very good at walking such fine lines.

As if to prove that Democrats have no lock on spreading confusion about the swine flu, or on cases of foot-in-mouth disease, here is a short burst of Rep. Michele Bachmann, Republican of Minnesota, who said, incorrectly, during a recent interview on the conservative Web site Pajamas TV that the outbreak of swine flu in 1976, which killed one person at Fort Dix, N.J., took place "under another Democrat [sic] President, Jimmy Carter — and I'm not blaming this on President Obama, I just think it's an interesting coincidence."

While Mr. Carter was of course elected in 1976, Ms. Bachmann seemed not to know just when the swine flu outbreak took place, or to remember that President Gerald Ford, a Republican, was still in office every day of that year, when the government developed a vaccine and tried to immunize every American to head off a pandemic:

So what did happen in 1976, and what lessons might we now take from that effort to prevent a swine flu outbreak from spreading worldwide?

The main thing that many people who are following the current swine flu outbreak on the Web seem to know about 1976 is that the government produced two public-service announcements meant to scare people into getting the vaccine, and that they now look equal parts ominous and funny:

As experts now consider whether to produce a vaccine against this new strain of swine flu, it is worth looking back at the controversy that surrounded the mass immunization campaign in 1976.

In an article about flu pandemics and non-pandemics for The New York Times Magazine in 1992, Robin Marantz Henig recalled:

Influenza experts thought they saw big-league trouble coming in February 1976, when a few cases of severe swine flu broke out among young military recruits in Fort Dix, N.J. One of them, Pvt. David Lewis, 19, died. Of 19 patients whose specimens were sent to the Centers for Disease Control for virus typing, Lewis and four others were shown to be infected with the same H1N1 influenza virus as was responsible for the 1918 pandemic. This got many public-health officials into gear, hoping to use modern technology, namely vaccination, to head off a disaster of the magnitude of 1918.

The large-scale effort to manufacture and distribute enough vaccine for everyone in the country showed that millions of doses of high-quality vaccine could be made in a matter of three or four months. But the swine-flu pandemic never materialized. In retrospect, some critics now say 40 million Americans were vaccinated for nothing.

As Andrew Pollack reported in The New York Times a few years ago, the Ford administration's aggressive approach in 1976 may have wound up doing more harm than good:

That is the year President Gerald R. Ford announced a crash program to "inoculate every man, woman and child in the United States" against swine flu. But the virus never became a killer, and vaccinations were halted two months after they began after reports that 500 people who received the shot developed a paralyzing nerve disease and more than 30 of them died.

In an article in The Los Angeles Times last Saturday, "Swine flu 'debacle' of 1976 is recalled," Shari Roan explained that "the federal government paid millions in damages to people or their families" who contracted the nerve disease, Guillain-Barre syndrome, after getting the vaccine that year.

Still, some influenza experts defended the aggressive approach of 1976. For her 1992 article, Ms. Henig talked to Dr. Edwin D. Kilbourne, "an early and consistent advocate of mass immunization in 1976," who had the vaccine virus produced in his lab at Mount Sinai Medical School in New York City. Dr. Kilbourne argued that the government had acted rationally at the time, since the aim was to avoid death on the scale of the 1918 pandemic. "Better a vaccine without an epidemic," Dr. Kilbourne said, "than an epidemic without a vaccine."

Dr. Richard P. Wenzel, the chairman of internal medicine at Virginia Commonwealth University, who also advocated vaccination in 1976, still says "it was a great effort." Dr. Wenzel told The Los Angeles Times on Saturday that while the immunization program "had unexpected, unfortunate side effects," he hoped that "there will be a lot of good, honest public health discussion about what happened in 1976."

As Dr. Pascal J. Imperato, dean of the school of public health at the State University of New York Downstate Medical Center, who was the chairman of the New York City Swine Flu Task Force in 1976, told Donald McNeil of The New York Times on Wednesday that the new strain that emerged that year was identified quickly enough to make containment a viable strategy. All 230 infected soldiers at Fort Dix, N.J., were kept on the base, Dr. Imperato said. "They had no external contacts. One died, the rest had mild infection."

With reports from Peru and Switzerland on Thursday, there are now at least 13 countries that have confirmed cases of the new strain of H1N1 swine flu. But as Ms. Henig wrote in 1992, one of the lessons that experts like Dr. Kilbourne took from the experience of 1976 was that some new strains of flu may not be virulent enough to merit mass immunization, but that it was still a good idea to get vaccine ready, just in case:

In hindsight, those involved in the decision-making realize that major variants of influenza virus in a few individuals do not necessarily signal the start of a new pandemic. Some variants prove easily transmitted; most, like the Fort Dix strain, will die out after a few passages through human hosts. "Early detection of a new virus therefore may not be adequate evidence on which to undertake mass immunization," Kilbourne wrote in a 1979 article called "Swine Flu: The Virus That Vanished." "But it is, I believe, a signal at least to produce vaccine to hold in readiness."

Last Saturday, the Science magazine blog Science Insider interviewed Dr. Kilbourne, now 88 and retired, and asked him how he thought the lessons of 1976 might be applied to today's crisis. Dr. Kilbourne defended the immunization campaign, arguing that the cases of Guillain-Barré syndrome may not have been caused by the vaccine, and said that a vaccine should be made as soon as possible this year, even if it will then be held in reserve until the new strain is known to be virulent:

The only thing I would have done differently in 1976, retrospectively, is to make the vaccine, promote the vaccine, but not give the vaccine until the last moment — but the problem with that is that you may be too late. By all means, find the prevalent strain, make a vaccine that can be used, and grow it in eggs, and then go with it. [But] I think it's premature to do it [vaccinate] now.

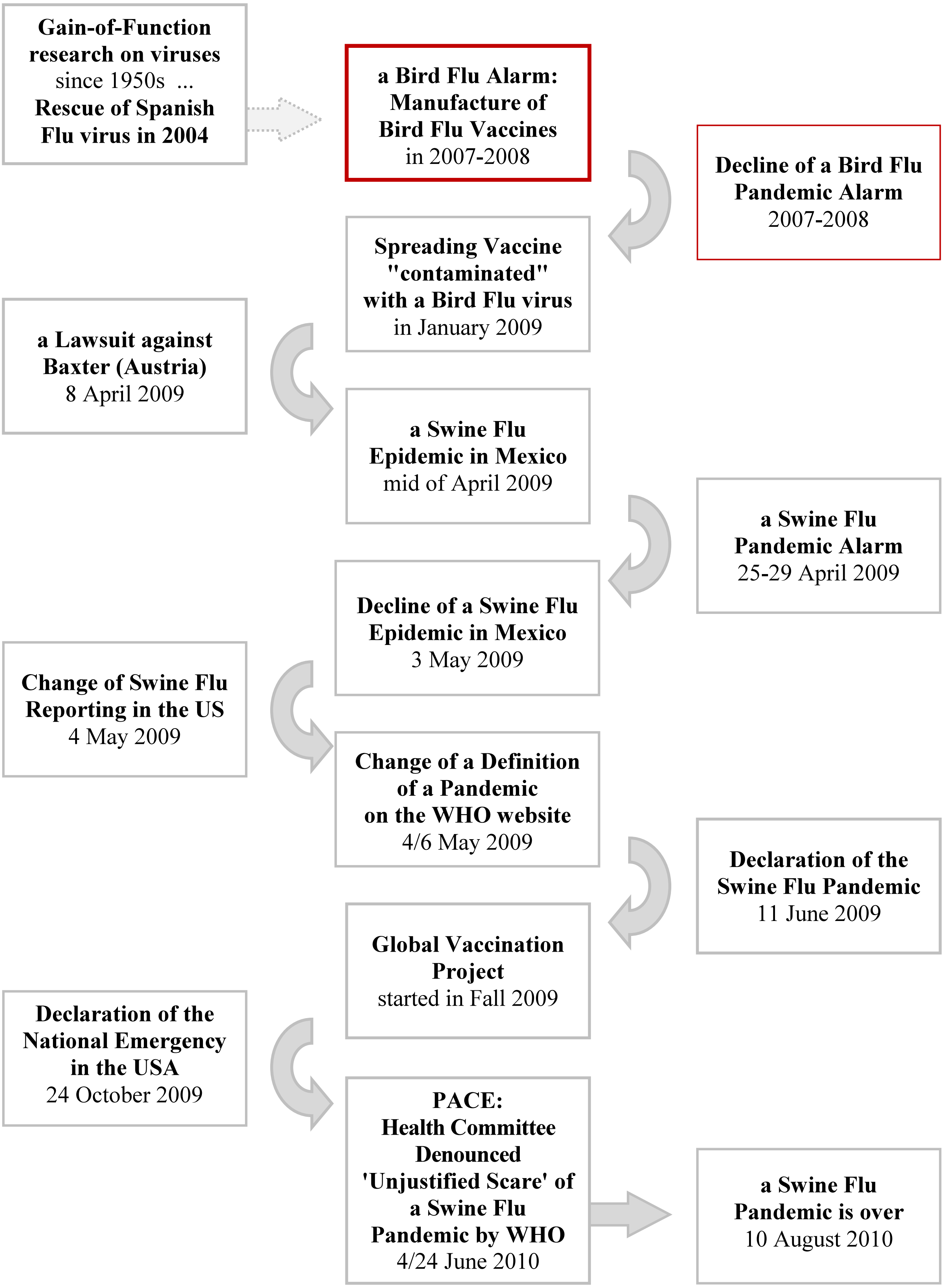
Chapter 2

CHRONOLOGY

OF THE
BIRD FLU "PANDEMIC"

Flu ! Flu ! Flu !
Pandemic ?

Roadmap
of the Swine Flu Pandemic



The INDEPENDENT

Avian Flu Outbreak Timeline

Uploaded by The Independent, 19 December 2011
https://www.scribd.com/document/76089964/Avian-Flu-Map#

Avian Flu Outbreak Timeline

1) 1996: The highly pathogenic H5N1 virus is isolated from a farmed goose in Guangdong Province, China. The first discovery of this new strain originally attracts little attention.

2) May 1997: Eighteen cases of in Hong Kong are infected with avian influenza H5N1 - in the first known case the virus infecting humans. Six people die from the outbreak.

3) Feb 2003: Six years after the first deaths linked to the virus, a subtype remerges. Two human cases, one of which is fatal, are confirmed in a Hong Kong family with a recent travel history to Fujian Province China.

4) Dec 2003: South Korea confirms highly contagious strain of bird flu has infected a chicken farm near Seoul. Vietnam, Cambodia, Mongolia, China, Japan, Laos, Malaysia, Thailand, the Philippines, Indonesia and North Korea later confirm similar outbreaks.

5) Jan 2004: Vietnam identifies H5N1 as the cause of human cases of severe respiratory disease with high mortality. Sporadic human cases are repotted through mid-March.

6) July 2005: Russia confirms first outbreak of bird flu and begins cull of 600.000 birds. Simultaneous outbreak of bird flu strain deadly to humans conformed it seven villages in Kazakhstan marks the first cases outside South East Asia. Indonesia confirms its first human case.

7) Oct 2005: Thai boy diagnosed with H5N1 strain of bird flu two days after his father became the 13th man in the country to die of the disease. The World Health Organization (WHO) confirms that death toll in Asia has now reached 61, comprising 41 in Vietnam,13 in Thailand, 3 in Indonesia and 4 in Cambodia.

8) Jan 2006: Turkey confirms its first two human cases. Sporadic cases continue to be reported in the coming weeks, but rapidly end. Iraq confirms its fist human case in a 15-year-old girl in Sulaimaniyah.

9) Feb 2006: France first reports H5N1 in a single turkey man, marking the first appearance of this disease in domestic poultry in the EU.

10) March 2006: Egypt confirms its first human case in a 16-year-old woman From Qalubiya.

11) Jan 2007: Japan sees a resurgence of bird deaths due H5N1. Hungary and Russia also see more cases. In February, Pakistan, Turkey, Afghanistan, and Myanmar joined the list and Kuwait saw its first major outbreak of the virus.

12) Jan 2007: The first discovery of the virus affecting British poultry. Only a single outbreak occurs. Jan 2008: Three mute swans are found dead in Dorset with the virulent H5N1 strain of bird flu.

13) Feb – April 2009: Five people killed by the virus in Vietnam.

14) June 2011: Five cases of P5T1 were confirmed in Egypt - three of which are fatal.

World Health Organization

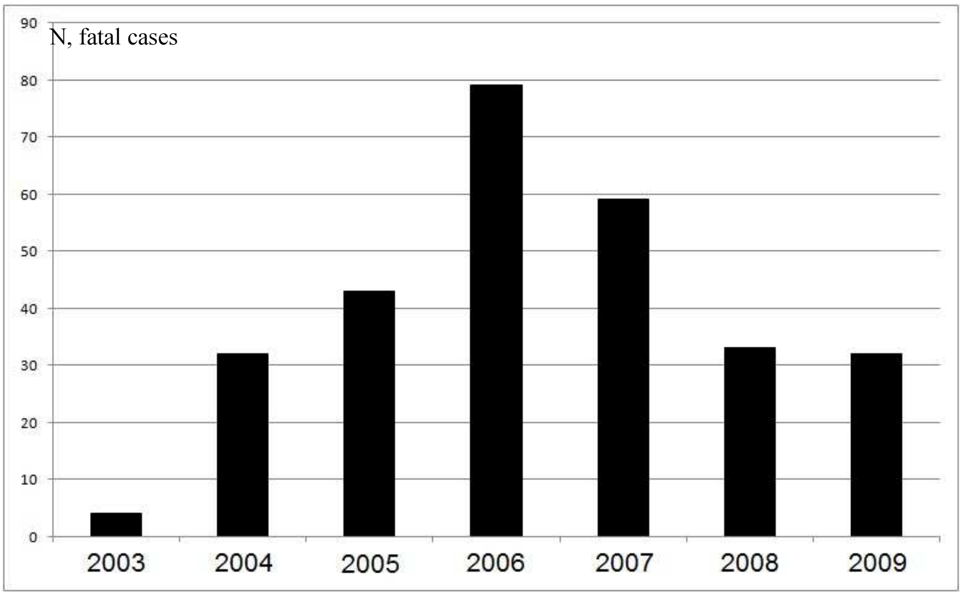
Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2003-2021

Geneva, WHO, 15 April 2021

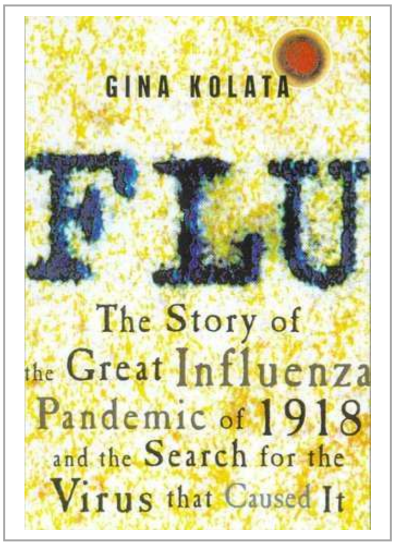
https://www.who.int/publications/m/item/cumulative-number-of-confirmed-human-cases-for-avian-influenza-a(h5n1)-reported-to-who-2003-2021-15-april-2021

Country	2003		2004		2005		2006		2007		2008		2009	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	0	0
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Cambodia	0	0	0	0	4	4	2	2	1	1	1	0	1	0
China	1	1	0	0	8	5	13	8	5	3	4	4	7	4
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Egypt	0	0	0	0	0	0	18	10	25	9	8	4	39	4
Indonesia	0	0	0	0	20	13	55	45	42	37	24	20	21	19
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	0	0
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	0	0
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	0	0
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	0	0
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	0	0
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	0	0
Viet Nam	3	3	29	20	61	19	0	0	8	5	6	5	5	5
Total	**4**	**4**	**46**	**32**	**98**	**43**	**115**	**79**	**88**	**59**	**44**	**33**	**73**	**32**

Table 2 of the WHO documrent includes the years 2003 - 2009

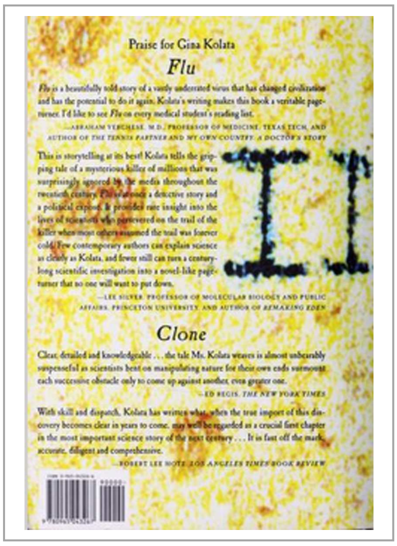


The dynamics of the fatal cases is presented in the form of columns



19 March 1995

Gina Bari Kolata



Flu: the story of the great influenza pandemic of 1918 and the search for the virus that caused it

New York: Farrar, Straus and Giroux, 1999: 187-218
https://archive.org/details/isbn_9780965043267

...

By 1995, Reid had probably had as much experience as anyone in the world on doing PCR from paraffin-embedded tissue. Her experience was ideal for this project. At the very least, she would be able to start the process of looking for the 1918 flu virus. But as she was well aware, it was not at all clear that she, or anyone else, could complete it. They would be looking for what might be liter-ally a single molecule of flu virus. It would be a test that would push the limits of molecular biology. With some trepidation, once they got permission to begin to study the tissue from 1918 flu victims, Taubenberger and Reid set to work. Reid noted the date in her lab notebook: **March 19, 1995**. (206)

...

It was time to use PCR, the miraculous method that can make millions of copies of a single fragment of a gene floating in a solu-tion. Taubenberger and Reid decided to look for a piece of a flu virus's genetic material called the matrix gene, choosing it because it changes very little, whereas other viral genes are con-stantly being altered by mutations. The matrix gene directs cells to make a protein that the virus uses as a scaffolding, a firm struc-ture propping up the virus's soft, fatty membrane coat. Their idea was to use a tiny bit of a matrix gene as a sort of fishhook – a way to snare the 1918 flu virus. (208)

...

By October 1996, the group was ready to tell the world that they had genetic evidence of the 1918 flu in the preserved lung tissue of Roscoe Vaughan. They would write a scientific paper explaining their astonishing result. They did not have the entire genetic sequence of the virus yet, but they had shown that they could pull the viral genes out. That meant that they eventually might know the virus in its every detail. They had the tools to unmask the murderer and even find its deadly weapon. The scientists decided to send their paper to *Nature*. (215)

...

Taubenberger's Science paper on the 1918 flu finally appeared, in **March 1997**, catapulting the unprepossessing researcher, who had spent his life in obscurity, into a media spotlight. "The phone was ringing off the hook. All of a sudden, eighty people wanted to interview me. I was live on national TV, I was on National Public Radio. It all happened so fast, it was really odd. It was completely crazy." But that was just the beginning of the oddness. Within two months, **a mysterious death in Hong Kong** would make scientists quiver with dread. All of a sudden, it looked as if another deadly flu epidemic might be emerging. (218)

THE LANCET

Kennedy F. Shortridge

The next pandemic influenza virus?

The Lancet, 4 November 1995, 346 (8984): 1210-1212
doi: 10.1016/s0140-6736(95)92906-1. PMID: 7475666
https://linkinghub.elsevier.com/retrieve/pii/S0140-6736(95)92906-1

The influenza virus is unique among viruses in being able to undergo so much antigenic change that an antigenically novel virus can sweep around the world in a year or two, giving rise to significant morbidity and mortality. The pandemic of 1918-19 was of unprecedented magnitude, claiming 20-40 million lives.[1] Whether a pandemic of this order could occur again is conjectural. Nonetheless influenza must retain the status of an important infectious disease because of its potential for devastation.

Planning for the next pandemic is therefore a matter of concern for international and national health authorities. Key factors they need to know are the place and time of the virus' origin and the subtypes of its surface antigens, the haemagglutinin (H) and neuraminidase (N). What new information on these three points that is of predictive value has emerged since the appearance of the H3N2 (Hong Kong) influenza virus in 1968 and the unexplained reappearance of H1N1 in 1977? Only one, place, has done so with any foundation; the other two are speculative. Speculative or otherwise, we should look at them now because 27 years have passed since the H3N2 virus emerged through Hong Kong from southern China.

Place

Recent and historical information suggests China, especially southern China, as a hypothetical influenza epicentre.[2,3] The foundation for this was laid by Webster and Laver who suggested, on the basis of antigenic studies on the Hong Kong virus, that pandemic influenza viruses derive from an influenza virus resident in animals.[4]

...

The World Health Organization (WHO) has over 100 national laboratories globally reporting on influenza through collaborating centres in Atlanta, London, and Melbourne. If the Chinese epicentre hypothesis is correct, information provided by the National Influenza Centre in Beijing to the WHO collaborating centre at the Center for Disease Control and Prevention, Atlanta, USA, will be of utmost importance.

...

Perhaps most significant in this issue is the fact that in China influenza is not perceived to be as important as it is in western countries. Indeed in the subtropical/tropical south (including Hong Kong), where influenza mainly occurs in the summer[7] influenza is not a special concern. Influenza vaccination has not been practised in China since 1966; while in Hong Kong the 100 or so doses that are sold annually are mainly for westerners travelling abroad to temperate zones in winter.

...

Time

Put simply, each year brings us closer to the next pandemic. There is no reason to believe that there will not be another one. Since the H3N2 Hong Kong era is 27 years on and since current variants are mild, it might be reasoned that the next pandemic will occur soon, even this year. However, the fact that the H1N1 era lasted 39 years from 1918 to 1957, an era punctuated with periodsof high and low infuenza activity, while the duration of Asian H2N2 era was only 11 years from 1957 to 1968,

does make difficult prediction of the year of the next pandemic. The cocirculation of variants of H3N2 and H1N1 since 1977 confounds the question further.

...

Virus subtype

The H subtype is of particular concern because of the importance of this surface antigen in the development of neutralising antibodies and herd immunity. The three subtypes of pandemic virus this century have come in the order H1N1, H2N2, and H3N2 so, if there is a recycling of H subtypes, the next one would be H2. There is no way of knowing if H subtypes other than H1, H2, and H3 occurred in pandemic viruses in earlier centuries; if they did, that would extend the cycle. If the next subtype is not H2 it will have to be one of the other subtypes (H4-H15) already known in nature[3,9] (a fifteenth H subtype has recently been recognised, C Rohm and R G Webster, personal communication). Subtype frequencies in isolates from domestic poultry in southern China make H4 the prime candidate. The three most common subtypes are in order H4, H3 (the subtype of the 1968 pandemic virus), and H6 comprising three-quarters of these isolates.[9]

...

The severity of the new pandemic virus will depend in part on whether or not the other surface component, the N subtype, is N3 to N9 rather than the N1 and N2 subtypes that have occurred this century. A pandemic virus with completely new surface antigens has the potential to spread globally with ease.

Comment

Current thinking categorises pandemic influenza as a "reemerging" virus infection. "Elusive" might be more apt; influenza is a common global infection and the human influenza virus was first isolated in the early 1930s. Although our understanding of the "where, when, and what" of the next pandemic influenza virus is inexact, the virus' elusiveness is in our sights.

It would seem constructive for an international collaborative effort to be mounted in China, working with Chinese authorities to improve surveillance in the country and, therefore, international preparedness. This would be best achieved through an international task force operating from a designated infectious disease centre in China.

While it is difficult to imagine on genetic grounds how the influenza virus might remain latent in the human host to cause a pandemic many years later in another generation, the notion of the pandemic virus arising from an animal reservoir is now more plausible.

Eradication of such reservoirs is impossible and pandemic influenza will continue to be a threat.

The knowledge to be gained in dealing with the next pandemic will provide important directions toward the control of pandemic influenza in the next millennium.

AP AP NEWS

Paul Recer

Experts Fear Humans Overdue for New Influenza Pandemic

AP News, 14 December 1995.
https://apnews.com/article/82527818d04f4f24b7b126c0b82c6158

Bethesda, Md. (AP) – The planet may be overdue for a new worldwide epidemic of influenza, one of humanity's oldest and deadliest disease enemies, international experts said at a conference here Wednesday.

More than 200 infectious disease experts met this week to consider how they should prepare for what some believe is the inevitable rise of a new and lethal influenza virus.

"A new pandemic is possible," said Dr. Dominick Iacuzio of the National Institute of Allergy and Infectious Diseases. "We can't lose sight of the fact that influenza agents have the potential to cause a lot of morbidity and mortality. It has happened before and it can happen again."

The last major worldwide flu epidemic was in 1968, the so-called "Hong Kong flu," and new strains of the flu virus typically rise and sweep through the international population every 10 to 40 years.

From the perspective of history, said Iacuzio, "some experts say we are overdue."

The influenza virus regularly and rapidly rearranges its gene structure. Every now and then, a viral strain develops that humans have never before been exposed to, which can be the start of a pandemic, said Iacuzio.

Between 1918 and 1919, a new viral strain infected more than 2 billion people and killed an estimated 20 million to 40 million, more than a half million in the United States.

The "Asian flu" in 1957 also was new. It quickly circled the globe, causing widespread social disruption and at least 750,000 deaths in the United States.

Iacuzio said the Bethesda conference, organized by the NIAID, was called to help sort out how experts worldwide can prepare for a pandemic and identify gaps in what is known about the flu virus and its control.

A formal report is still being prepared, but these findings will be among the conclusions, he said:

Increased surveillance efforts, particularly in remote Asian areas, are needed for early detection of new flu viral strains. There currently is a network of 110 labs in 80 countries. If a potentially deadly new form of the flu is found early enough, said Iacuzio, the pandemic could be blunted by rapidly producing a new vaccine. Surveillance could include collecting specimens from early cases and sending them to central laboratories for analysis.

More research is needed to understand the response of the human body to the virus. Conclusions based on animal studies may not apply to humans and researchers need to validate such research to develop more effective drugs.

Some experts believe the concentration of proteins used in the flu vaccine may be reduced, thus making more vaccine doses available. "We don't know the answers to this," said Iacuzio, and that knowledge could be critical if there is a sudden, worldwide need for vaccine.

Final work on vaccines that can be applied as nose spray or nose drops must be completed. These so-called "cold adapted vaccines" use modified live virus and have been shown to be effective in some studies. Iacuzio said their availability in a pandemic could save many lives by protecting people against the disease.

Antivirals, drugs used to treat the flu infections, could provide physicians with important new weapons in treatment of patients already infected. Iacuzio said there are candidate drugs being tested, but not now available. Such drugs need to be speedily developed, he said.

Science

Elizabeth Pennisi

Planning for the Next Flu Pandemic

Science, 22 December 1995, 270 (5244): 1916-1917
DOI: 10.1126/science.270.5244.1
https://www.science.org/doi/10.1126/science.270.5244.1916

Although flu experts do not know exactly when the next great global flu epidemic will occur, **they know that one is inevitable**. Consequently, they are trying to work out a game plan that will enable them to recognize its onset and put preventive measures, such as vaccine programs, in place.

...

Everyone is familiar with the annual flu epidemic and the misery it brings. But every so often – four times this century, most recently in 1977 – a particularly virulent new strain of flu virus will emerge that spreads quickly, erupting into a global epidemic with far more disease and deaths than usual. Last week, flu experts from around the world gathered in Bethesda, Maryland, to try to work out a game plan for coping with the next such pandemic.

The last one was nearly 20 years ago, and warns virologist Robert Webster of St. Jude Children's Hospital in Memphis, "as time passes, the probability [of another] increases." To counter that threat, the U.S. Federal Working Group on Influenza Pandemic Preparedness, with representatives from the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration, the National Institutes of Health, and the military, is preparing a plan, a draft of which was released at the meeting.

As with similar plans being developed by other countries, its goal is to detect dangerous new strains of influenza A, the virus that causes the pandemics, as soon as they emerge, and put in place preventive measures, such as vaccination programs. While the experts don't know exactly when the next flu pandemic will strike, planning is essential, they say, because when it does come, only very quick action will stem its spread.

...

Kermode-Scott B. Impending flu pandemic. Can Fam Physician. 1996 Apr;42:805-7. PMID: 8653042; PMCID: PMC2146396.

Los Angeles Times

More Dangerous Flu Virus Predicted

Los Angeles Times, 27 September 1996, 12 AM PT
https://www.latimes.com/archives/la-xpm-1996-09-27-mn-48177-story.html

A more dangerous strain of the flu virus than those seen last year will be circulating this time, the Centers for Disease Control and Prevention in Atlanta said. The Type A-Wuhan virus, which can lead to deadly complications in the elderly, is the most dangerous of three viruses expected around the nation.

The others are Type A-Texas and Type B.
The current flu vaccine counteracts all three.

The CDC recommends vaccinations for people 65 and older, people in nursing homes, children with asthma and anyone with a chronic illness.
Flu contributes to the deaths of about 20,000 people a year in the United States.

Science

Elizabeth Pennisi

First genes isolated from the deadly 1918 flu virus

Science, 21 March 1997; 275 (5307): 1739
DOI: 10.1126/science.275.5307.1739; PMID: 9122676

Abstract

The great flu pandemic of 1918 rates as one of history's greatest killers, causing as many as 40 million deaths worldwide. Now for the first time, researchers have gotten a look at some of the genes from the virus at fault. In work described on page 1793, they have used polymerase chain reaction techniques to amplify and sequence segments of five viral genes obtained from the preserved lung tissues of a U.S. Army private who died in the epidemic.

Jeffery K. Taubenberger, Ann H. Reid, Amy E. Krafft,
Karen E. Bijwaard, and Thomas G. Fanning

Initial genetic characterization of the 1918 "Spanish" influenza virus

Science, 21 March 1997; 275 (5307): 1793-1796
doi: 10.1126/science.275.5307.1793. PMID: 9065404

Abstract

The "Spanish" influenza pandemic killed at least 20 million people in 1918-1919, making it the worst infectious pandemic in history. Understanding the origins of the 1918 virus and the basis for its exceptional virulence may aid in the prediction of future influenza pandemics.

RNA from a victim of the 1918 pandemic was isolated from a formalin-fixed, paraffin-embedded, lung tissue sample. Nine fragments of viral RNA were sequenced from the coding regions of hemagglutinin, neuraminidase, nucleoprotein, matrix protein 1, and matrix protein 2. The sequences are consistent with a novel H1N1 influenza A virus that belongs to the subgroup of strains that infect humans and swine, not the avian subgroup.

Avian Diseases

D. E. Swayne, M. L. Perdue, M. Garcia, E. Rivera-Cruz, M. Brugh

Pathogenicity and Diagnosis of H5N2 Mexican Avian Influenza Viruses in Chickens

Avian Diseases, 1997, April – June, 41 (2): 335-346
https://www.jstor.org/stable/1592187

Abstract

Chickens were inoculated with one of five H5N2 Mexican-origin avian influenza virus (AIV) isolates to determine their pathogenicity for chickens and to determine the ability of routine virologic and serologic tests to detect infections.

In laboratory infections, three AIVs, H5/94, M5/94, and J12/94, produced sporadic illness and death and were categorized as mildly pathogenic.

Q1/95 produced illness and death in all inoculated chickens and was categorized as highly lethal and highly pathogenic (HP).

P11/94B commonly produced clinical illness, but deaths were infrequent.
During the presence of clinical signs, oropharyngeal swabs were superior for isolation of AIV, but cloacal swabs were more successful after disappearance of clinical signs.

Agar gel precipitin (AGP) serologic test was superior for detecting AIV infection during the clinical phase, but AGP and hemagglutinin inhibition tests were equally effective in detecting infections after recovery from clinical illness.

Passage of P11/94B parent stock and selected 14-day-embryo-passed AIVs in adult hens resulted in emergence of some HP AIV derivatives.

The hemagglutinin of Q1/95 and P11/ 94B parent stock and derivative AIVs had an identical proteolytic cleavage site of.... Pro-Gln-Arg-Lys-Arg-Lys-Thr-Arg-Gly, consistent with AIVs of high pathogenicity.

However, no consistent differences were identified in the sequence of the hemagglutinin gene to explain the discrepancy in lethality patterns of the P11/94B AIVs. This suggests that genes other than the hemagglutinin impact the full expression of high lethality of Mexican-origin AIV infections in chickens.

The New York Times

Gina Kolata

Genetic Material of Virus From 1918 Flu Is Found

The New York Times, 21 March 1997, p. A1
https://www.nytimes.com/1997/03/21/us/genetic-material-of-virus-from-1918-flu-is-found.html

A group of Defense Department researchers has found genetic material from the notorious Spanish flu virus that killed at least 20 million people worldwide in the influenza pandemic of 1918.

Fragments of the virus were found lurking in a formaldehyde-soaked scrap of lung tissue from a 21-year-old soldier who died of the flu nearly 80 years ago. And now, medical experts say, investigators at last hope to answer a question that has troubled them for decades: what made this virus so deadly?

One part of the answer is that the Spanish flu virus passed from birds to pigs and then to humans, a mode of transmission that is thought to produce the most dangerous strains of influenza viruses. Indeed, fear of a swine flu epidemic in 1976 caused President Gerald R. Ford to mobilize the nation to immunize against a flu strain that infected soldiers at Fort Dix, N.J. That particular virus, however, turned out not to be a threat.

The search for the 1918 virus is of more than historical interest, said Dr. Jeffrey K. Taubenberger at the Armed Forces Institute of Pathology in Washington, the leader of the team whose report is being published today in the journal Science. Dr. Taubenberger and other researchers hope that understanding the genetic code of the Spanish flu virus might help scientists prepare for the next influenza pandemic, which many scientists think is coming soon.

The Spanish flu epidemic seems to have begun in the United States in late spring and early summer of 1918, when doctors reported scattered outbreaks in military installations where recruits were reporting for training before going to France.

By September, when schools opened, the epidemic was roaring through the entire population and spreading rapidly to every corner of the world, attacking the young and healthy and killing them, often within days.

The flu virus itself is gone, vanished with the epidemic. But scientists have repeatedly tried to find traces of it, studying autopsy specimens and even exhuming bodies buried in Alaska where, they hoped, the virus would have remained preserved.

Even now, an expedition is being proposed to Spitsbergen, a Norwegian archipelago in the Arctic Ocean about 400 miles north of Norway, to exhume the bodies of miners who died of the flu.

An epidemic like that of 1918 "can come again, and it will," said Dr. Robert Webster, chairman of viral and molecular biology at St. Jude's Children's Research Hospital in Memphis.

Dr. Joshua Lederberg, a geneticist and Nobel laureate who is president emeritus of Rockefeller University in New York, called influenza "the most urgent, patently visible, acute threat in the world of emerging infections." And, Dr. Lederberg added, "the sooner we can learn what to anticipate, the more likely we will be able to blunt the next appearance" of a deadly flu virus.

Dr. Taubenberger studied specimens from Spanish flu victims that are among the millions of autopsy specimens that the pathology institute has been storing in warehouses since the Civil War. But he said he doubted that the study would succeed in light of the dismal history of failed efforts to find the virus.

For example, in the 1950's, a group of scientists that included Dr. Maurice R. Hilleman, director of the Merck Institute in West Point, Pa., who was then directing viral research at the Walter Reed Army Institute in Washington, traveled to Nome, Alaska, in a secret mission to examine the exhumed bodies of Eskimos who had died of the 1918 flu.

When Eskimo flu victims died, Dr. Hilleman said, they were buried in the middle of winter, in the frozen ground. The Army thought that these bodies, buried in the permafrost, might have remained frozen and preserved. But, Dr. Hilleman said, "the bodies were in such an advanced state of deterioration that no live virus was found."

More recently several scientists, including Dr. Webster, examined autopsy tissue from the Armed Forces Institute of Pathology but were unable to find viruses.

Dr. Taubenberger decided to go ahead anyway. Looking in the computerized records, he requested autopsy slides of the lungs of 198 soldiers who died of the Spanish flu.

In examining the slides, he looked for a particular type of pathology. Since the flu virus stops replicating within a couple of days after a person is infected, Dr. Taubenberger and his team wanted lung tissue from someone who died quickly, within a week after becoming ill, so that there might still be virus particles present.

That was possible, Dr. Taubenberger said, because the 1918 influenza strain was so deadly.

"The lungs of some who died in a few days were completely filled with fluids, as if they had drowned," he said. "No one has ever seen that before or since. It was a unique pathology."

Of the 198 cases that Dr. Taubenberger requested, 7 met his criteria. But only one had other features that led the researchers to believe that the flu virus was actively replicating when the man died.

The man was a private from New York State stationed at Fort Jackson, S.C., when he caught the flu.

"He was a healthy 21-year-old male with no medical history until he got this," Dr. Taubenberger said.

The soldier died within five days of infection, on Sept. 26, 1918, and in October his lung tissue was shipped to Washington, where it was stored, undisturbed, for nearly 80 years.

With the soldier's lung tissue in hand, the researchers began the tedious process of trying to extract the viral genetic material. The virus carries its genes in eight pieces of RNA that are packaged together in a protein coat. But over the years of storage, the 15,000 nucleotides that make up the viral RNA had broken apart into shards about 200 nucleotides long.

The researchers spent nearly two years amplifying the tiny segments of viral RNA so that they would have enough to analyze and assemble like a jigsaw puzzle. In their paper in Science, they report on the sequences of nine fragments of the virus that include pieces of its major genes.

The group has analyzed only about 7 percent of the virus, Dr. Taubenberger said, although he expects that he will eventually be able to complete the job. Others, like Dr. Webster, agree, but say it is still uncertain whether even that will reveal the secret of the virus's lethality.

But with his preliminary analysis, Dr. Taubenberger and his colleagues have already ruled out two hypotheses on why the virus was so deadly.

One was based on an analysis of a chicken influenza virus that swept through flocks of chickens in the early 1980's, killing them overnight.

The chicken virus was peculiar. One of its proteins had three basic amino acids at a spot where the host's enzymes had to break that protein in order for the virus to infect a cell. Ordinarily, there was only one such amino acid at that spot. So, investigators thought, maybe the three basic amino acids were a clue to lethality, and maybe they were a feature of the Spanish flu virus.

But, Dr. Taubenberger found, that was not the case. There was nothing unusual about the amino acids at that position in the Spanish flu virus.

Another hypothesis was that the flu had gone directly from birds to humans. Ordinarily, human flu viruses spread only in humans, but genetically distinct flu viruses also fester, independently, in birds, which do not become ill when they are infected. Occasionally, viruses from birds infect animals like pigs, and then jump to people. Even worse, some researchers proposed, might be a virus that jumped directly from birds to humans.

Antibodies of survivors of the 1918 epidemic indicated that the virus had lived in pigs before infecting humans. But the antibody evidence was indirect, and some thought it might be incorrect. The genetic analysis, however, indicated that the virus had, indeed, come to humans from pigs.

"I can't hold up one gene fragment and say, 'This is the reason,' " Dr. Taubenberger said. "This is the beginning of the story."

But it raises additional questions, the most immediate of which is whether the planned expedition to Norway should go forward.

The trip was proposed by Dr. Kirsty Duncan, who studies medicine and geography at the University of Windsor in Ontario. Dr. Duncan learned that seven miners who were digging coal in Spitsbergen died of the flu in 1918 and were buried there. She and her colleagues have been working with Dr. Nancy Cox, the chief of the influenza branch at the Centers for Disease Control and Prevention in Atlanta, to plan the trip to Norway.

Dr. Duncan said the team would meet in Atlanta. "We'll be debating how to proceed," she said.

Dr. Cox said the study of viral RNA from autopsy specimens might reveal all of the virus's secrets.

The question, of course, is whether it is worthwhile to risk unleashing live viruses that might still be in the frozen tissue of the miners.

The Journal of
Infectious Diseases

Robert G. Webster

Predictions for future human influenza pandemics

The Journal of Infectious Diseases, 1 August 1997, 176 Suppl 1:S14-9
https://academic.oup.com/jid/article-pdf/176/Supplement_1/S14/2797374/176-Supplement_1-S14.pdf
doi: 10.1086/514168. PMID: 9240688.

Abstract

Will there be another human influenza pandemic?

The certainty is that there will be, and the probability is that the virus will emerge from Eurasian aquatic bird reservoirs and involve reassortment between a human and avian strain, with accumulation of mutations or true recombinational events (or both) that will permit spread and pathogenicity among humans.

This process will probably occur in pigs because they possess receptors for both avian and human influenza viruses, and emergence may occur in southern China.

Prediction of the subtype is impossible, but there is a hypothesis based on seroarcheology that only H1, H2, and H3 subtypes can infect humans; however, it is arguable that H7 or H2 strains might be equally capable of infecting humans.

...

Conclusions

Given the certainty that there will be another pandemic of human influenza, we must devote as much effort and as many resources as necessary to draw up a defense strategy and a battle plan for dealing with what could be a potential catastro-phe. Since an H2 Eurasian avian influenza virus may be the precursor of a future human pandemic originating in China, it is recommended that the frequency of H2 isolates in aquatic birds and any evidence of H2 or other avian influenza viruses in pigs and humans be determined in China.

If we assume that people, pigs, and aquatic birds are the principal variables associated with the interspecies transfer of influenza virus and the emergence of new human pandemic strains, it may be possible to influence the occurrence of human pandemics of influenza. Live-bird markets that house a wide variety of avian species (chickens, ducks, turkeys, pheasants, and guinea fowl) and occasionally pigs together for sale directly to the public provide outstanding conditions for genetic mixing and spreading of influenza viruses. Monitoring of the birds entering these markets for influenza could provide information on prevalent subtypes. If pigs are the mixing vessel for influenza viruses, then monitoring them for evidence of avian influenza viruses, particularly of H2 subtypes, might provide an early warning of what might occur in humans. Finally, it is recommended that serologic surveillance of humans in contact with animals should be done regularly, particularly in Southeast Asia.

nature

J. C. de Jong, E. C. J. Claas, A. D. M. E.
Osterhaus, R. G. Webster, and W. L. Lim

A Pandemic Warning?

Nature, 9 October 1997; 389 (6651): 554
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Abstract: Introduction of new influenza type-A viruses, carrying different combinations of the viral envelope glycoproteins haemagglutinin (H) and neuraminidase (N), have led to three major pandemics of influenza in humans this century. Phylogenetic evidence suggests that these viruses have originated from avian influenza A viruses, either unchanged or after reassortment with humaninfluenza A viruses. In aquatic birds, all of the known H and N antigenic varieties (15 varieties carry H, nine carry N envelope glycoproteins) apparently circulate in a genetically conserved fashion. Viruses carrying the H1N1, H2N2 and H3N2 combinations were responsible for the Spanish flu of 1918, the Asian flu in 1957 and Hong Kong flu in 1968, respectively1. An influenza A virus of the H5N1 subtype has now been identified in a human patient, raising discussions about its potential to spark a new human influenza pandemic.

Main:

On 21 May 1997, the fifth day of his hospitalization, a three-year-old boy from Hong Kong died in an intensive-care unit in Hong Kong, with a final diagnosis of ***Reye syndrome***, acute influenza pneumonia and respiratory distress syndrome (ARDS). No indications of other underlying disease, including immunodeficiency or cardiopulmonary disease, were observed. From a tracheal aspirate, we isolated an influenza virus in MDCK and LLC cells. We were unable to grow any pathogenic bacteria from respiratory specimens. In haemagglutination inhibition assays, the virus did not react with ferret antisera to recent isolates of human and swine subtypes. By complement fixation tests we found it to be an influenza A virus, confirmed by an indirect immunofluorescence assay on cells from the original tracheal aspirate.

Haemagglutination inhibition assays using antisera to 14 H subtypes showed that the isolate was an H5 influenza A virus. Biochemical neuraminidase inhibition tests, using antisera to nine N subtypes, indicated that the neuraminidase was of the N1 subtype. Nucleotide sequence analyses of parts of the H and N genes of the virus allowed a phylogenetic comparison with other influenza viruses. Our analyses clearly confirmed that the virus is of the H5N1 subtype (Fig. 1). The H5N1 virus was indeed isolated from the sample of the child, and could not be attributed to a laboratory cross-contamination, as there was no H5N1 virus present in the human diagnostic laboratory. Furthermore, we reisolated the same virus from the original tracheal aspirate specimen.

The contribution of the influenza A H5N1 virus infection to the child's disease, eventually leading to his death, is not yet clear. But the virus identification is important as it is the first documented isolation of an influenza A virus of this subtype from humans. Subtype H5 influenza A viruses can cause lethal avian influenza (fowl plague), a disease that may decimate flocks of domestic poultry. These viruses have so far not been identified in pigs. We feel that the identification of the H5N1 influenza A virus and its presently unknown pandemic potential, should be the basis for an intensive monitoring of the epidemiology and the clinical manifestation of infection with this virus by the international World Health Organization influenza surveillance network.

Los Angeles Times

Rone Tempest

New, Lethal Flu May Stem From 'Chicken Ebola"

Los Angeles Times, 14 December 1997, 12 AM PT
https://www.latimes.com/archives/la-xpm-1997-dec-14-mn-64128-story.html

Hong Kong – In late March, chickens began dying on tluee small poultry farms in Hong Kong's outlying New Territories. Microbiologists detmmined that the 4,500 dead birds in tiny Lau Fau Shan village succumbed to a particularly virulent strain of avian influenza. Described by one leading American virologist as "chicken Ebola," the virus spreads swiftly, attacks all the cells in the infected bird's body and is nearly always fatal.

On May 11, a 3-year-old boy was hospitalized here with typical flu symptoms – acute fever, sore throat and raspy cough. Ten days later, the boy died of viral pneumonia and other complications. Then something happened that has excited and frightened health officials around the world: A lab analysis found that the boy was infected with the same virus that killed the New Territories chickens – the first recorded case of a pure bird virus infecting a human being.

The remarkable discovery, which has been followed by at least three more cases here, one of them fatal, has scientists from around the world converging on Hong Kong and has spread alarm throughout the territory, where worried citizens are releasing caged pets and avoiding chicken in their diets. But while the new virus has troubling implications for world health, it could also help solve one of humankind's greatest medical mysteries about how flu viruses mutate and grow, periodically circling the globe in deadly pandemics.

"The most interesting element," said Dr. Kennedy Shortridge, an Australian microbiologist and flu specialist at the University of Hong Kong, "is that we are having what appears to be an early warning."

Routine Analysis Discovered Virus

This is the first time that disease specialists have been present at the earliest stage of a virulent new flu strain, Shortridge said. Ideally, this could allow scientists to come up with a vaccine in time to keep the flu from sweeping the planet while at the same time teaching them a lot about its origins.

This new Hong Kong flu, assigned the scientific name H5N1, was discovered during a routine post-mortem laboratory analysis. Tissue taken from the 3-year-old's body failed to react to antigens that would identify the virus as one of two flu types common to human beings.

Puzzled, Hong Kong health officials sent samples off to influenza labs in Europe and the United States for a more sophisticated analysis known as genetic sequencing. In August, a laboratory in the Netherlands came up with the startling conclusion – later corroborated by U.S. and British flu labs – that the avian virus had been transmitted to a human.

"This is puzzling," said Dr. Daniel Lavanchy, chief of the influenza program for the World Health Organization in Geneva. "For years, we've know that this virus is dangerous in birds, but we'd never seen a human case. We have no explanation yet, but we don't like it when a new virus gets into humans."

A team of researchers led by Canadian medical geographer Kirsty Duncan traveled above the Arctic Circle to the small Norwegian coal-mining village of Longyearbyen this fall on a quest for clues to the origins of the deadliest flu pandemic on record, the erroneously named Spanish flu.

The 1918-19 outbreak has been traced not to Spain but to a small U.S. Army post in Kansas, Camp Funston. A popular scientific theory is that the flu was caused when a Kansas pig was infected by an avian flu strain, possibly spread when the fecal matter of a wild duck flying over the plains fell into the pig's trough or drinking water.

Unlike most viruses, which are particularly dangerous to the very old and the very young, the Spanish flu killed mostly young adults. Occurring at the height of World War I, it spread rapidly through the ranks of armies around the globe and took more lives than the war did.

Frozen Genetic Keys May Unlock Secrets

Because experts know that flu pandemics are cyclical, occurring three or four times a century, they are particularly eager to unlock the secrets of the Spanish flu and perhaps produce a vaccine that would prevent it from recurring. What they lack is a complete genetic picture of the killer virus.

After several years of research, geographer Duncan found a graveyard in Longyearbyen, a town 800 miles from the North Pole, where seven young men who died of the 1918 virus are buried. Virologists hope the victims are deep enough in the Norwegian permafrost that their organs, containing the virus' genetic keys, remain frozen and intact. In October, Duncan and her team gathered at the grave site, using ground-penetrating radar equipment similar to that used to spot sunken ship hulls at the bottom of the ocean, to do depth readings on the corpses. The team is still evaluating the results.

If they look promising, Duncan said, the researchers will return to Nonvay next spring and, under strict controls to avoid accidentally reviving the virus, drill into the frozen bodies for samples. If the latest flu theories are valid, they hope to find traces of bird and swine genes in the virus traces.

The goal of the five-member CDC team of epidemiologists in Hong Kong is more immediate.

Dr. Brian Mahy, director of the CDC's viral disease division, said the team's first objectives are to help Hong Kong authorities monitor the territory's 6 million people; to test family members and medical personnel who have come into contact with the four confirmed H5Ni patients; and to find a way to more quickly identify the virus in flu patients. Because the virus was previously believed to be confined to birds, Mahy said, "no laboratory in the world is set up to look for [it]."

Moreover, H5N1 is particularly virulent and difficult to grow in sufficient quantities to produce a vaccine or antigens for testing. (The genetic coding comes from two proteins, hemagglutinin [H] and neuraminidase [N], found in the outer covering of flu virus.)

On the surveillance front, health authorities here say they have set up sampling procedures in 63 clinics and 44 public hospitals reaching a cross-section of the Hong Kong population. And in the last several months, agents of the Hong Kong Agriculture and Fisheries Department have fanned out to test the territory's chickens at 150 poultry farms and chicken stalls, many of which are located in densely populated areas.

"They came here and took blood samples from about 100 of my birds, but they didn't find anything," said Lee Ming, owner of Keung's Farm in Lau Fau Shan, where the first outbreak took place.

But last week, officials reported another H5N1 outbreak in a small poultry stall, again in the New Territories next to the land border with mainland China. This means the virus is still alive in the Hong Kong bird population.

In a news conference last week, Community Health Director Dr. K. H. Mak attempted to reassure the populace. According to health department investigations, Mak said, only one of the four confirmed patients, the 3-year-old boy, had any contact with chickens or poultry before contracting the virus.

Moreover, none of the people tested who work most directly with poultry – farmers, shopkeepers and restaurant personnel – have tested positive.

"One of the most puzzling things," the WHO's Lavanchy said, "is that all these people working with animals never got sick."

Not surprisingly, however, the people of Hong Kong are still alarmed.

Shopkeepers cite a 40% drop in poultry sales. Parents and schools have been warned to keep their children away from birds, including household pets, until officials know more about the virus. And officials fear that tourism, already in decline after the changeover from British to mainland Chinese sovereignty in July and buffeted by the troubled regional economies, will suffer another blow.

There are also stirrings in Hong Kong's political ranks.

Dr. Huang Chen-ya, a neurologist who is chairman of the health committee of the Democratic Party, complained that authorities have not been fully candid about reports of symptoms among staff at the hospital where the 13-year-old is under intensive care.

Alison Reid, chief executive of the hospital, said loo staff members, including nurses and doctors, who had contact with the patient were examined and that eight showed symptoms of viral illness but no signs of developing influenza.

"We should know more in three to five days," Reid said, "but symptomatically at least, they appear to have recovered."

Legislator Leung Che Hung, also a doctor, has called for a broader sampling of Hong Kong's population to check for milder cases of the avian virus that do not require hospitalization.

Incubators of the Flu

It was probably Hong Kong's extraordinarily thorough and highly regarded flu surveillance program that led to discovery of the human H5Ni in May.

Because Hong Kong and mainland China are known to be incubators of flu viruses, every case of respiratory illness that requires hospitalization is analyzed by government laboratories here.

The surveillance has paid off: The government reported Friday that three more patients are suspected of being infected by H5Ni, but their condition is still unconfirmed.

Leung, however, would like to expand the surveillance into the streets of Hong Kong, testing, as he put it, "anyone with a runny nose."

"The government officials should be congratulated for discovering this new strain," Leung said. "In this regard, they scored a first. But they should also test people who do not go to the hospital to see if there are milder cases in the community."

While Hong Kong officials have been relatively open about the flu episode here, little has been reported in the mainland, where the size of the population and general poverty levels may make the virus' dangers even greater.

Shortridge and other researchers believe that the outbreak in Hong Kong's poultry farms was preceded by the unexplained deaths of as many as 1 million chickens and other fowl in China's Guangdong province, bordering the New Territories.

Guangdong officials deny that such an outbreak occurred. "There has been no such epidemic on our farm," said a worker at Guangdong Baiyun (White Cloud) Chicken Breeding Farm. "We have strict epidemic prevention measures."

"Up to now," said Wang Min, an employee in the National Flu Center in Beijing, "we have had no reports of any cases in the mainland."

The Washington Post

Keith B. Richburg

Hong Kong Destroys Its Chickens

The Washington Post, 30 December 1997
https://www.washingtonpost.com/archive/politics/1997/12/30/hong-kong-destroys-its-chickens/54980a16-6112-4665-8622-4501a2510216/

Government workers wearing white coats and masks and equipped with tanks of carbon dioxide fanned out through remote chicken farms today, launching a dramatic and highly visible attempt to stop the spread of an avian flu virus by eradicating Hong Kong's chicken population.

More than 250,000 chickens were killed with carbon dioxide gas in the first day of an operation that involved thousands of government workers from a half-dozen agencies as well as private vendors, who also slit the throats of the birds and dropped the carcasses into plastic garbage bags. Yellow dump trucks and earth-moving machines made huge piles of poultry remains at three large landfills.

Meanwhile, despite assurances that the so-called bird flu cannot be contracted by eating chicken, Hong Kong restaurants were dropping chicken and poultry dishes from their menus and touting beef and pork as substitutes. "You can still see it on the menu," said the white-haired old man behind the cashier's desk at Hong Kong's famous Luk Yu Tea House restaurant. "But anything with two feet, we don't have."

So massive is the job that the government did not have enough salaried workers and ended up hiring day laborers to kill chicken and geese for one Hong Kong dollar -- the equivalent of about 12 cents – per slaughtered bird.

Since the mysterious bird flu virus, called A H5N1, surfaced in May, it has infected at least 13 and likely as many as 20 people, four of whom have died. The Atlanta-based Centers for Disease Control and Prevention has said that poultry workers with prolonged exposure to infected chickens are most at risk of contracting the disease. But so far, children, mostly toddlers, make up the majority of those who have fallen ill.

The virus, which originated in birds but inexplicably jumped to humans, has caused widespread fears of a global flu pandemic. Hong Kong residents have largely stopped buying and eating chicken, causing poultry sales to plummet. Some tourists have stayed away. The new Chinese-appointed Hong Kong government, in power only six months, has been under intense public pressure to take steps to allay rising concern that the bird flu could spread out of control.

In an unusual front-page commentary, the English-language South China Morning Post newspaper said the wholesale slaughter of chickens was "the most dramatic gesture the authorities could make."

But the commentary added, "Unfortunately, radical move or not, the extermination of all Hong Kong's chickens only addresses one side of this equation." The main problem, it said, was that "the central question surrounding the spread of bird flu still has not been answered: Where does it come from? Until we know the answer, the killing of more than a million birds cannot hope to quell the public's understandable fears."

Late this evening, the task force involving three government departments – urban services, agriculture and fisheries, and the regional council – said more than 250,000 chickens and other poultry had been destroyed. The operation was to continue until the last bird is destroyed.

The government has said that all of Hong Kong's 1.3 million chickens -- as well as geese, quail, ducks and pigeons that may have been housed near chickens – will be slaughtered within a day and a half.

Many vendors began slaughtering their own birds before the operation officially began. Blood oozed across the slick floors of empty stalls. The next phase of the operation will involve a massive cleaning of all the markets and stalls, in an attempt to eradicate the virus once and for all.

The slaughter of Hong Kong's live poultry population means that Hong Kong residents will have to get used to a drastic change in their eating habits. Chicken – shredded, steamed, baked, roasted, served with chili, cashews, oyster sauce or soy sauce, and sometimes with names like General Tso's chicken or beggar's chicken -- has long been a staple on most restaurant menus.

Hong Kong residents like their chicken fresh, and several restaurateurs interviewed here said they preferred to remove chicken dishes from their menus than to lower their standards by using frozen birds from the United States or Australia.

"We would never use frozen food," said an indignant worker at the Luk Yu Tea House, which has counted among its guests cuisine-loving German Chancellor Helmut Kohl. The worker, who asked to be identified only as John, said, "If we use frozen foods, the taste is no good."

The Luk Yu lists more than 30 chicken and pigeon dishes on its menu, none of which was available today and perhaps for a long time to come. In addition to slaughtering all chickens in the territory, authorities have slapped a ban on live chickens coming in from southern China.

"Now that everybody is afraid of chicken, they are trying other types of food," John said.

Health experts have said there is no danger of contracting bird flu by eating chicken, but they advise that poultry be well-cooked.

With chicken sales near zero, most vendors seemed to welcome the slaughter. Some had complained earlier that they could no longer afford to keep the birds. The government has promised to compensate owners, and today began working on emergency legislation that would pay the equivalent of $3.85 for each destroyed bird.

While health officials and scientists have called birds the main source of the deadly influenza, they have not ruled out the possibility of human-to-human transmission.

Researchers believe that if the virus can travel from person to person, it does so inefficiently. Margaret Chan, Hong Kong's director of health, has said that H5N1 is not thought to be an airborne virus, and she has speculated that a health-care worker who fell ill with bird flu may have gotten it from contact with an infected patient's bodily secretions. Bird flu symptoms are similar to other strains of flu – fever, chills, sore throat and muscle aches. But because this is a new strain of influenza, the general population has no resistance to it, making it a more serious health threat.

However, researchers who performed blood tests on more than 500 poultry and laboratory workers and people who had contact with flu victims, discovered that nine of them had developed antibodies to the virus. This suggested that some people have been exposed to the virus without becoming ill.

CAPTION: Health workers carry rat traps into Hong Kong's Cheung Sha Wan chicken market, fearing rodents may carry the "bird flu" virus.

CAPTION: Masked government workers collect poultry at a Hong Kong farm in a massive drive to kill the territory's estimated 1.3 million chickens. The eradication effort is designed to stem the spread of "bird flu," which has killed four people.

THE LANCET

Eric CJ Claas, Albert DME Osterhaus, Ruud van Beek,
Jan C De Jong, Guus F Rimmelzwaan, Dennis A Senne, Scott Krauss,
Prof Kennedy F Shortridge, Robert G Webster, Claas EC, Osterhaus

Human influenza A H5N1 virus related to a highly pathogenic avian influenza virus

Lancet, 14 February 1998; 351(9101): 472-477
doi: 10.1016/S0140-6736(97)11212-0.
Erratum in: Lancet 1998 Apr 25;351(9111):1292
https://www.thelancet.com/journals/lancet/article/PIIS0140673697112120/fulltext

SUMMARY

Background

In May, 1997, a 3-year-old boy in Hong Kong was admitted to the hospital and subsequently died from influenza pneumonia, acute respiratory distress syndrome, **Reye's syndrome**, multiorgan failure, and disseminated intravascular coagulation. An influenza A H5N1 virus was isolated from a tracheal aspirate of the boy. Preceding this incident, avian influenza outbreaks of high mortality were reported from three chicken farms in Hong Kong, and the virus involved was also found to be of the H5 subtype.

Methods

We carried out an antigenic and molecular comparison of the influenza A H5N1 virus isolated from the boy with one of the viruses isolated from outbreaks of avian influenza by haemagglutination-inhibition and neuraminidase-inhibition assays and nucleotide sequence analysis.

Findings

Differences were observed in the antigenic reactivities of the viruses by the haemagglutination-inhibition assay. However, nucleotide sequence analysis of all gene segments revealed that the human virus A/Hong Kong/156/97 was genetically closely related to the avian A/chicken/Hong Kong/258/97.

Interpretation

Although direct contact between the sick child and affected chickens has not been established, our results suggest transmission of the virus from infected chickens to the child without another intermediate mammalian host acting as a “mixing vessel”. This event illustrates the importance of intensive global influenza surveillance.

Virology

Shortridge KF, Zhou NN, Guan Y, Gao P, Ito T,
Kawaoka Y, Kodihalli S, Krauss S, Markwell D, Murti KG,
Norwood M, Senne D, Sims L, Takada A, Webster RG.

Characterization of avian H5N1 influenza viruses from poultry in Hong Kong

Virology, 20 December 1998; 252 (2): 331-342
doi: 10.1006/viro.1998.9488. PMID: 9878612.

Abstract

The transmission of avian H5N1 influenza viruses to 18 humans in Hong Kong in 1997 with six deaths established that avian influenza viruses can transmit to and cause lethal infection in humans.

This report characterizes the antigenic and biological properties of the H5N1 influenza viruses isolated from chickens, ducks, and geese from farms and poultry markets in Hong Kong during 1997 and compares them with those of virus isolated from the index human case.

Each of the H5N1 viruses from Hong Kong poultry markets that were tested were lethal in chickens, possessed polybasic amino acids at the carboxy-terminus of HA1, and by definition were highly pathogenic in poultry.

The available nonpathogenic H5 influenza viruses and the pathogenic H5N1 virus from Hong Kong were analyzed with monoclonal antibodies prepared to A/chicken/Pennsylvania/1370/83 (H5N2).

The analysis revealed limited antigenic drift in 15 years and established that monoclonal antibodies are useful reagents for identification and antigenic analysis of avian strains that may transmit to humans in the future.

One of the monoclonal antibodies permitted separation of the H5N1 influenza viruses from poultry into two groups that correlated with the presence or absence of a carbohydrate at residue 158 adjacent to the receptor binding site on HA.

The H5N1 viruses examined replicated in geese, pigs, rats, and mice, but to only a very limited extent in ducks. It is noteworthy that all infected geese shed virus and that the H5N1 viruses caused disease signs and death in a portion (3 of 16) of the geese, with evidence of systemic spread to the brain. The tropism for geese is unusual and may provide insight into the origin of these viruses.

In mice, the H5N1 virus caused lethal pneumonia and spread systemically to the brain. Mice would thus provide an ideal model system for studying immune responses and pathogenesis. Transmission experiments in chickens revealed that the H5N1 viruses are spread by fecal-oral transmission rather than by aerosol, and that the viruses are inactivated by drying of feces at ambient temperature.

However, infectivity is maintained for at least 4 days in wet feces at 25 degrees C. There were differences in the morphology of the H5N1 viruses isolated from birds and humans.

The perpetuation of H5N1 influenza viruses in the poultry markets in Hong Kong and the transmission of these viruses to humans emphasize the importance of these markets in the epidemiology of influenza. The poultry markets are of critical importance in the perpetuation and transmission of influenza viruses to other avian species and to mammals, including humans.

Virology

Xiyan Xu, Kanta Subbarao, Nancy J. Cox, Yuanji Guo

Genetic characterization of the pathogenic influenza A/Goose/Guangdong/1/96 (H5N1) virus: similarity of its hemagglutinin gene to those of H5N1 viruses from the 1997 outbreaks in Hong Kong

Virology, 15 August 1999; 261 (1): 15-19
doi: 10.1006/viro.1999.9820. PMID: 10484749

Abstract

Analysis of the sequences of all eight RNA segments of the influenza A/G oose/Guangdong/1/96 (H5N1) virus, isolated from a sick goose during an outbreak in Guangdong province, China, in 1996, revealed that the hemagglutinin (HA) gene of the virus was genetically similar to those of the H5N1 viruses isolated in Hong Kong in 1997.

However, the remaining genes showed greater similarity to other avian influenza viruses.

Notably, the neuraminidase gene did no have the 19-amino-acid deletion in the stalk region seen in the H5N1 Hong Kong viruses and the NS gene belonged to allele B, while that of the H5N1 Hong Kong viruses belonged to allele A.

These data suggest that the H5N1 viruses isolated from the Hong Kong outbreaks derived their HA genes from a virus similar to the A/Goose/Guangdong/1/96 virus or shared a progenitor with this goose pathogen.

PNAS

Guan Y, Peiris JSM, Lipatov AS, Ellis TM, Dyrting KC,
Krauss S, Zhang LJ, Webster RG, Shortridge KF

Emergence of multiple genotypes of H5N1 avian influenza viruses in Hong Kong SAR

Proc Natl Acad Sci USA, 19 June 2002, 99 (13): 8950-8955
https://doi.org/10.1073/pnas.132268999

Abstract

Although A/Hong Kong/156/97 (H5N1/97)-like viruses associated with the "bird flu" incident in Hong Kong SAR have not been detected since the slaughter of poultry in 1997, its putative precursors continue to persist in the region.

One of these, Goose/Guangdong/1/96 (H5N1 Gs/Gd)-like viruses, reassorted with other avian viruses to generate multiple genotypes of H5N1 viruses that crossed to chickens and other terrestrial poultry from its reservoir in geese.

Whereas none of these recent reassortants had acquired the gene constellation of H5N1/97, these events provide insight into how such a virus may have been generated.

The recent H5N1 reassortants readily infect and kill chicken and quail after experimental infection, and some were associated with significant mortality of chickens within the poultry retail markets in Hong Kong.

Some genotypes are lethal for mice after intra-nasal inoculation and spread to the brain.

On this occasion, the early detection of H5N1 viruses in the retail, live poultry markets led to preemptive intervention before the occurrence of human disease, but these newly emerging, highly pathogenic H5N1 viruses provide cause for pandemic concern.

AMERICAN Scientist

Robert G. Webster, Elizabeth Jane Walker

Influenza: The world is teetering on the edge of a pandemic that could kill a large fraction of the human population

American Scientist, March-April 2003, 91(2): 122-129
http://people.scs.carleton.ca/~soma/biosec/readings/influenza/influenza.html

It has all the makings of a cheesy Hollywood horror flick: A shape-shifting killer travels the globe, leaving millions of corpses in its wake, and the world's medical community can't stop the carnage. It's a sophomoric idea for a movie script, but that's exactly what unfolded during the waning months of the first World War, late in 1918, and through much of 1919. Within 10 months the influenza virus affected the lives of up to 500 million people across the globe and killed at least 20 to 40 million – more than twice the number who died on the battlefields of World War I. Many epidemiologists believe that a similar scenario will happen again. But this time it will be worse.

This is not hyperbole. In 1997 the world came perilously close to another global epidemic of the "flu." If this particular virus had attained the ability to spread from person to person, the pandemic might have taken the lives of a third of the human population. As it was, only six people died – and all of them had contracted the virus from chickens sold in Hong Kong poultry markets. The only thing that saved us was the quick thinking of scientists who convinced health authorities to slaughter more than a million domesticated fowl in the city's markets. The avian virus turned out to be a new strain – one that the human population had never seen before. These deadly new strains arise a few times every century, and the next one may arrive any day now.

...

The purpose of this article is not to instill fear, but to educate – the more people there are who understand the problems, the more chance we will have to contain the next outbreak.

Inflewenza

Influenza is spread from person to person by coughs and sneezes, but the virus doesn't begin its journey in a human host. Instead, wild aquatic birds such as ducks and shore birds perpetuate the influenza viruses that cause human pandemics. Although these birds carry the genes for influenza in their intestines, they usually don't become sick from the virus. And because they can migrate thousands of miles, the healthy birds can spread the virus across the globe even before the microbe makes contact with the human population.

As it happens, the form of the virus found in wild birds doesn't replicate well in human beings, and so it must first move to an intermediate host—usually domestic fowl or swine – that drinks water contaminated by the feces of aquatic birds. Horses, whales, seals and mink are also periodically infected with influenza. Although the intermediate hosts can sicken and die from the infection, swine can live long enough to serve as "mixing vessels" for the genes of avian, porcine and human forms of influenza. This occurs because swine have receptors for both avian viruses and human viruses.

Swine have probably played an important role in the history of the human disease. These animals appear to serve as living laboratories where the avian and mammalian influenza viruses can come together and share their genes (a *reassortment* of RNA segments) and create new strains of flu. When a strain of virus migrates into the human population, it changes into a disease-causing microbe that

replicates in the respiratory tract. A sneeze or a cough spreads the virus in a contagious aerosol mist that is rich in virus particles.

Most pandemics originate in China, where birds, pigs and people live in close proximity. Hong Kong's 1997 "bird flu" was an avian influenza virus that probably attained virulence through reassortment of genes from geese, quail and teal. Many bird species were housed together in the Hong Kong poultry markets, and this was an ideal environment for reassortment. This strain of influenza killed thousands of chickens before it moved to human beings. Eighteen people were infected – all through direct transmission from chickens, not from contact with other people. In this instance, the outbreak was curtailed before the virus could mutate into a form that could spread from person to person. Scientists had known since 1972 that the influenza virus originated in aquatic birds, but the 1997 epidemic was the first case to document influenza's direct transference from poultry to people.

Anatomy of a Killer

Influenza viruses are members of the Orthomyxoviridae family, and they fall into one of four genera – A B, C and thogotovirus, which is a tick-borne virus. Type C influenza does not seem to cause serious disease. The type B virus, recently isolated from seals in Holland, often creates regional epidemics in human populations. But type A influenzas have avian lineages, and these are the viruses that cause human pandemics.

The influenza virus contains eight separate RNA segments that encode genes for at least 10 proteins. This unusual genetic structure explains why reassortment happens so often. If two different viruses infect the same cell, an exchange of gene segments can easily take place, yielding up to 256 (or 28) different offspring.

Type A influenzas are categorized by the structural variations of two glycoproteins, hemagglutinin (HA) and neuraminidase (NA), which protrude from the surface of the virus. HA's job is to attach the influenza virus to the sialic acid receptors on the surface of the human cell. After binding, the flu virus penetrates the host cell; there, viral RNA strands move into the cell's nucleus. The viral RNA strands encode messenger RNA and ultimately produce new virus particles. The task of NA is simple but important: It enables the newly created virus to separate from the host cell and travel freely from one cell to another through the respiratory tract.

Scientists have identified 15 HA and 9 NA subtypes, all of which are found in avian hosts. Epidemics occur when the HA or the NA proteins mutate. The subtypes of type A viruses are named according to the particular variants of the HA and NA molecules they contain – such as H1N1, the culprit in the 1918 holocaust and the 1976 "swine flu" scare, or H5N1, the "bird flu" of 1997.

Influenza's unpredictability springs from its ability to alter its HA and NA surface proteins and so avoid identification by the host's immune system. When a person is infected with the flu, the immune system produces antibodies and cell-mediated responses against all of the virus's gene products (antigens). If the person later encounters the same virus, his antibodies will bind to it and prevent an infection. However, the virus can alter *antigenic sites* – points on the HA and NA molecules where the antibodies would normally bind – by the process of *antigenic drift*. In DNA-based genomes a proof-reading enzyme carefully scrutinizes the process of copying a strand of DNA, catching and correcting any mistakes made during replication. But, like other RNA-based viruses, the influenza virus lacks a proofreader, so mistakes made during replication go uncorrected and the virus can mutate swiftly. The mutations can change the antigenic sites in such a way that the host's antibodies no longer recognize the virus.

The HA and NA molecules are particularly important in antigenic drift. As genetic point mutations are gradually accumulated by the viral genome, and the HA or NA genes and proteins have undergone several minor changes, the host's antibodies no longer recognize them, and the person may sicken again. Type B influenza strains use this process to alter the amino acid structure of these proteins and so evade the human immune system.

Every 20 to 30 years or so, the type A influenza virus undergoes an *antigenic shift*. If antigenic drift were compared to a shudder, antigenic shift would be likened to an earthquake. Antigenic shift engenders a much more immediate and dramatic change in the HA glycoprotein. During antigenic shift, genes from other influenza subtypes can completely replace the HA and NA proteins with new ones that the host has never experienced. When human immune systems cannot recognize the new virus, a pandemic ensues.

Scrutinizing the Shift

Influenza was first described by Hippocrates as early as 412 b.c., and the tiny virus has spent the succeeding centuries shifting, drifting and wreaking havoc. Humanity has been seeking ways to eliminate the threat since the first pandemic was recorded in 1580. Although the Spanish flu happened nearly a century ago, the extreme pathogenicity of the H1N1 1918 influenza virus is still not understood. Virologists have traveled the world to obtain samples of the virus so that they could unlock the secrets of its virulence, even exhuming victims from the Alaskan and Norwegian permafrost. Jeffery Taubenberger and his colleagues at the Armed Forces Institute of Pathology studied bodies and fragments of lung samples that had been stored in paraffin blocks since 1918. Through sequence and phylogenetic analysis of RNA fragments taken from the lung tissues, they determined that the virus was avian in origin but was closely related to a strain of influenza that is known to infect swine. Ongoing studies of the total genome sequence may someday uncover reasons for the potency of this strain of influenza. If they can understand the genome of the virus and the genome of the host, scientists may be one step closer to pinpointing which viruses in the wild will cross over to human beings.

When the H5N1 virus leapt from poultry to people in 1997, scientists from the World Health Organization (WHO) immediately began to investigate the phenomenon. Postmortem examinations of two victims revealed unusually high levels of cytokines – proteins such as interferon and tumor necrosis factor-alpha (TNF-a) – that regulate the intensity and duration of the immune response. These cytokines are the first line of defense against viruses. They are part of the *innate* immune response, a nonspecific response that will target any pathogen and does not require a previous exposure to a virus (unlike the production of antibodies, which does require the exposure to viral antigens). Studies of human macrophage cultures, by Malik Peiris and his colleagues in Hong Kong, show that the H5N1 virus causes an exaggerated response of cytokines (such as TNF-a), and this could result in a toxic-shock-like syndrome (including fever, chills, vomiting and headache), which ultimately results in death. Although the cytokines can sometimes inhibit its proliferation, the virus may develop strategies to subvert this innate immune response.

This is what happened in Hong Kong. The H5N1 virus found a way to circumvent the effects of the infection-fighting cytokines. Sang Seo, Erich Hoffmann and author Robert Webster at St. Jude Children's Research Hospital used *reverse genetics* – the opposite of the traditional gene-to-protein direction of genetic analysis – to identify a gene that played a crucial role in the transformation of the influenza virus. The new technology offers many tantalizing opportunities: It might drastically reduce the time required for vaccine production, and it might help scientists gain insights into viral pathogenicity.

We removed the so-called *nonstructural (NS)* gene from H5N1 and inserted it into a previously benign strain of flu. Experiments showed that the newly transformed virus was considerably more virulent in swine. Pigs infected with a virus that carried the *NS* gene experienced much more severe and prolonged fever, weight loss and viremia than pigs that were not infected with a virus containing that gene. This suggests that the product of the *NS* gene, the NS1 protein, plays a crucial role in limiting the antiviral effects of the cytokines. According to Adolfo García-Sastre and Peter Palese of the Mount Sinai School of Medicine, and their colleagues, the NS1 protein seems to do this by downregulating the expression of genes involved in the molecular pathway that signals the release of the cytokines.

Gene sequencing reveals that a single point mutation occurred in the *NS* gene of the Hong Kong virus. This changed the identity of an amino acid – glutamic acid at position 92 in the NS1 protein – which produced a version of the protein that was much more effective at downregulating the activation of the cytokines than the normal version. This made the Hong Kong virus much more virulent than other influenza viruses – a remarkable consequence for such a tiny alteration. These discoveries might help us to understand the extreme pathogenicity of the 1918 influenza virus, and they perhaps suggest new targets for drug development.

In 2001 a new variety of the H5N1 virus surfaced in the live poultry markets of Hong Kong, but this time the fowl were slaughtered before people could become infected. Yet another genotype of H5N1 appeared in 2002. This evidence indicates that viruses similar to the 1997 strain are still circulating in the bird population of Southeast China. They are reassorting and making new versions of H5N1 – not the same virus that surfaced in 1997, but different mutations that retain the same HA and NA configurations.

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WHO and the developed nations of the world have created pandemic plans that specify ways to prepare for a world crisis.

In the United States, the plan includes measures for improving surveillance systems and increasing the breadth of the country's vaccination programs. The plan also supports research into detection of new strains and the creation of new vaccines and antivirals.

The national pandemic plan addresses such topics as communication systems, as well as medical readiness and how community services will be maintained.

One way to prepare for the inevitable pandemic is to vaccinate as many people as possible during the interpandemic years.

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регнум

Академик Дмитрий Львов:

"Птичий грипп" в тысячи раз опаснее атипичной пневмонии

REGNUM, 10 февраля 2004, 00:04
https://regnum.ru/news/215451.html

Москва, 10 февраля, 2004, 00:04 – ИА Регнум. "Птичий грипп" в тысячи раз опаснее так называемой атипичной пневмонии. Об этом, как сообщили корреспонденту ИА REGNUM в "Инфо-Центре" Союза журналистов России, заявил 9 февраля на пресс-конференции в Центральном Доме журналиста академик Дмитрий Львов, директор института вирусологии им.Д.И.Ивановского РАМН.

По словам Д. Львова, "куриным гриппом" в мире заболели уже 20 человек, из них 16 скончались. Ученые пока не зафиксировали случаев передачи инфекции от человека к человеку. Директор Института вирусологии отметил, что грипп у птиц - это кишечная инфекция, которая может передаваться человеку лишь через воду и почву. "Вирус не может попасть в организм человека при употреблении в пищу мяса птиц, - добавил академик. - При термообработке инфекция гибнет".

По словам Д. Львова, подобные вирусы науке уже знакомы. "Все известные сегодня 15 видов гриппа изначально были обнаружены среди птиц, - отметил он. На человека действуют три вида гриппа, и примерно три-четыре раза в сто лет человечество сталкивается с новыми эпидемиями. В частности, в 1919 году от гриппа "испанка" погибло 50 млн. человек. По мнению ученого, при смешении вирусов гриппа птицы и человека может возникнуть новый опасный гибрид, что приведет к массовой эпидемии. К счастью, пока этого не произошло, добавил Д. Львов.

Сейчас ученые изучают слабопатогенные штаммы вируса, которые были выделены от диких птиц. По словам академика, этот материал может быть использован при производстве вакцины для борьбы вирусами, распространенными в Юго-Восточной Азии.

BBC NEWS

Killer flu recreated in the lab:
Scientists have shown that tiny changes to modern flu viruses could render them as deadly as the 1918 strain which killed millions

BBC News, 7 October 2004, 05:02 GMT 06:02 UK
http://news.bbc.co.uk/2/hi/health/3719990.stm

A US team added two genes from a sample of the 1918 virus to a modern strain known to have no effect on mice. Animals exposed to this composite were dying within days of symptoms similar to those found in human victims of the 1918 pandemic. The research is published in the journal Nature.

The work of the US team, lead by Dr Yoshihiro Kawaoka of the University of Wisconsin, was carried out under the tightest security. Experts focused on two genes thought to play a key role in the infection process. One controls production of a spike-like molecule called haemagglutinin (HA), believed to be used by the flu virus to attach itself to the cells it is about to infect.

Previous research published earlier this year in the journal Science identified the HA gene as being the crucial element which made the 1918 virus so deadly - and the latest work appears to confirm this. Post mortems on mice injected in the nose with the composite virus showed that it had rampaged through their lungs, producing inflammation and haemorrhaging. The researchers stress the experiment is conclusive for lab mice, and not humans.

Better monitoring

But they say that their work may lead to better ways to assess the potential danger of emerging flu viruses. Writing in Nature, the researchers say: "Once the properties of the (1918) HA gene that gave rise to its lethal infectivity are better understood, it should be possible to devise effective control measures and to improve global surveillance networks for influenza viruses that pose the greatest threat to humans as well as other animal species."

Scientists believe the 1918 virus leapt to humans by mutating from bird flu, possibly after passing through pigs, which are able to harbour both human and avian viruses and thus allow them to swap genes as the viruses reproduce. For that reason, experts are deeply concerned that the avian flu that has broken out in poultry flocks in parts of south-east Asia may acquire genes that will make it highly infectious as well as lethal for humans.

Professor John Oxford, an expert in virology at Queen Mary College London, told BBC News Online the latest research underlined just what a threat all flu viruses potentially posed. He said: "It is not a big difference at all between a virus that kills 15m people and one that does not kill anyone at all. "The lesson is not to be complacent about anything to do with flu. Every flu virus must be carrying baggage that could potentially harm us, and we would be well advised not to ignore them."

Many deaths

The 1918 "Spanish" flu pandemic is estimated to have infected up to one billion people - half the world's population at the time. The virus killed more people than any other single outbreak of disease, surpassing even the Black Death of the Middle Ages.

Although it probably originated in the Far East, it was dubbed "Spanish" flu because the press in Spain - not being involved in World War I - were the first to report extensively on its impact. The virus caused three waves of disease. The second of these, between September and December 1918, resulting in the heaviest loss of life.

It is thought that the virus may have played a role in ending World War I as soldiers were too sick to fight, and by that stage more men on both sides died of flu than were killed by weapons. Although most people who were infected with the virus recovered within a week following bed rest, some died within 24 hours of infection.

newsru.com В РОССИИ

Миру угрожает вирус пандемического гриппа, может погибнуть миллиард человек

News.ru, 28 октября 2004, 18:51
https://www.newsru.com/russia/28oct2004/pandemonia.html

В ближайшие годы в мире появится смертельно опасный вирус пандемического гриппа. В случае начала пандемии гриппа в мире за полгода могут умереть до одного миллиарда человек. Такой прогноз дал в четверг на пресс-конференции в Москве директор Института вирусологии им. Д.И. Ивановского, академик РАМН, профессор Дмитрий Львов.

"Если новый вирус возникнет, то за полгода в мире могут погибнуть до одного миллиарда человек. Американские аналитики сделали вывод, что в случае начала пандемии заразиться могут 700 тысяч жителей этой страны, из них 300 тысяч или более могут погибнуть. Этот сценарий реально возможен и для России - заразится и погибнет примерно такое же количество человек", - сказал он.

Он затруднился ответить на вопрос, когда может возникнуть пандемия гриппа, однако высказал мнение, что вероятность возникновения пандемии гриппа в этом году очень велика. "Существует стопроцентная гарантия, что вирус пандемического гриппа появится в мире не в этом, так в следующем или в ближайшие годы", – сказал Львов. "Как это бывало и в прошлом, из уже существующих вирусов гриппа обязательно генерируется новый, который и вызовет пандемию. Осталось полшага до пандемической катастрофы в мире", – добавил ученый.

По мнению Львова, пандемия гриппа скорее всего будет вызвана мутацией вируса так называемого "птичьего" гриппа (H3N2), сообщает ИТАР-ТАСС. От этой разновидности гриппа смертность составляет до 70%, отметил академик. "В Юго-Восточной Азии от этого гриппа погибли сотни миллионов птиц, но самое страшное – это то, что вирус попал в популяцию свиней. Среди людей было 45 случаев заболевания "птичьим" гриппом, 70% заболевших погибли, однако, к счастью, только в одном случае – и тот не доказан – вирус "птичьего" гриппа был передан от человека к человеку", – сказал Львов.

По его словам, в настоящее время вирус "птичьего" гриппа "заражает человека неохотно". Однако, считает Львов, есть вероятность возникновения новой разновидности "птичьего" гриппа, которая будет передаваться от человека к человеку. В частности, по его словам, так называемое перемешивание вирусов обычного и "птичьего" гриппа может произойти в организме обычной свиньи.

Львов описал механизм возможной генерации нового вируса гриппа. "Это может случиться только в том случае, если два вируса птичьего гриппа - один от птицы, другой – от человека – заразят свинью. Свиньи одинаково легко заражаются вирусами "человеческого" и "птичьего" гриппа, – пояснил ученый. – В клетках свиньи, одновременно заразившейся этими двумя вирусами, произойдет так называемая реасортация - перемешивание вирусов. А новый вирус может обладать способностью передаваться от человека к человеку. Таким образом возникает пандемический грипп".

Напомним, что 20 октября Гендиректор Всемирной организации здравоохранения (ВОЗ) Чон Вук Ли заявил, что вирус предстоящей пандемии гриппа будет схож с возбудителем "птичьего" гриппа. Чон Вук Ли отметил, что штаммы этого вируса гриппа уже были зафиксированы. "Мы должны быть готовы к тому, что эпидемия примет глобальный характер", – заявил он. По его словам, выработка вакцины пока еще не началась. "Сейчас мы не можем приступить к выработке вакцины, поскольку не знаем, вирус какого штамма будет в этом году", – сказал он. Гендиректор ВОЗ отметил, что "наш долг быть готовыми к самой худшей ситуации, нам нельзя забывать, что в 1919 году был вирус "испанки", а в 1970-х – азиатский грипп". "Уже были предупредительные сигналы. Сейчас - это "птичий" грипп. Мы изучаем эти вопросы и готовимся", – отметил гендиректор ВОЗ.

В России уже сейчас надо подготовить резерв в 300-400 тысяч мест в больницах

Российской системе здравоохранения необходимо вести тщательную подготовку для того, чтобы в случае начала пандемии суметь локализовать очаг заболевания. "Необходимо иметь коечные и лекарственные резервы с тем, чтобы в случае необходимости немедленно начать лечение заразившихся. Может произойти так, что единомоментно заболеют 700 тысяч человек и порядка 300-400 тысяч из них необходимо будет поместить в больницы с возможностью интенсивной терапии. Есть ли у нас такой резерв, я не знаю" - сказал директор Института вирусологии им. Д.И. Ивановского, академик РАМН, профессор Дмитрий Львов.

Он рассказал, что в его институте собран коллектив из восьми лабораторий, который на протяжении последних лет проводили мониторинг за циркулирующими на территории вирусами гриппа. "Этот мониторинг показывает, что все известные науке вирусы гриппа у нас в России есть, и это те вирусы, которые могут послужить строительным материалом для будущего пандемического вируса", - сказал он.

Львов также сообщил, что научным коллективом возглавляемого им института уже на настоящий момент "разработаны современные диагностические тест-системы, которые позволят быстро и надежно сказать, какой возбудитель находится в теле зараженного; все существующие противогриппозные препараты проверены на эффективность против птичьего гриппа, проверка показала, что все они, в принципе, эффективны".

"Также нашими лабораториями получен вариант вакцины, который, возможно, будет эффективен против "птичьего" гриппа. При создании этого кандидата в вакцины против птичьего гриппа ученые использовали штаммы гриппа, выведенные в России", – отметил он.

В свою очередь, выступившая на пресс-конференции заместитель начальника управления эпидемиологического надзора Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека Галина Лазикова сообщила, что ВОЗ подготовила примерный план на случай пандемии гриппа. В России этот план был адаптирован и в настоящее время образец плана разослан во все регионы страны. По словам Лазиковой, это было сделано для того, чтобы регионы создали необходимый резерв лекарств и мест в больницах, сообщает "Интерфакс".

Эпидемия гриппа в России может начаться уже в конце ноября, россиян призывают пройти вакцинацию

Эпидемия гриппа в России может начаться уже в конце ноября, сообщил академик Дмитрий Львов. "Всему населению страны необходимо пройти вакцинацию от гриппа в ближайшее время", – заявил он.

"Вакцинация не предохраняет от заболевания, но предохраняет от смерти. Я думаю, что людям дороже их жизнь и жизнь их детей, чем здоровье, поэтому призываю всех к вакцинации", – сказал Львов.

Он отметил, что в мире от гриппа ежегодно погибают 14 миллионов человек, а в России от гриппа гибнут 30 тысяч человек в год, сообщает РИА "Новости".

Между тем, как сообщила первый заместитель мэра в правительстве Москвы Людмила Швецова на заседании санитарно-противоэпидемиологической комиссии 21 октября, работа по профилактике гриппа и ОРВИ, в городе привиты всего 52 тыс. человек. По ее данным, ежегодно в столице регистрируются от 2,5 до 3 млн больных гриппом и ОРВИ (10% от всех заболевших в России), среди которых более 50% детей.

Птичий грипп: опасный вирус-мутант

"Птичий" грипп – это инфекция, которая вызывается одним из штаммов вируса гриппа (типа А) и может поражать все виды пернатых. Особенно чувствительны к этой болезни домашние птицы: индюки и куры.

До недавнего времени считалось, что вирусы "птичьего" гриппа не опасны для людей и в случае заражения вызывают у них быстро проходящие симптомы конъюнктивита, легкое недомогание и иногда слабо выраженные признаки респираторного заболевания.

Однако в 1997 году в Гонконге "куриным" гриппом тяжело заболели 18 человек, 6 из которых умерли. Исследования показали, что вирус передавался напрямую от птиц человеку. По данным Всемирной организации здравоохранения (ВОЗ), на 11 февраля 2004 года в странах Юго-Восточной Азии были выявлены и лабораторно подтверждены 20 случаев "птичьего" гриппа у людей, 16 из которых – смертельные.

Как говорят эксперты, до сих пор все случаи заболевания людей птичьим гриппом связываются с непосредственным контактом человека с заболевшей птицей, однако Всемирная организация здравоохранения (ВОЗ) предупреждает, что в принципе этот передающийся воздушным путем вирус может быть гораздо более опасным, чем атипичная пневмония (SARS). Смертность в этом случае гораздо выше, чем у вируса SARS.

Признаки "куриного" гриппа ничем не отличаются от обычного: высокая температура, головная боль, недомогание, першение в горле, несильный кашель. Эта инфекция также опасна своими осложнениями: развитием вирусной пневмонии, поражением почек, печени, кроветворных органов. Именно эти последствия и приводят к смерти больных.

Особые опасения медиков вызывает то, что сейчас вирусы "человеческого" и "куриного" гриппа циркулируют одновременно. Их смешение может привести к мутации. Мутировавший вирус может легко передаваться от человека к человеку. Если такое произойдет, нам грозит развитие пандемии (эпидемии мирового масштаба).

Ученые предполагают, что ключевую роль в распространении инфекции играют перелетные птицы, особенно те, что курсируют между Китаем и дальневосточными регионами России.

Пока в России случаев "куриного гриппа" не зарегистрировано.

Devvy Kidd

U.S. to Create a Bird Flu Virus Mutation

The Washington Times, 24 March 2005
http://washingtontimes.com/upi-breaking/20050324-030452-8400r.htm (deleted)
https://mybroadband.co.za/forum/threads/global-depopulation.40579/
https://web.archive.org/web/20100102021415/http://theflucase.com/index.php?option=com_content&view=article&id=2246%3Aus-to-create-a-bird-flu-virus-mutation&catid=1%3Alatest-news&Itemid=64&lang=en

"Atlanta, GA, Mar. 24 (UPI) – The U.S. Centers for Disease Control and Prevention has begun a series of experiments to see how likely the bird flu virus could result in a human pandemic. The six-month series of experiments seeks to simulate the mixing and matching of genes from the H5N1 avian flu virus that has plagued Asia and a common human flu virus that public-health experts fear could turn avian flu into a pandemic, the Wall Street Journal reported Thursday.

CDC scientists inside an ultra-secure laboratory have started swapping the genes of the H5N1 avian virus with the genes of an H3N2 virus, the strain behind most recent human flu outbreaks."

It's also not surprising that this current SA government seems to be not minding that 600 people a day are dying from AID's. (If they 'cared' we'd see emergency measures and major clampdowns and enforced testing) speeches of 'concern' while 600 deaths a day continue, indicate its exactly what they want in reality. A useful removal of 'excess people' - who'll never be needed to be employed, schooled, housed, fed. Good for the ANC budget projections. Callous, sure - but absolutely in keeping and in line with the overall global depopulation agenda.

U.S. to create a bird flu virus mutation

TRIB Life, United Press International, 24 March 2005, 12:00 a.m.
https://archive.triblive.com/news/u-s-to-create-a-bird-flu-virus-mutation/

The U.S. Centers for Disease Control and Prevention has begun a series of experiments to see how likely the bird flu virus could result in a human pandemic.

The six-month series of experiments seeks to simulate the mixing and matching of genes from the H5N1 avian flu virus that has plagued Asia and a common human flu virus that public-health experts fear could turn avian flu into a pandemic, the Wall Street Journal reported Thursday.

CDC scientists inside an ultra-secure laboratory have started swapping the genes of the H5N1 avian virus with the genes of an H3N2 virus, the strain behind most recent human flu outbreaks.

The goal is to substitute the eight genes of each virus, one by one, with the eight genes from the other virus to see which of more than 250 possible combinations create flu viruses that could spread easily among humans.

The work responds to fears by global public health experts that the bird flu virus could mutate to form one that could spawn a global outbreak of the disease.

DAILY NEWS

Mortimer B. Zuckerman

A Nightmare Scenario

Daily News: Ideas & Opinions, 20 June 2005
https://web.archive.org/web/20050622022123/http://www.nydailynews.com/news/ideas_opinions/story/320544p-274148c.html

Should we sound the alarm for a worldwide epidemic that might not occur? There is no choice with the avian flu emerging from Asia. Last week's disclosure that an Indonesian man tested positive for the bird flu that has already killed more than 50 people in Southeast Asia was just the latest chilling news about the disease. Should it develop certain genetic changes, international health experts warn, bird flu could spark a global pandemic, infecting as much of a quarter of the world's population and killing as many as 180 million to 360 million people - at least seven times the number of AIDS deaths, all within a matter of weeks.

This is utterly different from ordinary flu, which kills between 1 million and 2 million people worldwide in a typical year. In the worst previous catastrophic pandemic, in 1918, more than 20 million died from the Spanish Flu. That's more than the number of people who died from the Black Death in the Middle Ages, and more people killed in 24 weeks than AIDS killed in 24 years.

There are three elements to a pandemic. First, a virus emerges from the pool of animal life that has never infected human beings, meaning no person has antibodies to fight it. Second, the virus has to make us seriously ill. Third, the virus must be capable of moving swiftly from human to human through coughing, sneezing or just a handshake.

For avian flu, the first two elements are already with us. Well over half the people who have contracted it have died. The question now is whether the virus will meet the third condition: mutating so that it can spread rapidly from human to human.

The new flu has already moved from chickens to other birds and on to pigs. The latter often serve as a vessel for mixing human and animal viruses because the receptors on the respiratory cells of pigs are similar to those of humans. This illustrates the dangers we face, because this mixture of bird flu and human flu, in an animal or a person, could cause the viruses to exchange genetic materials and create an entirely new viral strain capable of sustaining efficient human-to-human transmission.

That would be the tipping point to a pandemic.

Nobody knows just how close we might be to such a crisis, but experts are alarmed because we are singularly ill-prepared. Worldwide, we currently produce only about 300 million doses of flu vaccine a year to serve more than 6 billion people. A pandemic that began in Asia could race around the globe in days or weeks, given the number of airliners crisscrossing the oceans from Tokyo, Vietnam and Indonesia to New York, Los Angeles and London.

We should be doing a whole lot more.

First: We need operational blueprints to get various populations through one to three years of a pandemic. We must coordinate the responses of the medical community, of food providers, of

transportation and of care for first responders from public health, law enforcement and emergency management at the international, federal, state and local levels.

Second: We must strengthen the World Health Organization so that it can be an accurate clearinghouse of information about the scope and location of the disease, should it begin to spread, and quell false rumors that could lead to global panic.

Third: We must track the human cases already documented so as to gain the very earliest warning of any transformation of the disease, and thus of an emerging pandemic. Days would be critical.

Fourth: The Bush administration must think of this as terrorism to the nth degree and immediately set up a senior-level emergency task force to develop a strategy. It could serve as a permanent framework for curtailing the spread of future infectious diseases.

Fifth: We must prioritize research money to develop a vaccine, expand the production of flu vaccine and stockpile antiviral medications. It would be irresponsible to begrudge time and money.

A pandemic could well bring global, national and regional economies to an abrupt halt in a world that relies on the speed and distribution of so many products. It could also lead many countries to impose useless but highly destructive quarantines that would disrupt trade, travel and production – something that has never happened with AIDS, malaria or tuberculosis. At home, many venues of human contact - schools, movie theaters, transportation hubs and businesses – would have to be shuttered.

Imagine the chaos. These killer viruses simply can't be isolated in any part of the world. If avian flu were allowed to develop into a pandemic, it would be a direct threat to our health, security and prosperity.

The word influenza derives from the Latin influentia, reflecting the belief at the time that epidemics were due to the influence of the stars. Today, we have moved far beyond that fantasy, but even so, the world is clearly not ready for an avian-flu pandemic. With the scientific consensus already shifting from if to when the next global outbreak takes place, we have no time to lose.

David Nabarro

Press Conference by UN System Senior Coordinator for Avian, Human Influenza

New York, United Nations, 29 September 2005.
https://press.un.org/en/2005/050929_Nabarro.doc.htm

The newly appointed Senior United Nations System Coordinator for Avian and Human Influenza unveiled today a three-pronged global programme to curb the potentially deadly impact if the flu virus now killing millions of birds mutated and crossed into the human population.

David Nabarro, one of the most senior public health experts in the World Health Organization (WHO), said at a press conference that United Nations organizations were working with officials around the world to raise awareness and prepare for any potential human influenza pandemic. While it was not possible to predict that the avian flu virus, which had swept through Asia and decimated poultry stocks, would definitely mutate and cross over into humans, the potential threat of a flu epidemic was serious.

"I am certain that there will be another influenza pandemic sometime", he said in response to a question about the likelihood of an epidemic. Health experts agreed that the long period of time since the last serious flu epidemic, which had killed tens of millions of people in 1918-1919, meant the world was overdue for another epidemic. "In the natural history of these things, I am almost certain that there will be another pandemic soon."

He said the likelihood of the bird flu virus jumping into the human population was generally thought by health officials to be high. "I'm not sure whether 'almost certain' is the impression I'd like to have conveyed to you, but it does seem very likely and it would be extremely wrong for me as a public health person to be ignoring this threat." Dr. Nabarro joined WHO in 1999 and was appointed Executive Director of Sustainable Development and Health Environments in July 2002. He was also a senior policy adviser to the Director-General.

He said that the number of deaths that would result from any pandemic would depend on where the outbreak occurred, the speed with which health and Government officials discovered the outbreak, the response initiatives and the quality of these initiatives. Countries with limited health-care systems that could not care for many ill people and that did not openly transfer information from the local to the national levels would affect the final number of deaths. "I'm not, at the moment, at liberty to give you a prediction on numbers, but I just want to stress, that, let's say, the range of deaths could be anything from 5 to 150 million."

The work done on prevention and preparedness over the next few months would make the difference between, for example, whether the next pandemic led in the direction of 150 million or in the direction of 5 million", he said, adding, "Our effectiveness will be directly measured in lives saved and the consequences for the world." The coordinated United Nations system-wide effort against a flu epidemic would tap into the technical guidance provided through the Organization's

specialized agencies responsible for animal and human health – WHO and the Food and Agricultural Organization (FAO). That effort would also envelop the World Bank; the World Organization for Animal Health, an intergovernmental agency that was not part of the United Nations system; development banks; and non-governmental organizations such as the International Federation of Red Cross and Red Crescent Societies. The United Nations effort would also work with national, regional and local Government officials, who would play a key part in the effort.

He said that the first pillar of the programme would focus on preventative efforts to control the spread of avian flu. That effort would involve Government officials at all levels, farmers and corporations involved in chicken farming, as well as communities where people lived in close proximity to their poultry. The second pillar would focus on the preparedness of officials, agencies and communities in case the avian flu virus were to cross over into humans. "There would be a short interval between discovery and the time when the pandemic starts. It would be a matter of weeks." The third pillar would focus on the responses of the United Nations system and other agencies and health officials. Officials wanted to minimize the effect of a pandemic on people's health, as well as on trade, travel and the economy.

In response to a question, he said that the United Nations Coordination Office, officially created on Wednesday, would operate out of New York, tapping into the expertise of United Nations personnel throughout the system, with an initial budget of $2 million. A meeting organized by WHO, FAO, the World Bank and other agencies would be held on 7 November in Geneva. It would look at financing mechanisms and other topics to help develop the necessary initiative.

The Washington Post

David Brown

Military's Role in a Flu Pandemic

The Washington Post, 5 October 2005
https://www.washingtonpost.com/wp-dyn/content/article/2005/10/04/AR2005100400681.html

President Bush said yesterday that he would consider using the military to "effect a quarantine" in the event of an outbreak of pandemic influenza in the United States.

Responding to a question during a news conference, Bush also suggested that putting National Guard troops under federal, rather than state, control might be one part of a response to the "catastrophe" of an avian influenza outbreak. The president raised the same idea after Hurricane Katrina, suggesting that he is considering a greater role for the military in natural disasters.

The president gave no details on the specific role troops might play or what sort of quarantine might be invoked. The federal government's pandemic-response plan, the product of more than a year of work, is expected to be released soon.

Most public health experts believe it is impossible to entirely isolate neighborhoods, towns, cities or regions during an outbreak of disease. Instead, quarantines today generally refer to a variety of strategies for identifying and limiting the movement of people who are infected with a contagious pathogen or are at high risk.

That might include screening travelers for fever and flu symptoms; prohibiting large gatherings of people, including at some workplaces; and requiring that people exposed to infected individuals stay at home until the incubation period for the illness has passed. China took these measures during the outbreak of severe acute respiratory syndrome in 2003.

"The policy questions for a president in dealing with an avian flu outbreak are difficult," Bush said. "One example: If we had an outbreak somewhere in the United States, do we not then quarantine that part of the country? And how do you, then, enforce a quarantine? . . . And who best to be able to effect a quarantine?"

He did not answer his own questions, but after the last one, he said: "One option is the use of a military that's able to plan and move. So that's why I put it on the table. I think it's an important debate for Congress to have."

The president said some governors object to the idea of federal control of state National Guard units in emergencies. He added that, as a former governor, "I understand that. . . . But Congress needs to take a look at circumstances that may need to vest the capacity of the president to move beyond that debate. And one such catastrophe or one such challenge could be an avian flu outbreak."

A strain of avian influenza called H5N1 has led to the death of more than 140 million birds in Asia. It has infected 116 people, of whom 60 have died.

The government is stockpiling antiviral medications and an experimental "bird flu" vaccine as a defense against the virus, should it develop the capacity to spread easily and quickly in human beings.

NATIONAL GEOGRAPHIC NEWS

Brian Handwerk

"Bird Flu" Similar to Deadly 1918 Flu, Gene Study Finds

National Geographic News, 5 October 2005
https://web.archive.org/web/20091212033052/http://news.nationalgeographic.com/news/2005/10/1005_051005_bird_flu.html
https://web.archive.org/web/20091219121641/http://news.nationalgeographic.com/news/2005/10/1005_051005_bird_flu_2.html

Scientists have reconstructed the genetic code of the deadly 1918 "Spanish flu," which swept the globe and killed an estimated 20 to 40 million people. Among their findings: The 1918 virus strain developed in birds and was similar to the "bird flu" that today has spurred fears of another worldwide epidemic.

By studying the once deadly 1918 virus's genetic information, scientists may become better able to predict future pandemics, or widespread epidemics. It may also aid the development of new vaccines, antiviral medicines, and other treatments to cope with flus.

"The purpose was to get at questions relating to the 1918 pandemic," said Jeffery Taubenberger, of the Armed Forces Institute of Pathology (AFIP) in Rockville, Maryland. Taubenberger co-authored one of several related papers in this week's issues of the journals Nature and Science.

"How did this particular virus form and get into humans? How did a pandemic start?" Taubenberger said. "Why was this particular virus so virulent? And in a broader sense what can we learn from the lessons of 1918 that can help us in the future?"

Influenza viruses were unknown in 1918, so there was no way for doctors or scientists to directly study the flu during or after the outbreak.

But some institutions, like the AFIP, preserved tissue samples from 1918 flu victims. Those 87-year-old samples – and others from a victim who was buried in, and preserved by, Alaskan permafrost – yielded tiny fragments of genetic material that were used to piece together the virus's genetic coding signature.

The final genes of the virus's genome sequence are being published this week. Scientists used the completed, full viral sequence to create a live virus with the eight viral genes of the Spanish flu, named for an early, devastating outbreak in Spain.

Even if somehow released, that virus would be unlikely to cause a pandemic like that of 1918, because humans have likely acquired some immunity in the intervening decades. Nonetheless, it is currently contained at Atlanta, Georgia's Centers for Disease Control and Prevention (CDC) under extremely strict security.

A Weapon Against the Next Pandemic?

Many experts warn that the world is overdue, and unprepared, for a global influenza pandemic. The next outbreak could well be as deadly as the Spanish flu, also known as H1N1, and potentially leave tens of millions dead.

Currently experts can't determine exactly which viruses might spark pandemics, though the Spanish flu data may help to identify which strains bear close observation.

H5N1, a strain of avian influenza called the bird flu, is the most likely candidate. The largely Southeast Asian disease is commonly found in birds but also occurs in mammals like pigs, cats, and humans. It has killed several dozen people, but as of yet it cannot be easily transferred from person to person and so has not developed into a pandemic outbreak.

Analysis of the 1918 strain revealed several mutations also found in H5N1. The findings suggest that both strains share an ability to jump directly to humans from other animals without having to first combine with a flu strain already adapted to humans.

"The sequence evidence from 1918 suggests that the virus is from completely avian origins," said Adolfo Garcia-Sastre, a microbiologist at Mount Sinai School of Medicine in New York City.

Human immune systems would likely be caught off guard by a purely avian virus to which they have no acquired immunity.

The century's other great pandemics, of 1957 and 1968, were sparked by hybrid flu viruses – human flus that acquired some genes from an avian source.

"This [finding] suggests that pandemics can form in more than one way, which is an important point," said the AFIP's Taubenberger. "We've been identifying a series of mutations that we believe are important in the way that an avian virus would adapt to become a human virus," Taubenberger added.

Though the evidence is compelling, only pre-1918 samples would allow scientists to be 100 percent sure that no aspects of the Spanish flu were previously present in contemporary human flu strains and that the flu was of completely avian origin.

"What makes a virus able to go from an avian reservoir to humans?" Mount Sanai's Garcia-Sastre asked. "That's important. Influenza is mainly a virus of birds. There are many different strains in birds and only a few affect humans. Pandemics occur when one of these jumps into the human population and can affect people by propagating from person to person."

Deadly Virus May Save Lives

CDC officials are taking extreme care to safeguard the re-created 1918 virus, though it would not likely lead to a major pandemic if the strain spread among the general population.

Tests have shown that mice that had been injected with current flu vaccines were protected from the 1918 strain.

"We know that all documented pandemic episodes have involved the emergence of a completely new strain," Garcia-Sastre said. "That happened in 1918, 1957, and in 1968."

"There is also evidence that people who were 40 years or older in 1918 were spared," he added. "One hypothesis to explain that is that persons 40 years old or older were exposed to an H1 virus before and had some immunity."

Now, decades after its outbreak, the 1918 virus may be a weapon rather than an opponent.

"I think we've been able to unmask the 1918 virus, and it's revealing to us some of the secrets that will help us prepare for the next pandemic," said Julie Gerberding, Director of the CDC.

MSNBC

Brock N. Meeks

Homeland Security to be lead in flu crisis
But DHS will defer all medical response to Health and Human Services

MSNBC, 11 October 2005
https://web.archive.org/web/20051013123806/https://msnbc.msn.com/id/9654456/

Washington. – If the nightmare of an avian flu pandemic emerges from the dark chapters of doomsday scenarios, it will fall to the Department of the Homeland Security, not the medical establishment, to manage the crisis, according to federal documents and interviews with government officials.

The DHS lead role, however, seems at odds with operational plans that call for the Department of Health and Human Services to be the government's go-to agency in such a crisis.

According to current documents outlining operational plans for public health and medical emergencies, HHS "is the primary Federal Agency responsible for public health and medical emergency planning, preparations, response, and recovery."

That HHS planning document, currently under revision and circulating among federal agencies for comment, seemingly conflicts with the federal National Response Plan, a kind of overarching playbook for how to manage any number of national disasters, from terrorist events to hurricanes and floods. But under the National Response Plan, which also plans for actions in case of pandemics, DHS assumes top authority when an "incident of national significance" is declared.

Officials from DHS and HHS told MSNBC.com that the departmental statements outlining the chain of authority aren't in conflict at all.

An influenza pandemic "would obviously be declared an 'incident of national significance and DHS would be the overall in-charge agency," said Brian Doyle, a DHS spokesman.

Doyle noted the "unique partnership" his agency has with HHS. "HHS would be the lead agency on the health side of it," he said, echoing comments made by Homeland Security Secretary Michael Chertoff in late August.

The first such "incident of national significance" was declared in August after Hurricane Katrina hit; however, federal coordination among agencies and state and local governments broke down on so many levels that even President Bush was forced to acknowledge that the plan was flawed.

In the event of a flu pandemic, "the way it works is that DHS is going to turn to [HHS] to work with the states and the locals on the actual health and medical response to what's going on," said Mark Wolfson, an HHS spokesman.

"In the meantime, if we're dealing with a pandemic situation, where we've got people getting sick all over the country and all over the world, then what Homeland Security is going to be doing is coordinating the overall federal response to implications of the pandemic," he said.

Role playing the pandemic

Federal officials have been role playing different flu outbreak scenarios for the past several months and the results have lead to revisions in the current plan, which was drafted last year.

Last year's plan called for closing of schools, restricting travel and implementing textbook, lock-down quarantine measures. Those extreme measures jumped into the spotlight last week when President Bush suggested that federal military troops – not just the National Guard – may have to be called in to enforce a quarantine.

DHS officials privately acknowledge that any such forced quarantine could swiftly turn violent, with people rioting to get away from a perceived diseased area.

"If you quarantine it's going to get ugly really quick, I'm afraid," said a DHS official who spoke on the condition of anonymity, saying he was not authorized to talk about internal planning discussions.

It's just that potential for chaos that has the administration examining the steps needed to allow the President to put federal troops in charge of the situation.

"These are all issues that we need to look at, and that's why [President Bush] thinks there needs to be a robust discussion with Congress and do we need to establish some sort of trigger that would automatically say the federal government, and specifically, the military, is the one that will be in charge of stabilizing the situation," said White House Spokesman Scott McClellan during a Sept. 26th press conference. "And then the Department of Homeland Security would come back into play once the situation is stabilized," McClellan said.

Some medical experts aren't sold on the military's hinted role in a pandemic. "One of the issues is that the current influenza pandemic plan is supposed to carry a large military role, the problem there is I'm not sure how much the military has, at this point, been involved with [dealing with pandemics]," said Dr. Stephen Morris, an epidemiologist, the National Center for Disaster Preparedness and founder of the Center for Public Health Preparedness.

Morris, however, isn't bothered by the dual responsibility roles laid out by DHS and HHS officials. "So the reality is, once [the Federal government] kicks into action I think, yes, there are obviously roles for both of those agencies," Morris said. "HHS does have the lead in the medical aspect… There are obviously a lot of non-medical things that will have to be done in terms of traffic control, logistics and I'm sure there will be a role for the Department of Homeland Security, so I agree it's not mutually exclusive."

Who's on first?

It's one thing to put down on paper how an agency will respond in case a pandemic hits; it's a whole other matter to draft a plan detailing what agency will literally keep the trains running, the mail flowing and lights turned on.

The worst case mortality figures contained in the government's current draft plan for dealing with a pandemic are 1.9 million fatalities, according an expert who has reviewed the plans. The best case scenario is 200,000 dead.

"How do you provide food, water ... basic security for the population?" asked Michael Osterholm of the University of Minnesota, a government adviser who has a copy of the draft plan and described it for The Associated Press.

The plan makes it clear that the U.S. is woefully unprepared should a pandemic hit. All kinds of shortages are noted, everything from not enough vaccines to the seemingly mundane: special surgical masks to prevent infection.

Democrats have criticized the administration for not having a plan. Sen. Tom Harkin, an Iowa Democrat, said in a statement Saturday that time for action was short.

"Having a plan on paper does nothing to protect us," Harkin said while urging the administration to work with Congress on implementing protections against a pandemic. "*Next month is too late. The United States is woefully unprepared for this, and we must get started immediately*."

Директор НИИ гриппа:
В России создана вакцина против "птичьего гриппа"

РИА Новости, 25 октября 2005
https://obzor.city/news/32401

Вакцина против птичьего гриппа существует в России с мая 2005 года, ее осталось только испытать, сообщил директор НИИ гриппа РАМН (Санкт-Петербург) Олег Киселев на брифинге во вторник.

"Институт гриппа располагает утвержденными штаммами вакцины против птичьего гриппа. Вакцина реально есть с мая этого года. Ее надо только испытать", - сказал Киселев.

По его мнению, России грозит пандемия птичьего гриппа. "С 1997 года мы имеем постоянные вспышки, но пандемии взрывного характера у нас пока нет, поэтому у нас есть время к ней подготовиться. Но то, что пандемия будет - это точно", - подчеркнул директор института.

Вероятность заражения человека птичьим гриппом достаточно велика, считает Киселев.

Директор Института биоорганической химии им.Шемякина и Овчинникова, академик РАН Вадим Иванов отметил, что ситуация с птичьим гриппом в мире и в России - "это не эпидемия, а эпизоотия".

"Все время образуются различные гибриды этого вируса и иногда они могут поражать и человека. Среди людей птичьим гриппом болеют меньше, чем обычными вирусами", - сказал Иванов.

По его словам, вакцину против птичьего гриппа внедрят не раньше чем через полгода. "И то это не факт. Ее еще надо проверить", - подчеркнул академик.

Говоря об обычном вирусе гриппа, Иванов сообщил, что в России в декабре-январе ожидается эпидемия гриппа. "На сегодняшний день уже привились от гриппа 20 миллионов человек", - добавил он.

Nelson Schwartz

Rumsfeld's Growing Stake in Tamiflu

CNN, 31 October 2005
https://money.cnn.com/2005/10/31/news/newsmakers/fortune_rumsfeld/

New York (Fortune) – The prospect of a bird flu outbreak may be panicking people around the globe, but it's proving to be very good news for Defense Secretary Donald Rumsfeld and other politically connected investors in Gilead Sciences, the California biotech company that owns the rights to Tamiflu, the influenza remedy that's now the most-sought after drug in the world.

Rumsfeld served as Gilead (Research)'s chairman from 1997 until he joined the Bush administration in 2001, and he still holds a Gilead stake valued at between $5 million and $25 million, according to federal financial disclosures filed by Rumsfeld.

The forms don't reveal the exact number of shares Rumsfeld owns, but in the past six months fears of a pandemic and the ensuing scramble for Tamiflu have sent Gilead's stock from $35 to $47. That's made the Pentagon chief, already one of the wealthiest members of the Bush cabinet, at least $1 million richer.

Rumsfeld isn't the only political heavyweight benefiting from demand for Tamiflu, which is manufactured and marketed by Swiss pharma giant Roche. (Gilead receives a royalty from Roche equaling about 10% of sales.) Former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7 million worth of Gilead since the beginning of 2005.

Another board member is the wife of former California Gov. Pete Wilson.

"I don't know of any biotech company that's so politically well-connected," says analyst Andrew McDonald of Think Equity Partners in San Francisco.

What's more, the federal government is emerging as one of the world's biggest customers for Tamiflu. In July, the Pentagon ordered $58 million worth of the treatment for U.S. troops around the world, and Congress is considering a multi-billion-dollar purchase. Roche expects 2005 sales for Tamiflu to be about $1 billion, compared with $258 million in 2004.

Rumsfeld recused himself from any decisions involving Gilead when he left Gilead and became Secretary of Defense in early 2001. And late last month, notes a senior Pentagon official, Rumsfeld went even further and had the Pentagon's general counsel issue additional instructions outlining what he could and could not be involved in if there were an avian flu pandemic and the Pentagon had to respond.

As the flu issue heated up early this year, according to the Pentagon official, Rumsfeld considered unloading his entire Gilead stake and sought the advice of the Department of Justice, the SEC and the federal Office of Government Ethics.

Those agencies didn't offer an opinion so Rumsfeld consulted a private securities lawyer, who advised him that it was safer to hold on to the stock and be quite public about his recusal rather than sell and run the risk of being accused of trading on insider information, something Rumsfeld doesn't believe he possesses. So, he's keeping his shares for the time being.

The Gainesville Sun | Gainesville.com

Diane Chun

Experts dismiss scare over bird flu

The Gainesville Sun, 1 November 2005, 6.01 AM
https://web.archive.org/web/20051130104444/http://www.gainesville.com/apps/pbcs.dll/article?AID=/20051101/LOCAL/51101021/1078/news

At a time when headlines trumpet the potential dangers of "bird flu," **Gary Butcher** is the man of the hour.

Butcher has been an extension veterinarian at the University of Florida's College of Veterinary Medicine since 1988. He was trained as a veterinarian specializing in avian diseases, and has a Ph.D. in poultry virology.

As the only poultry veterinarian in the state, Butcher fields phone calls and e-mails about avian flu every day. Lately, he's been traveling the world, speaking to alarmed government officials and industry groups dispelling the myths and reinforcing the realities of avian influenza or so-called "bird flu."

Gary Butcher begins his presentation with a slide that shows a "news flash" from the British press agency Reuters reporting that avian flu "poses the single biggest threat to the world right now."

The H5N1 avian flu virus has led to the death of 150 million birds, either through infection or culling to prevent the virus from spreading. So far, however, the number of people who have become infected remains small, with 121 confirmed illnesses and 62 reported fatalities as of Monday. No one has yet been proven to have given avian influenza to someone else.

The World Health Organization continues to warn that a human pandemic may occur and has advised national governments to make contingency plans. President Bush is expected to announce today the White House strategy for handling a potential pandemic during a visit to the National Institutes of Health.

"The emphasis of all my work has changed to dealing with this madness," Butcher said Friday, while briefly back at his office on the UF campus in Gainesville. "Realistically, avian influenza is not a threat to people, but everywhere you go, it has turned into a circus."

He's been to Indonesia and Thailand, Hong Kong and Mexico, and a few days from now, he will be in Russia.

The poultry industries in those countries have been greatly disrupted because of the public's flu fear. In countries where poultry consumption has dropped by 75 percent, it's a real crisis, Butcher said. So from an economic perspective, bird flu is a big issue.

Millions of chickens and waterfowl have been slaughtered in Asia in an attempt to halt the spread of the bird virus known as H5N1, but Butcher said that of the billions of people who have probably been exposed, only about 120 have been reported to have fallen ill with avian flu. They were people who worked closely with chickens and came into contact with the birds' blood and feces.

Butcher also said that there has yet to be a proven case in which one person is known to have passed the illness on to another.

Bird flu viruses have been around throughout history, he said. What is unique about the H5N1 strain is that, on rare occasions, it has shown the ability to infect humans. "It is very inefficient, but it does manage," Butcher said.

That same inefficiency makes it much more likely that the virus can't replicate itself rapidly enough to spread from that first infected human to another, he said. Could happen, but not likely. That's his view.

But the virus can go from poultry to the wild bird population, which will carry it to other locales along their migration routes. If and when it comes to this part of the world, Butcher predicts, it will get here via migratory shorebirds or waterfowl coming from Russia, through Siberia, across the Bering Strait, down through Alaska and Canada.

"That's how it is probably going to come in, and it is of very little relevance," he said, because the poultry industry in this part of the world is so different than in the parts of the world that have been affected so far.

Not all health officials are sounding a warning about avian influenza, either.

Dr. Marc Siegel, a practicing internist and associate professor of medicine at the New York University School of Medicine, is one physician who isn't buying into the scare scenario.

"If anything is contagious right now, it's judgment clouded by fear," Siegel said. And if Americans are scared of avian flu now, Siegel continues, "imagine what will happen if a single scrawny, flu-ridden migratory bird somehow manages to reach our shores."

That, he maintains, is how the fear epidemic - as opposed to a flu pandemic - spreads. Back to the unlikely scenario of those migratory birds carrying avian flu to a poultry house somewhere in Kansas.

"Only once in every blue moon do you get infection in a poultry house, and the government has a system of monitoring and eradication that means it is quickly wiped out," Butcher said. "So it can happen, but it is rare and it is not allowed to spread."

Because the United States exports about one-third of the 9 billion poultry produced, if potentially dangerous disease turns up, there is a policy of zero tolerance.

"Other countries would not accept poultry from anywhere in the United States if there was any question of infection," Butcher said.

He said that although there is a potential that the virus could mutate, as it exists, it could not become an important disease in humans.

"For it to become dangerous to humans, it has to go through a pretty significant genetic change. If you put this in perspective, it's not going to happen. For a person to be infected now, it appears that the exposure level has to be astronomical," Butcher said.

"While we are putting all our attention on this avian influenza, another virus is going to come up and bite us in the bottom," he said.

OTTAWA CITIZEN

Shelley Page

Pandemic Paranoia
Rumsfeld's connection to Tamiflu has conspiracy theorists spinning

Ottawa Citizen, 13 November 2005, p. A9.
https://www.newspapers.com/image/456099794/

One day Americans were panic-buying Tamiflu, making the influenza remedy the most sought-after drug in the world; the next day, rumours were rampant that the U.S. response to bird-flu was more about profit than public health.

What happened?

In a name: Donald Rumsfeld.

From Kandahar to Kalamazoo, the U.S. Secretary of Defense has been vilified by opponents of the Iraq war as the hawkish ideologue who took America into a battle it could not win based on information about weapons of mass destruction that was at best shoddy research and at worst an out-right lie.

In 2003, he went so far as to claim he knew "where they are; they're in the area around Tikrit and Baghdad."

Until recently, Rumsfeld's duplicity on those alleged weapons appeared to be safely constrained – at least for us non-Americans and non-Iraqis – to the arena of the war. We may not trust him, but unless you've enlisted in the marines or own a time-share in Tikrit, he's another country's problem.

Then last week's report in Fortune magazine showed Rumsfeld had brought his talents to a company making huge profits off bird flu panic.

The magazine said Rumsfeld served as chairman of Gilead Sciences the California biotech company that owns the rights to Tamiflu, the antiviral that pundits have trumpeted as the best weapon against avian flu. Rumsfeld was chairman from 1997 until he joined the Bush administration in 2001, and according to federal financial disclosures filed by Rumsfeld, he still holds a stake in Gilead valued at between $5 million and $25 million.

The documents don't specify how many shares Rumsfeld owns, but in the past six months fears of a pandemic and panic buying of Tamiflu have sent Gilead's stock to $47 from $35. According to Fortune, that has made the Pentagon chief, already one of the wealthiest members of the Bush cabinet, at least $1 million richer.

Rumsfeld reportedly recused himself from any decisions involving Gilead when he left the biotech firm and became Secretary of Defense in early 2001. He also had the Pentagon's general counsel outline what he can and cannot be involved in if there is an avian flu pandemic.

He even considered unloading his shares, but would make so much money from the deal, independent counsel told him it was better to hold on to the stock and be public about his recusal rather than risk of being accused of trading on insider information.

Rumsfeld isn't the only Republican heavyweight benefitting from demand for Tamiflu, which is manufactured by Swiss pharma giant Roche. Fortune said former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7-million worth of Gilead since the beginning of 2005. (Roche gives Gilead a royalty equaling about io per cent of sales.)

But it's Rumsfeld's connection to Tamiflu that has suddenly sent the minds of conspiracy theorists spinning out of control.

If you can concoct reasons to invade another country, why not exaggerate the threat of bird flu on the other side of the globe? And it's not just his involvement in the hunt for bogus weapons of mass destruction that has raised suspicion among lefties about the sudden push to have Americans dosed with Tamiflu, it's also his involvement, more than two decades ago, in the approval of aspartame. And before that, mass vaccination of Americans against swine flu.

In 1976, a military recruit in New Jersey died from flu that experts thought could be the "swine flu" virus of 1918 fame. Rumsfeld, who was then Secretary of Defense for interim president Gerald Ford, urged him to begin a mass vaccination. The Ford administration quickly produced and distributed large numbers of doses of the vaccine. Some batches were contaminated and 52 people died while 600 fell ill. The program was stopped. Nobody got swine flu.

Then, in the early 1980s, Rumsfeld was the president and CEO of Searle, the company that originally owned the patent on aspartame.

The Food and Drug Administration had blocked its approval for io years because of objections from numerous researchers and studies that showed aspartame was dangerous, but Rumsfeld was able to use his political power to get aspartame approved by the FDA.

Afterwards, thousands of consumers filed adverse-reaction reports with the FDA blaming aspartame for migraine headaches, vision problems, epileptic seizures and other maladies – links the company says have never been clinically proven.

Now that Rumsfeld has been shown to be profiting from bird flu panic, suddenly America's response to bird flu, like weapons of mass destruction, and swine flu and aspartame before it, is not just a public health issue but a partisan one.

As *Global News Matrix*, a left-wing news website, stated last week, "You can't make any real money without a boogeyman, and the new 'Bird Flu' hoax is the latest scam used to generate profits for pharmaceutical company insiders."

Dr. Joseph Mercola, a frequent writer on health issues and author of the *Total Health Program*, wrote recently, "Finally, the pieces of the puzzle start to add up," alleging the media, U.S. President George Bush and the drug companies are orchestrating a terror campaign to make people buy Tamiflu, or at the very least, get the flu vaccine.

According to a draft of the government's plan to fight a potentially cataclysmic pandemic this new avian super-flu could kill nearly two million Americans. Best-case scenario, only 200,000 might die. But there wasn't a lot of reporting of that lesser figure.

Dr. Mercola questioned the assertion, made repeatedly by government officials and media, that the avian flu virus can jump from birds to humans and produce a fatal illness in 5o per cent of those infected.

A 50 per cent fatality rate sounds scary to anybody, he says. But how were these numbers derived? "Did they examine everyone who contracted the avian flu and use those numbers or did they examine the sickest of the sick who had come down with the avian flu and determine the mortality from there?" Of course, says Dr. Mercola, it was the latter.

"Unless you are a full-time bird handler in a Third World country that has a seriously challenged immune system, you probably have a much better chance of winning the lottery than dying from the proposed avian flu epidemic," he writes.

He says research like this would usually be dismissed if there wasn't some hidden motive. The U.S. has emerged as one of the world's biggest customers for Tamiflu. In July, the Pentagon ordered $58-million worth of the treatment for U.S. troops around the world, and Congress is considering a multi-billion-dollar purchase. Roche expects 2005 sales for Tamiflu to be about $1 billion, compared with $258 million in 2004.

And for what? Will Tamiflu really save the world?

We're told it's the best weapon we have, but it won't prevent flu.

According to the drug company, when used within two days of contracting the flu – not bird flu, mind you – Tamiflu was shown to reduce the severity of symptoms in adult victims by 38 per cent, with a 67 per cent reduction in secondary complications such as bronchitis, pneumonia, and sinusitis in otherwise healthy patients. The drug also reduces the duration of influenza by 37 per cent.

Still, the panic-buying goes on.

The demand was so great, the drug company suspended sales in Canada, while increasing production to get it to countries like China, where an out-break is said to be imminent. Who knows if bird flu will eventually kill millions of people?

Panic-purchasing Tamiflu in the meantime, is going to make the Secretary of Defense an even wealthier man.

NEWS

Bird flu mutating, Vietnamese study finds

NBC News, 13 November 2005, 2:20 PM +08
https://www.nbcnews.com/id/wbna10020499

Scientists in Vietnam, where bird flu has killed 42 people, said the deadly H5N1 influenza virus had mutated into a more dangerous form that could breed more effectively in mammals, state media reported on Sunday.

The online newspaper Vnexpress quoted Cao Bao Van, director of the Molecule Biology Department of the Pasteur Institute, Vietnam's center of bird flu research, as saying the decoding of 24 samples of the virus taken from poultry and humans showed significant antigen variation.

An antigen is any foreign substance that stimulates the body's immune system to produce antibodies.

Van said the study had showed an antigenic shift involving major antigenic changes of the influenza surface proteins, the HA and NA molecules. These changes can result in the appearance of pandemic viruses.

Van said the study had also found a mutation of the PB2 gene in a virus sample from a patient in Dong Thap, southern Vietnam, who died earlier this year. The mutation allows more effective breeding of the virus in mammals.

The function of the PB2 gene is not completely understood, but scientists believe it codes for an enzyme that helps force the host cell's molecular machinery to make more viruses.

While the study came to no conclusion on the virus's ability to move easily between people, it said the virus had developed resistance to anti-flu agents Amatadine and Rimantadine.

Vietnam, where the H5N1 virus has hit nine of the country's 64 provinces since returning in early October, has recorded 92 cases of human bird flu infection and 42 deaths.

the same text =>

The Star

Vietnam study shows bird flu virus mutating

The Star, 13 November 2005, 12:00 AM MYT
https://www.thestar.com.my/news/world/2005/11/13/vietnam-study-shows-bird-flu-virus-mutating--media_1

CNN Money

Nelson D. Schwartz

The Tamiflu Tug of War

CNN, 14 November 2005
https://money.cnn.com/magazines/fortune/fortune_archive/2005/11/14/8360685/index.htm

(*FORTUNE* Magazine) – A Year Ago Tamiflu Was Known, If at all, as an obscure remedy for influenza, which doctors typically treat with bed rest and chicken soup. Today, with panic mounting over a potential bird flu pandemic, it's the most sought-after drug in the world, as everyone from suburban soccer moms in the U.S. to health officials in London and Taipei scramble to stockpile the pill. At the moment, it seems, virtually the entire world is on sick-chicken alert.

"One dead parrot in the U.K. and four dead ducks in Romania does not mean the pandemic has arrived," says William Burns, head of the pharmaceutical division of Roche, the Swiss company that manufactures Tamiflu. But the appearance in Europe of the H5N1 strain of bird flu – which has already infected 121 people in Asia, 62 fatally – has set off a stampede for the medicine and created a contagion of stock market speculation about Roche and the California biotech firm that first developed Tamiflu, Gilead Sciences. Despite worries about Tamiflu's effectiveness, the phenomenon is a reminder of just how quickly fear can spawn greed: The potential profit windfall for the drugmakers seems to be growing daily, and shares in both Roche and Gilead are surging.

Among the beneficiaries of the run on Tamiflu is Secretary of Defense Donald Rumsfeld, who was chairman of Gilead from 1997 to 2001 and owns at least $5 million of the stock, which has jumped from $35 in April to $47. Former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7 million worth of Gilead in 2005.

As the bird-flu issue heated up earlier this year, according to a senior Pentagon official, Rumsfeld considered unloading his entire Gilead stake to avoid any perceived conflict of interest. He sought the advice of the Department of Justice, the Securities and Exchange Commission, and the federal Office of Government Ethics. When those agencies didn't offer an opinion, Rumsfeld consulted a private securities lawyer, who advised him to hold on to the stock and be vocal about his earlier recusal from all matters involving Gilead, rather than sell and run the risk of being accused of insider trading. Holding on has paid off--it's made the Pentagon chief, already one of the wealthiest members of the Bush cabinet, at least $1 million richer. In late October, Rumsfeld had the Pentagon's general counsel issue instructions on what he could and could not do in the event of an epidemic.

Gilead developed Tamiflu on its own, then licensed it to Roche in 1996 to get help manufacturing and marketing it. But Gilead has complained for years that Roche wasn't aggressive on either front. In June, Gilead, which receives royalties equal to about 10% of Tamiflu sales, took the unusual step of terminating its licensing agreement with Roche and going into arbitration to win back exclusive rights to the drug.

Roche CEO Franz Humer rejects Gilead's claims that his company neglected Tamiflu. He points out that Roche has doubled Tamiflu production since last year, and will double it again next year. What's more, Humer is confident the two companies will come up with a compromise that leaves Tamiflu in Roche's hands. The most likely scenario would be that Roche simply coughs up more in royalties to Gilead. That prospect has Wall Street very excited. Analyst Sapna Srivastava of Morgan Stanley says she's been getting calls from brokers who want to know whether to buy Tamiflu, as well as shares of Gilead. "It's suddenly become a stock everyone knows and talks about."

And interest goes well beyond Wall Street. Already drugstores are finding demand for the drug, well, contagious. "We've got doctors getting it for their families, sometimes a double treatment," says pharmacist Joseph Damin of Spencer Pharmacy in Scarsdale, N.Y. In late October, Roche halted delivery of the drug to the U.S. and Canada, to prevent hoarding and make sure there's still some Tamiflu left when the normal flu bug arrives this winter.

While the soccer moms may be going overboard, the people who really should be worrying about the threat seem remarkably blasé. Although governments in Europe are buying enough Tamiflu to cover a quarter of their population –and the Pentagon has already ordered $58 million worth of Tamiflu for U.S. troops around the world--the U.S. government has purchased only 4.3 million doses of Tamiflu and another anti-viral, Glaxo's Relenza, enough for just 1.5% of Americans. Despite months of debate about an additional multibillion-dollar purchase, Congress and the White House haven't agreed on a final plan.

Making tons of Tamiflu isn't easy. The drug is derived from the pods of Chinese star anise plants in a yearlong process that is expensive and dangerous – at one stage the stuff is highly explosive. "It's not like you press the button in the morning and in the afternoon Tamiflu falls out," says Humer. "We don't yet have a firm order from Washington ... words are not enough."

Ученые: Птичий грипп мутировал в более опасную форму

РБК, 14 ноября 2005, 05:06
https://www.rbc.ru/society/14/11/2005/5703c5369a7947dde8e0d1d6

По данным вьетнамских ученых, штамм H5N1 вируса птичьего гриппа мутировал в более опасную для человека форму и теперь может передаваться млекопитающими. Сотрудники центра по изучению птичьего гриппа при кафедре молекулярной биологии Института им. Пастера провели анализ 24 проб вируса, взятых из крови птиц и людей. Согласно результатам анализа, у взятых проб была отмечена заметная антигенная мутация, передает Reuters.

Вместе с тем подчеркивается: исследования еще не доказывают, что вирус начнет легко распространяться среди людей. Исследования, проведенные в институте Пастера в Хошимине, подтвердили предположение, что вирус типа H5N1 не обязательно должен смешиваться с человеческими штаммами вируса гриппа, чтобы вызвать пандемию среди людей.

Штамм H5N1, представляющий смертельную опасность для человека, впервые был выявлен в Гонконге в 1997 г. Тогда птичьим гриппом заболели 18 человек, шестеро из которых умерли. Вторая вспышка была зафиксирована в 2003г. в Южной Корее. Оттуда вирус распространился в Китай, Вьетнам, Таиланд, Лаос и Индонезию, а затем и в Европу. С тех пор от птичьего гриппа погибли более 60 человек.

Кстати, по данным властей вспышки вируса уже выявлены в 10 из 64 вьетнамских провинций. А в Индонезии только в текущем году зарегистрированы уже 5 случаев заболевания человека птичьим гриппом со смертельным исходом.

Ученые полагают, что в случае возникновения всемирной эпидемии птичьего гриппа могут заболеть 20% всего населения планеты, из них не менее 5 млн погибнут. По данным Всемирного банка на борьбу с распространением птичьего гриппа в течение ближайших трех лет потребуется один миллиард долларов. С такой оценкой выступили недавно представители ВБ на международной конференции в Женеве, посвященной проблеме птичьего гриппа.

the village VOICE

James Ridgeway

Capitalizing on the Flu
Flu pandemic would spark enough fear to make it a greed pandemic

The Village Voice, 15 November 2005.
https://web.archive.org/web/20090501120739/http://www.villagevoice.com/2005-11-15/news/capitalizing-on-the-flu/http

Washington, D.C. – President Bush's vague plan for coping with a serious outbreak of bird flu is based largely on fear and greed. There is no secret about this. He seeks to get people's attention by scaring the citizenry with visions of millions of people dying from a pandemic so bad it leads to martial law, mass quarantines, restrictions on travel, and so on. He wants to encourage private business to meet the crisis by producing more of existing drugs such as Tamiflu to combat a flu plague and entice the drug companies to work harder and faster to make a vaccine by ensuring its profitability.

The answer to a bird flu pandemic is not a passive first-world population riveted to the TV, watching one person after another drop dead across the world as sickened birds fly closer and closer and finally land in our midst.

The answer lies in effective communication at all levels among different nations, through their medical establishments, scientists, and spotters, so that as soon as sick or dead birds are found, the birds in surrounding areas can be culled. This is a job for the World Health Organization, which is part of the United Nations, the organization Bush and his ambassador, John Bolton, are determined at all costs to wreck.

While developed countries race to lay in supplies of antiviral drugs, there is little interest in the animals themselves and in animal-human interaction where flu can begin and spread. The WHO and Food and Agriculture Organization have only 40 veterinarians between them.

"Reducing human exposure requires education about handling poultry and a fundamental change in cultural attitudes towards human-animal interactions and husbandry in many parts of the world," writes *The Lancet*, the British medical journal.

"In some African countries, people sleep in the same places as poultry. In southeast Asia, 'wet markets,' where live poultry are traded and slaughtered on the spot, pose a risk of human transmission. And in Central Asia and Eastern Europe, hunting of wild birds may have played a major part in the spread of avian influenza."

Changing the interplay of animals and humans may meet considerable resistance among small poultry farmers in poor countries, who face the loss of whole flocks in a mass culling. If farmers are offered too little to cull their birds, they won't do it. And if too much money is proffered, "the money will be an incentive to deliberately infect their flocks," Milan Brahmbhatt, the World Bank's lead economist for East Asia and the Pacific, told *The Lancet*.

The overall effect of a pandemic in Asia will be to drive small poultry farmers out of business and open the way for U.S.-style industrial chicken farming, with ownership concentrated in the hands of a few. Among the major exporters are China and Thailand (Southeast Asia now accounts for about a quarter of the world poultry business). Most of their chickens go to Japan. Many countries are banning imports from these two nations, and that is running up the price of chickens worldwide and promising to up exports from such places as the U.S., Brazil, and the EU.

Robber Barons

A serious effort to stave off a pandemic also means stopping the pharmaceutical companies from scaring people to make more money. It is by now well-known that the drug companies provide huge sums of cash to politicians – $133 million to federal candidates since 1998, according to the Center for Public Integrity, with upwards of $1.5 million going to Bush, the top recipient. The industry operates an elaborate lobby in Washington that in 2004 spent $123 million and employed an army of 1,291 lobbyists, more than half of whom were former federal officials. The industry's sales machine aims to bypass doctors with TV and other advertising aimed directly at the patient, appealing to his or her judgment over that of a physician.

In the case of making and marketing drugs to combat flu, the results are disastrous. The industry claims it can't make flu vaccines because there is no money in it. When asked about last year's flu vaccine shortage by CBS's Bob Schieffer, Bush said the industry was fearful of damage suits concocted by ambulance-chasing lawyers. He explained the shortage this way: "Bob, we relied upon a company out of England to provide about half of the flu vaccines for the United States citizen, and it turned out that the vaccine they were producing was contaminated. And so, we took the right action and didn't allow contaminated medicine into our country." This was not true. The American inspectors had approved flu vaccine shipments from a U.S. producer's British company. It was British inspectors who blocked shipment of the questionable vaccine from the American firm.

With no vaccine in sight, the U.S. government, along with others, is belatedly stocking up on Tamiflu, a drug that supposedly offers some defense against bird flu. But last week Japanese newspapers told how children who were administered Tamiflu went mad and tried to kill themselves by jumping out of windows. In a cautionary statement the FDA noted 12 deaths among children, and said there are reports of psychiatric disturbances, including hallucinations, along with heart and lung disorders. Roche, the manufacturer, is quoted by the BBC as stating that the rate of deaths and psychiatric problems is no higher among those taking its medication than among those with flu. The company is increasing Tamiflu production to 300 million doses a year to meet demand.

Rumsfeld's drug connections

There are other reasons people are leery of Tamiflu. Given the rip-offs in Iraq and after the hurricanes, people are understandably interested in knowing just who is going to get rich off the plague. Secretary of Defense Donald Rumsfeld, himself former CEO of drug company Searle, currently owns stock in the one company that owns Tamiflu patents – to the tune of at least $18 million. Rumsfeld says he understands why people might question his holdings, but selling them would raise even more questions. So, he is hanging on to what he's got.

A flu pandemic could mean a reduction in travel. A recent Citicorp report says likely economic losers would include airlines (such as British Airways, Lufthansa, and Air France), insurers like AXA, and luxury-goods conglomerates such as Richemont.

The report adds: "Winners could include drug makers such as Gilead Sciences, Roche, GlaxoSmithKline, and Sanofi-Aventis. Other possible winners are hospital chains such as Rhoen Klinikum, cleaning-products makers such as Henkel, Ecolab, and Clorox, as well as home entertainment companies such as Blockbuster and Nintendo."

In order for the pharmaceutical companies to profit from making flu vaccine in the administration's $7.1 billion pandemic flu plan, Bush now is proposing to ban liability suits against them except in cases of willful misconduct. As for those injured by a flu vaccine, possible lawsuits remain an open question.

With a worldwide market estimated at more than $1 billion, there's big money in a flu plague. Kimberly-Clark's Chinese subsidiary is already ramping up manufacture of new lines of medical masks, wipes, and hand-washing liquids, according to Business Week, with consulting firms Kroll and Booz Allen Hamilton selling flu preparedness advice to companies and governments. "Crisis is an opportunity as long as you see it first," Pitney Bowes's Christian Crews tells the magazine.

If all Bush wants to accomplish is to see the drug industry make more money, any fight against the flu will be uphill.

Jonathan Carr-Brown

Doctor says bird flu drug is useless

The Sunday Times – Ireland, 4 December 2005, 12:00 AM
https://www.thetimes.co.uk/article/doctor-says-bird-flu-drug-is-useless-ftkbvjk7p05
https://web.archive.org/web/20060104003647/http://www.timesonline.co.uk/article/0,,2091-1903144,00.html
https://web.archive.org/web/20150318051721/http://www.thesundaytimes.co.uk/sto/news/uk_news/article208383.ece

A Vietnamese doctor who has treated dozens of victims of avian flu claims the drug being stockpiled around the world to combat a pandemic is "useless" against the virus.

Dr Nguyen Tuong Van runs the intensive care unit at the Centre for Tropical Diseases in Hanoi and has treated 41 victims of H5N1. Van followed World Health Organisation (WHO) guidelines and gave her patients Tamiflu, but concluded it had no effect.

"We place no importance on using this drug on our patients," she said. "Tamiflu is really only meant for treating ordinary type A flu. It was not designed to combat H5N1 . . . (Tamiflu) is useless."

Her verdict casts doubt on the pandemic flu policy put in place by the Irish government. Mary Harney, the minister for health, has ordered 1m doses to "protect" a quarter of the population against the flu pandemic.

=> another version:

Her verdict casts doubt on the pandemic flu policy put in place by the British government. Sir Liam Donaldson, the chief medical officer, has ordered 15 m doses to "protect" a quarter of the population against the flu pandemic he believes "is only a matter of time".

Van, who has also treated patients with Sars, the respiratory condition linked to birds, said avian flu had a frightening effect on its victims and the only way to keep patients alive was to "support" all their vital organs, including the liver and kidneys, with modern technology such as ventilators and dialysis machines.

Van would not criticise governments for stockpiling Tamiflu but said doctors had to explain its limitations. Roche, the company that makes Tamiflu, has sold stockpiles of the drug to 40 countries and insists there is clear evidence it will protect against a future flu virus. However, it stresses the drug must be given within 48 hours to be effective.

"Laboratory studies show that Tamiflu is effective against all strains of flu," said Bill Hall, director of the National Virus Reference Laboratory, who defended Ireland's stockpiling of Tamiflu and other flu treatments. "The only limitation is when it is not administered within the first 24 hours of onset of symptoms."

The WHO admitted Tamiflu had not been widely successful in humans. "However, we believe in many Asian countries it hasn't been used until late in the illness," a spokesman said.

newsru.com

Первые испытания вакцины против "птичьего гриппа", созданной российским НИИ, прошли успешно

Newsru, 27 декабря 2005 г., 16:33
https://www.newsru.com/russia/27dec2005/vakcina.html

Первый этап испытаний вакцины против "птичьего гриппа", созданной Всероссийским научно-исследовательским ветеринарным институтом птицеводства прошел успешно.

"После Нового года мы составим акт по результатам исследований, и вакцина будет передана на рассмотрение в министерство сельского хозяйства и в Академию сельскохозяйственных наук", - сказал РИА "Новости" директор института Эдуард Джавадов.

Он также отметил, что в случае одобрения вакцины потребуются испытания с заражением птицы вирусом H5N1. Такие опыты могут быть проведены в НИИ ветеринарной вирусологии и микробиологии в городе Покров во Владимирской области, где есть необходимые условия для работы с особо опасным вирусом.

Напомним, вакцина против "птичьего гриппа" существует в России с мая 2005 года, ее осталось только испытать, сообщил ранее директор НИИ гриппа РАМН Санкт-Петербурга Олег Киселев. [https://www.newsru.com/russia/25oct2005/vacsina.html]
"Институт гриппа располагает утвержденными штаммами вакцины против "птичьего гриппа". Вакцина реально есть с мая этого года. Ее надо только испытать", - сказал Киселев. Вероятность заражения человека "птичьим гриппом" достаточно велика, считает Киселев.

По его мнению, России грозит пандемия "птичьего гриппа". "С 1997 года мы имеем постоянные вспышки, но пандемии взрывного характера у нас пока нет, поэтому у нас есть время к ней подготовиться. Но то, что пандемия будет - это точно", - подчеркнул директор института.

К испытаниям инактивированной вакцины против высокопатогенного вируса гриппа птиц, созданной в российском НИИ, специалисты института приступили в ноябре этого года. По результатам исследований в крови птиц, на которых проводились испытания, был определен защитный титр антител.

Говоря о возможной опасности испытаний для человека, директор института заверил: "Единственное, что может случиться, это то, что у волонтеров поднимется температура до 38 градусов". "Если после апробации такой результат будет наблюдаться у 3,5% волонтеров, то вакцину дальше мы применять не будем", - сказал Киселев.

Напомним, в октябре была подтверждена стопроцентная эффективность созданной в Венгрии вакцины против "птичьего гриппа", сообщил государственный секретарь Венгрии по вопросам здравоохранения Ено Рач. Ранее сообщалось, что эта вакцина подходит и животным, и людям. В течение трех недель медики из Национального эпидемиологического центра в Будапеште проверяли действенность этой вакцины на добровольцах. Теперь производство препарата может быть поставлено на поток. Эта вакцина в первую очередь рассчитана на борьбу с опасной для человека "азиатской" разновидностью "птичьего гриппа", сообщает "Интерфакс". По словам Рача, на разработку вакцины истрачено более 1 млрд форинтов (около 4 млн евро).

Terry Gross

The Next Pandemic: Bird Flu, or Fear?

NPR, 2 February 2006, 6:16 PM ET
https://www.npr.org/templates/story/story.php?storyId=5183999

Fear and paranoia often take hold when a disease threatens to become an epidemic. Dr. Marc K. Siegel is the author of the new book *Bird Flu: Everything You Need to Know About the Next Pandemic*.

Bird Flu takes on the issues that are injected with a sense of panic and dread, as many parts of the world have grown to fear the spread of a deadly influenza outbreak in recent years. That outbreak, says Siegel, is a distinct possibility. But he urges those who may be at risk to trust in reason – and ignore the hype – in judging the risks.

In making his case for an honest appraisal of the dangers, Siegel cites progress in vaccine work and improved living conditions world-wide as two improvements that should make an epidemic far less deadly than that of 1918.

Siegel's previous books include *False Alarm: The Truth About the Epidemic of Fear*, in which he argues against paranoia and reactionary strategies in health care and public safety. Siegel, who teaches at the New York University School of Medicine, is also a weekly columnist for *The New York Daily News*. He is a frequent contributor to *The Los Angeles Times* and *The Washington Post*.

Dr. Marc Siegel
Excerpt: 'Bird Flu'
https://www.npr.org/templates/story/story.php?storyId=5183999

Part I
FACTS AND FICTIONS

What is bird flu?

All bird flus are influenza A. Influenza A is primarily a respiratory virus, causing coughing, congestion, sore throat, muscle aches, fatigue, and fever in most species it infects.

This strain (also called the H5N1 virus) surfaced in Hong Kong eight years ago, although it may have been around for four decades previous to this. It has mostly been affecting Asian poultry. When tested in the laboratory, it has been found to be quite deadly, killing ten out of ten chick embryos against which it was tested. It is difficult to tell how many birds it has killed in Asia, though, because millions of birds have been killed by humans to prevent its spread. As soon as one chicken develops symptoms, it is killed along with all the chickens that may have come in contact with it.

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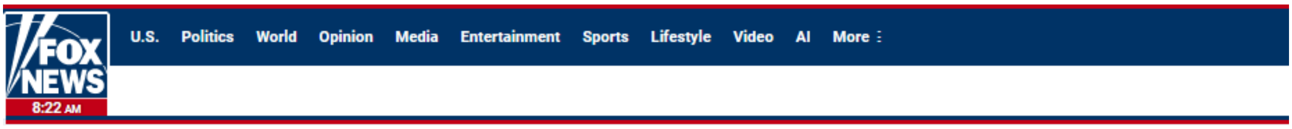

Leavitt to Grant Waivers for Bird Flu Vaccine Makers

Foxnews, 13 February 2006
https://www.foxnews.com/story/leavitt-to-grant-waivers-for-bird-flu-vaccine-makers

Washington – The government won't wait for bird flu to hit U.S. shores before granting liability protections to vaccine manufacturers and others that make products needed to battle a pandemic.

Health and Human Services Secretary Mike Leavitt said Monday that the administration soon would enter into contracts for the bird flu vaccine, rapid tests to detect the virus, and technology that would make available vaccine go farther.

"At some point in that process, we'll need to deal with the issue of liability," he told reporters.

In December, Congress gave Leavitt the authority to grant liability waivers if a public health emergency exists.

Under the waivers, people injured by a vaccine against bird flu would have to prove willful misconduct to bring a claim for damages. Critics have said that such a high threshold would make it almost impossible for people injured by a drug to file a lawsuit.

Leavitt said it's possible that vaccine manufacturers would want the extra protections before conducting clinical trials.

"If you're a vaccine manufacturer, you're likely not going to want to move to that step unless you've got adequate liability protection." he said.

Bird flu has killed at least 88 people in Asia and Turkey since 2003, according to the World Health Organization. An additional two deaths from bird flu have been confirmed in Indonesia. Birds carrying the virus have also been detected in Italy, Greece and Nigeria.

Leavitt said there's no reason to think that H5N1 virus will stop its migration.

"At some point in time, there will be a wild bird that will be discovered (with the virus) in the United States," he said. "That in itself won't be an emergency. That is something we should expect."

If vaccine manufacturers have been given immunity from prosecution for making a toxic product, what incentive do they have to maintain minimum standards of quality control?

JEM Journal of Experimental Medicine

Rachelle Salomon , John Franks, Elena A Govorkova, Natalia A Ilyushina, Hui-Ling Yen, Diane J Hulse-Post, Jennifer Humberd, Michel Trichet, Jerold E Rehg, Richard J Webby, Robert G Webster, Erich Hoffmann

The polymerase complex genes contribute to the high virulence of the human H5N1 influenza virus isolate A/Vietnam/1203/04

J Exp Med. 2006 Mar 20; 203(3): 689-97. Epub 2006 Mar 13.
doi: 10.1084/jem.20051938.

H5N1 influenza viruses transmitted from poultry to humans in Asia cause high mortality and pose a pandemic threat. Viral genes important for cell tropism and replication efficiency must be identified to elucidate and target virulence factors.

We applied reverse genetics to generate H5N1 reassortants combining genes of lethal A/Vietnam/1203/04 (VN1203), a fatal human case isolate, and nonlethal A/chicken/Vietnam/C58/04 (CH58) and tested their pathogenicity in ferrets and mice.

The viruses' hemagglutinins have six amino acids differences, identical cleavage sites, and avian-like alpha-(2,3)-linked receptor specificity.

Surprisingly, exchanging hemagglutinin and neuraminidase genes did not alter pathogenicity, but substituting CH58 polymerase genes completely attenuated VN1203 virulence and reduced viral polymerase activity. CH58's NS gene partially attenuated VN1203 in ferrets but not in mice.

Our findings suggest that for high virulence in mammalian species an avian H5N1 virus with a cleavable hemagglutinin requires adaptive changes in polymerase genes to overcome the species barrier. Thus, novel antivirals targeting polymerase proteins should be developed.

nature

Kyoko Shinya, Masahito Ebina, Shinya Yamada, Masao Ono, Noriyuki Kasai, Yoshihiro Kawaoka

Influenza virus receptors in the human airway

Nature, 22/23 March 2006, 440 (7083): 435-436
https://doi.org/10.1038/440435a

Although more than 100 people have been infected by H5N1 influenza A viruses, human-to-human transmission is rare1. What are the molecular barriers limiting human-to-human transmission?

Here we demonstrate an anatomical difference in the distribution in the human airway of the different binding molecules preferred by the avian and human influenza viruses.

The respective molecules are sialic acid linked to galactose by an α-2,3 linkage (SAα2,3Gal) and by an α-2,6 linkage (SAα2,6Gal)2.

Our findings may provide a rational explanation for why H5N1 viruses at present rarely infect and spread between humans although they can replicate efficiently in the lungs.

The Washington Post

David Brown

Researchers Shed More Light on Bird Flu

The Washington Post, 23 March 2006
https://www.washingtonpost.com/wp-dyn/content/article/2006/03/22/AR2006032202043.html

Two research teams have independently discovered explanations for the chief features of the H5N1 bird flu virus – its difficulty infecting humans, and the deadly effects when it does.

Unlike influenza viruses that are passed easily between people, H5N1 has a hard time attaching to cells in the nose, throat and upper airways. But it readily attaches to cells deep in the lungs.

This suggests that people need close and heavy exposure to the H5N1 virus for it to get into the lungs. But once it takes hold, it causes extensive damage to the machinery of respiration – the cells and air spaces where oxygen is exchanged for carbon dioxide.

That scenario mimics the clinical experience of many of the 184 human cases of bird flu that have been officially recorded since late 2003. More than half have been fatal.

"This is information that we need to know – fundamental and exciting," said Robert G. Webster, a leading flu virologist at St. Jude Children's Research Hospital in Memphis. He was not a member of either of the research groups, one of which published its results in yesterday's issue of the journal Nature, and the other online in Science.

Influenza infection occurs through a series of steps, with a key early one involving hemagglutinin, a protein that coats the virus's outer envelope. That protein attaches to sugar molecules that lie on the surface of many cells.

Virologists have known for years that human flu viruses attach through a sugar "linkage" designated alpha 2,6. The vast family of avian flu viruses favors a linkage with a different shape, designated alpha 2,3.

A research team led by Kyoko Shinya at the University of Wisconsin and the University of Tokyo looked at what cells in the human respiratory tract contain which linkage. They found that alpha 2,6 – the receptor for human flu – predominated in the nose and down the airways to the microscopic passageways that lead to the air sacs, or alveoli. At that point, cells with the alpha 2,3 linkage – the receptor for bird viruses – become common. Human viruses attached to the upper airways, while avian viruses attached to cells deep in the lungs.

The Japanese researchers, who published their findings in Nature, also tested an H5N1 virus taken from a person who died of bird flu in Hong Kong in 2003. That microbe's hemagglutinin recognized both the human and bird linkages, and it attached to cells from nose to lung. Most H5N1 samples isolated from people do not generally follow that pattern. The ability to bind to alpha 2,6 human receptors is one of several features that would have to become dominant for the H5N1 virus to become easily transmitted from human to human.

In the other paper, Thijs Kuiken and colleagues at Erasmus Medical Center in the Netherlands exposed H5N1 to blocks of tissue taken from all along the respiratory tree. They found the bird virus attached predominantly to cells at the entrance to the air sacs and in them, as well as to immune-system cells called alveolar macrophages that patrol the area.

This same pattern was seen in cats and ferrets. (Ferrets have traditionally been considered the species whose flu infections most closely mimic those of humans.) In mice, however, the pattern was reversed. H5N1 attached best to cells in the windpipe, not the lung – suggesting mice are not the best animal model for research on this strain.

In many of the fatal H5N1 infections, people's lungs were filled with fluid, the result of an out-of-control inflammatory reaction. Kuiken speculated that bird flu's affinity for macrophages – which can release inflammatory chemicals – may be part of the reason.

The Washington Post

Marc Siegel

A Pandemic of Fear

The Washington Post, 26 March 2006
http://www.washingtonpost.com/wp-dyn/content/article/2006/03/24/AR2006032401716.html

Fear is a deeply rooted emotion – one that can serve as a lifesaving response to imminent danger. But because we humans often magnify risk, fear can also cause us to overreact to remote threats, such as bird flu.

According to a significant study published in the prestigious British journal Nature recently, the H5N1 bird flu virus is at least two large mutations and two small mutations away from being the next human pandemic virus. This virus attaches deep in the lungs of birds but cannot adhere to the upper respiratory tract of humans. Since we can't transmit the virus to each other, it poses little immediate threat to us.

So why did the "flu hunter," world-renowned Tennessee virologist Robert Webster, say of bird flu on ABC that there are "about even odds at this time for the virus to learn how to transmit human to human," and that "society just can't accept the idea that 50 percent of the population could die . . . I'm sorry if I'm making people a little frightened, but I feel it's my role."

I'm sorry, Dr. Webster, but *your role is to track influenza in the test tube*, not to enter into broad speculation on national television. By your way of thinking, we should all be either building an escape rocket ship or killing every bird we see before it can kill us.

Fear causes the public to blur the distinction between birds and people, and so, as the H5N1 virus infects flocks of birds in Pakistan and Israel, nightly news watchers track the path to the United States. The poultry industry cringes as migratory birds that may be carrying H5N1 make their way closer to the northern shores of North America.

But though this bird flu appears to be quite deadly in many species of birds, killing 10 out of 10 chick embryos in test-tube conditions, we humans are a different matter. In 1997 in Hong Kong, for example, where there were 18 human cases of bird flu and six deaths, thousands of people were screened, and 16 percent developed antibodies but never got sick. There appears to be a spectrum of disease in humans, not nearly as deadly as many media reports have supposed.

Even if the H5N1 virus does mutate enough to spread easily among the upper breathing tracts of humans, there are multiple scenarios in which it would not cause the next massive pandemic. In fact, the Spanish flu of 1918 made the jump to humans before killing a large number of birds. Not only do we have vaccinations, antibiotics, antiviral drugs, public information networks, steroids and heart treatments that were lacking in 1918 to treat victims of the flu; in addition, the growing worldwide immunity to H5N1 may lessen the outbreak in humans even if the dreaded mutation does occur.

Even as the virus spreads in birds, the chances of a mutation occurring over time appear to be less likely. For every doomsayer who declares that "it's not a matter of if, but when," there is a sober scientist who says that H5N1 may well dead-end in animals and not be the next pandemic virus.

If H5N1 spreads in pigs (a soup of viruses) and exchanges genetic material with another human flu virus before passing to humans, the result is likely to be far less deadly. The swine flu fiasco of 1976 is an example of the damage that can be done by fear of a mutated virus that never quite lives up to 1918 expectations. About 1,000 cases of ascending paralysis occurred from a rushed vaccine given to more than 40 million people in response to a feared pandemic that never arrived.

Even the word "pandemic" scares us unnecessarily. The word simply means a new strain of a virus appearing in several areas of the world at one time and causing illness. The last flu pandemic, in 1968, killed 33,800 Americans – slightly less than the number who usually die here of the flu in an average year. We certainly don't need to think in end-of-the world terms for that kind of pandemic.

Cooking a chicken or turkey kills any influenza virus 100 percent of the time, yet the fear of H5N1 bird flu is already so rampant in Europe that poultry consumption is down 70 percent in Italy and 20 percent in France. In Britain people are giving away their parrots after a single parrot got the disease, and in Germany a cat died of H5N1 and the public was told to keep cats indoors. Forty-six countries outside the European Union banned French poultry exports after a single flock of turkeys was found to be infected. France, fourth in the world in poultry exports, is already hemorrhaging more than $40 million a month.

In this country I have heard from more than one farmer and several poultry companies that the price of poultry has already dropped 50 percent in some places. Imagine what will happen if a bird in the United States gets H5N1 bird flu. Our fear is growing at such a rate that our own poultry industry, No. 1 in the world, is likely to be destroyed. We are already petrified by fear of mad cow disease, another case where a species barrier protects us.

Flu changes its shape and size and is a killer worthy of respect and attention. But the most contagious virus among humans is our fear.

The New York Times

Denise Grady, Gina Kolata

How Serious is the Risk of Avian Flu?

The New York Times, 27 March 2006
https://www.nytimes.com/2006/03/27/health/how-serious-is-the-risk-of-avian-flu.html

Over the last year, it has been impossible to watch TV or read a newspaper without encountering dire reports about bird flu and the possibility of a pandemic, a worldwide epidemic. First Asia, then Europe, now Africa: like enemy troops moving into place for an attack, the bird flu virus known as A(H5N1) has been steadily advancing. The latest country to report human cases is Azerbaijan, where five of seven people have died. The virus has not reached the Americas, but it seems only a matter of time before it turns up in birds here.

Even so, a human pandemic caused by A(H5N1) is by no means inevitable. Many researchers doubt it will ever happen. The virus does not infect people easily, and those who do contract it almost never spread it to other humans. Bird flu is what the name implies: mostly an avian disease. It has infected tens of millions of birds but fewer than 200 people, and nearly all of them have caught it from birds.

But when A(H5N1) does get into people, it can be deadly. It has killed more than half of its known human victims – an extraordinarily high rate. Equally alarming is that many who died were healthy, not the frail or sickly types of patients usually thought to be at risk of death from influenza.

The apparent lethality of A(H5N1), combined with its inexorable spread, are what have made scientists take it seriously. Concern also heightened with the recent discovery that the 1918 flu pandemic was apparently caused by a bird flu that jumped directly into humans.

In addition, A(H5N1) belongs to a group of influenza viruses known as Type A, which are the only ones that have caused pandemics. All those viruses were originally bird flus. And given the timing of the past pandemics – 1918, 1957, 1968 – some researchers think the world is overdue for another. It could be any Type A, but right now (A)H5N1 is the most obvious.

The virus lacks just one trait that could turn it into a pandemic: transmissibility, the ability to spread easily from person to person. If the virus acquires that ability, a pandemic could erupt.

Everything hangs on transmissibility. But it is impossible to predict whether A(H5N1) will become contagious among people. The virus has been changing genetically, and researchers fear that changes could make it more transmissible, or that A(H5N1) could mix with a human flu virus in a person, swap genetic material and come out contagious.

But most bird flu viruses do not jump species to people. Some experts say that since A(H5N1) has been around for at least 10 years and the shift has not occurred, it is unlikely to happen. Others refuse to take that bet.

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The A(H5N1) strains circulating now are quite different from the A(H5N1) strain detected in Hong Kong in 1997, which killed 6 of 18 human victims. Over time, A(H5N1) seems to have developed the ability to infect more and more species of birds, and has found its way into mammals – specifically, cats that have eaten infected birds.

The actual number of human cases may well exceed the number that have been reported, and may include mild cases from which victims recovered without even seeing a doctor. If that's true, the real death rate could be lower. But no one knows whether mild cases occur, or whether some people are immune to the virus and never get sick at all.

In the absence of more information, health officials must act on what they see – an illness that apparently kills half its victims.

Q. How will we know if the virus starts spreading from person to person and becomes a pandemic?

A. If there is a pandemic, it would be everywhere,not in just one city or one country. To detect such an event as early as possible there is an international surveillance system, involving more than 150 countries, that searches for signs that a new flu strain is taking hold in humans.One hallmark of a pandemic flu would be an unusual pattern of illnesses —– lots of cases, possibly cases that are more severe than normaland, possibly, flu infections outside the normal flu season.

Ordinary human flu viruses, for reasons that are not entirely understood, circulate only in winter. But pandemics can occur at any time. A pandemic would also involve a flu virus that was new to humans, meaning that no one would have immunity from previous infections.

Q. If bird flu reaches the United States,where is it likely to show up first?

A. Although health officials expect bird flu to reach the United States, it is impossible to predict where it may show up first, in part because there are several routes it could take.If it is carried by migrating birds, then it may appear first in Alaska or elsewhere along theWest Coast.

But if the virus lurks in a bird being smuggled into the United States as part of the illegal trade in exotic birds, it could land in any international airport. Bird smuggling is a genuine problem:in 2004, a man was caught at an airport in Belgium Illegally transporting eagles from Thailand,stuffed into tubes in his carry-on luggage.The birds turned out to be infected withA(H5N1), and they and several hundred other birds in a quarantine area at the airport had to be destroyed.

In theory, an infected human could also bring bird flu into the United States, and that person could fly into just about any international airport and go unnoticed if the virus had yet to produce any symptoms.

Q. Does bird flu affect all birds?

A. No one knows the full story. Scientists say A(H5N1) is unusual because it can infectand kill a wide variety of birds, unlike a vast majority of bird flus, which are usually found in wild birds, not domestic fowl, and which cause few symptoms.

Some researchers suspect that wild ducks, or perhaps other wild birds, are impervious to A(H5N1), and may be the Typhoid Marys of bird flu – getting the virus, spreading it to other birds but never becoming ill themselves. No one has good evidence of this yet, but that may be because the way scientists discovered A(H5N1)infections was by finding birds that had gotten the flu and died.

As virologists like to point out, dead birds don't fly. So migratory birds cannot spread the virus if they are dying shortly after being infected.That is why some researchers say that if wild birds are spreading the A(H5N1) virus, it must be a bird species that can be infected but does not become ill.

Q. When people die from avian flu contracted from birds, what kills them?

A. Like victims of severe pneumonia, many patients die because their lungs give out. The disease usually starts with a fever, fatigue,headache and aches and pains, like a typical case of the flu. But within a few days it can turn into pneumonia, and the patients' lungs are damaged and fill with fluid.

In a few cases, children infected with A(H5N1) died of encephalitis, apparently because the virus attacked the brain. A number of people have also had severe diarrhea – not usually a flu symptom – meaning that this virus may attack the intestines as well. Studies in cats suggest that in mammals the virus attacks other organs, too, including the heart, liver and adrenal glands.

But more detailed information about deaths in people is not available because very few autopsies have been done. In some countries, like Vietnam, where many of the deaths occurred,autopsies are frowned upon. Researchers say they may glean useful information from autopsies,but fear that pressing for them would alienate the public in some areas.

Q. If I got bird flu, how would I know?

A. There is no reason to suspect the disease unless you may have been exposed to it.Since the virus has not reached North America,doctors do not look for bird flu in people unless they have traveled to affected regions or have been exposed to sick or dead birds.

The early stages of the illness in people are the same as those of ordinary flu: fever, headache, fatigue, aches and pains. But within a few days, people with bird flu often start getting worse instead of better; difficulty breathing is what takes many to the hospital.

In any case, patients with flu like symptoms that turn severe or involve breathing trouble are in urgent need of medical care.

Q. Can I be tested for avian flu?

A. There is no rapid test for bird flu. There is a rapid test for Type A influenza viruses, the group that A(H5N1) belongs to, but the test is only moderately reliable, and it is not specific for A(H5N1).

State health departments and some research laboratories can perform genetic testing for A(H5N1) and give results within a few hours,but they do not have the capacity to perform wide spread testing.

Because of the limited availability of testing and the extremely low probability of A(H5N1) in people in the United States, the test is recommended only for patients strongly suspected of having bird flu, like travelers with flu like symptoms who were exposed to infected birds.

Q. Do any medicines treat or prevent bird flu?

A. Two prescription drugs, Tamiflu and Relenza,may reduce the severity of the disease if they are taken within a day or two after the symptoms begin. But Relenza, a powder that must be inhaled, can irritate the lungs and is not recommended for people with asthma or other chronic lung diseases.

Both drugs work by blocking an enzyme – neuraminidase, the "N" part of A(H5N1) – that the virus needs to escape from one cell to infect another. But just how effective these medicines are against A(H5N1) is not known, nor is it clear whether the usual doses are enough. Also unknown is whether the drugs will help if taken later in the course of the disease.Although government laboratories and other research groups are trying to develop vaccines to prevent A(H5N1) disease in people, none are available yet.

Q. If there is an epidemic of flu in humans, how can I protect myself?

A. If there is a vaccine available, that would be the best option. But if there is no vaccine it maybe hard to avoid being infected. Flu pandemics spread quickly, even to isolated regions. The 1918 flu reached Alaskan villages where the only way visitors could arrive was by dog sled.

The vaccines produced every year to prevent seasonal flu are unlikely to be of any use in warding off a pandemic strain. But a flu shot could provide at least some peace of mind, by preventing the false alarm that could come from catching a case of garden-variety flu.

Similarly, people over 65 and others with chronic health problems should consult their doctors about whether they should be vaccinated against pneumococcal pneumonia, a dangerous illness that can set in on top of the flu. Again,that vaccine will not stop bird flu, but it may prevent complications.

Some health officials have recommended stockpiling two to three months – worth of food,fuel and water in case a pandemic interferes with food distribution or staffing levels at public utilities, or people are advised to stay home.

Many health experts have advised against stockpiling Tamiflu or Relenza, the prescription – only antiviral drugs that may work against bird flu. Doctors say the drugs are in short supply and hoarding may keep them out of reach of people who genuinely need them.

Also, they say, self-prescribing may lead to waste of the drugs or misuses that spur the growth of drug-resistant viruses. But people may not trust the government to distribute these drugs, and may want their own supplies.Doctors say people can take precautions like avoiding crowds, washing their hands frequently and staying away from those who are sick. Masks may help, but only if they are a type called N-95, which has to be carefully fitted. So far, masks and gloves have been recommended only for people taking care of sick patients.

Avoiding the flu can be hard because it is not always possible to spot carriers. Many people get and spread flu viruses and but never know they are infected.

Q. Is the government prepared for a bird flu pandemic?

A. No. The nation does not have an approved flu vaccine for people or enough antiviral drugs or respirators for all who would need them. Thebest protection in any flu pandemic will come from a vaccine, but scientists cannot tell ahead of time what strain the vaccine should protect against.

Efforts are under way to make a vaccine for A(H5N1). But the virus could mutate in a way that makes experimental vaccines ineffective,requiring more than one vaccine.

Moreover, there is no assurance that the next pandemic will even involve A(H5N1). It may involve a different strain of bird flu, and an A(H5N1) vaccine would not work for it. Recent efforts to develop a sort of universal flu vaccine that would work across strains have failed.

For now, the hope is to spot a pandemic early and quickly make a vaccine. Investigators are developing new and better ways to make vaccines – a bird flu, for example, cannot be grown in fertilized eggs like other flu viruses because it kills the chicken embryos – but these new methods must first be approved by the Food and Drug Administration.

Preparations also include government plans to stockpile drugs to protect people who were exposed to the flu and to reduce the severity of the disease in those who are ill. But the one antiviral drug that everyone wants to buy and stockpile, Oseltamivir, also sold by Roche as Tamiflu,is in short supply.

In retrospect, scientists say, maybe the nation should have started preparing sooner. But until the current bird flu appeared, there was little interest in such expensive and extensive preparations.

Q. If bird flu reaches the United States,will it be safe to eat poultry or to be around birds or other animals?

A. Poultry is safe to eat when it is cooked thoroughly,meaning that the meat is no longer pink and has reached a temperature of 180 degrees Fahrenheit. The risk is not from cooked meat – cooking kills viruses. Instead, it is from infected birds that are still alive or have recently died.So the person who killed an infected chicken,butchered it or put it in the pot would be at greater risk than the one who ate it.

It's not clear how long the virus lives on a dead bird, but it is unlikely to survive more than a couple of days. And it seems unlikely that infected chicken will find its way to supermarkets.

If the bird flu strikes poultry farms, the farmers will know there is a problem. Before they die, the birds develop major hemorrhages,with blood streaming from their cloacas and beaks. When the flu gets to a poultry farm,farmers have to destroy their flocks, and poulterer risk than the one who ate it.

As for contact with healthy birds or animals,there is no need to panic. The A(H5N1) virus is a nasty one. If chickens or other animals became infected they would get sick and die, and you would know the virus was present.

But animals can carry many diseases besides influenza, and whenever you are around animals it is a good idea to wash your hands afterward.Because cats in Europe have caught A(H5N1), apparently from eating infected birds, health officials there advise keeping pet cats indoors, but no such recommendation has been made in the United States.

For now, officials at the Centers for Disease Control and Prevention say it is safe to have bird feeders, and they note that even if the virus does arrive here, the kinds of birds that perch at feeders are far less likely to carry A(H5N1)than are aquatic birds like ducks and geese.

Q. Is it safe to buy imported feather pillows, down coats or comforters and clothing or jewelry with feathers?

A. Imported feathers may not be safe. There is a risk to handling products made with feathers from countries with outbreaks of bird flu, according to the Centers for Disease Control and Prevention. Feathers from those countries are banned in the United States unless they have been processed to destroy viruses

TEXTARCHIVE

Chikungunya or Avian Influenza pandemic unlikely, says expert

Virus Weekly, 2 May 2006, p. 23 / Science Letter, 2006, p.196
https://textarchive.ru/c-2040024-pall.html

At a recent seminar, Professor Marc van Ranst of the University of Leuven claimed that a pandemic from Bird Flu or Chikungunya is unlikely.

The COST Office in Brussels organized a seminar on Bird Flu and Chikungunya, both viral infections of different kinds. Professor Marc van Ranst, the leading expert in this field from the University of Leuven informed the seminar about these two diseases and the actual risks that they represent for human beings.

Prof. van Ranst's presentation showed that currently there is little risk for Europe regarding the Chikungunya virus (a tropical disease transferred by a particular species of mosquitoes). However, on the island of La Reunion a high percentage of the population is affected.

In Europe some cases have been reported, affecting tourists coming back from their holiday on the Islands in the Indian Ocean. Prof. van Ranst concluded that there is practically no probability that the Chikungunya virus will be spread in Europe, because of the absence of the vector species.

The Bird Flu virus has already been recorded in Europe. Many people are afraid of an influenza pandemic such as that of 1918 in which more than 20 million people died. Prof. van Ranst clarified "the Bird Flu isn't something extraordinary and has existed for a long time already."

Until now there is no evidence of a pandemic and the Bird Flu virus can only be transferred from an infected bird to a human being by very close contact. The transfer from human being to human being is practically impossible.

Prof. van Ranst concluded his report stating that currently there are other diseases we should be much more concerned about, such as HIV, malaria and tuberculosis.

Tens of millions of people die due to these diseases every year - a fact neglected by the public in general and not reflected in adequate research efforts in particular.

DNA

Bird flu pandemic could cost $2 trln: World Bank

DNA India, Reuters, 17 September 2006, 02:16 PM IST
https://www.dnaindia.com/world/report-bird-flu-pandemic-could-cost-2-trln-world-bank-1053517/amp

Singapore: A severe bird flu pandemic among humans could cost the global economy up to $2 trillion, the World Bank said on Sunday, sharply raising earlier estimates.

The comments came as a senior World Health Organisation official said the threat from the H5N1 avian flu virus was just as real today as it was six months ago, even if the headlines were not as scary.

Jim Adams, vice-president for East Asia and the Pacific and head of the Bank's avian flu taskforce, said a severe pandemic could cost more than three per cent of the global economy's gross national product.

"We estimate this could cost certainly over $1 trillion and perhaps as high as $2 trillion in a worst-case scenario. So the threat, the economic threat, remains real and substantial," he told reporters at the annual IMF-World Bank meetings in Singapore.

He said earlier estimates last year of about $800 billion in economic costs were basically written on the back of an envelope. But more recent financial modelling had revealed a sharper threat should the virus mutate and pass easily among people.

He said it was crucial to develop strong anti-bird flu programmes around the world to strengthen health and veterinarian services as well as improve public education and transparency.

"We have been working in virtually all of the countries, developing countries, that have been affected by an avian flu outbreak, providing advice and financing in the development of projects to tackle the challenge," he said.

Financing totalling about $150 million had been committed for projects in 11 countries, ranging from Albania to Laos and Turkey to tackle the disease, which has killed at least 144 people since it re-emerged in Asia in 2003.

An additional $15 million in grant aid had also been finalised for cash-strapped Indonesia, Adams said, as part of a wider package to help that country control the virus. Bird flu has killed nearly 50 people in Indonesia, the world's highest national toll, and the virus is endemic in poultry in most provinces of the southeast Asian nation.

David Nabarro, the WHO's avian flu coordinator, said one only had to look at the resurgence of bird flu in Thailand and Laos in past months to understand the risks posed by H5N1.

"The only difference between now and six months ago is not that the problem doesn't exist, it is perhaps headline writers have got used to it," he told reporters when asked if bird flu had turned into the Y2K of the viral world.

Fears of mass computer breakdowns due to glitches associated with Y2K, the turn of the millennium in 2000, proved unfounded.

Nabarro expressed satisfaction at the way governments around the world had responded to bird flu and that country-specific programmes were well under way in most, creating confidence for donors that their money would be well spent.

At a donors' conference in Beijing in January, nearly $1.9 billion was pledged. So far about $1.2 billion had been committed for projects and over $300 million disbursed as loans or grants.

Nabarro agreed there was a shortage of funds but it was crucial to focus on the fact that "we now have got in countries good ways of spending resources so we get results".

THE TIMES OF INDIA

Bird flu pandemic may cost $2 trillion: World Bank

The Times of India, 18 September 2006, 20:20 hrs
https://web.archive.org/web/20070511051020/http://timesofindia.indiatimes.com/articleshow/2003682.cms

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THE LANCET

Christopher J L Murray, Alan D Lopez,
Brian Chin, Dennis Feehan, Kenneth H Hill

Estimation of potential global pandemic influenza mortality on the basis of vital registry data from the 1918-20 pandemic: a quantitative analysis

Lancet, 23 December 2006; 368 (9554): 2211-2218.
doi: 10.1016/S0140-6736(06)69895-4.

Abstract

Background: The threat of an avian influenza pandemic is causing widespread public concern and health policy response, especially in high-income countries. Our aim was to use high-quality vital registration data gathered during the 1918-20 pandemic to estimate global mortality should such a pandemic occur today.

Methods: We identified all countries with high-quality vital registration data for the 1918-20 pandemic and used these data to calculate excess mortality. We developed ordinary least squares regression models that related excess mortality to per-head income and absolute latitude and used these models to estimate mortality had there been an influenza pandemic in 2004.

Findings: Excess mortality data show that, even in 1918-20, population mortality varied over 30-fold across countries. Per-head income explained a large fraction of this variation in mortality. Extrapolation of 1918-20 mortality rates to the worldwide population of 2004 indicates that an estimated 62 million people (10th-90th percentile range 51 million-81 million) would be killed by a similar influenza pandemic; 96% (95% CI 95-98) of these deaths would occur in the developing world. If this mortality were concentrated in a single year, it would increase global mortality by 114%.

Interpretation: This analysis of the empirical record of the 1918-20 pandemic provides a plausible upper bound on pandemic mortality. Most deaths will occur in poor countries – ie, in societies whose scarce health resources are already stretched by existing health priorities.

The Sydney Morning Herald

Justin Norrie

Bird flu drug probe after 18 teenage deaths in Japan

The Sydney Morning Herald, 1 March 2007, 11.00 AM
https://www.smh.com.au/national/bird-flu-drug-probe-after-18-teenage-deaths-in-japan-20070301-gdpkln.html

Japanese health authorities are investigating a flu medicine that is also available in Australia after a teenager jumped 11 storeys to his death after taking the drug. It was the 18th juvenile fatality linked to Tamiflu in 17 months.

The Ministry of Health, Labour and Welfare has asked the Japanese importer of Tamiflu, an anti-viral drug regarded as the most important shield against bird flu in humans, to collect information about the conditions of patients who take the drug.

The 14-year-old boy's death follows a similar case two weeks ago, when a girl also 14, died after jumping from an apartment building at Gamagori, in central Japan.

It also comes after a warning by the US Food and Drug Administration late last year about the dangers of giving children Tamiflu. The drug is being stockpiled in Australia as the first line of defence against bird flu. In Australia, as in Japan, it is only available by prescription.

The Swiss manufacturer, Roche, says the rate of deaths and psychiatric disturbances among people taking its medication is no higher than for flu sufferers generally. It denies there is evidence of a direct correlation between the drug and the fatalities.

In the latest case the teenager, from Sendai in Japan's north-east, had been prescribed a five-day course of Tamiflu by his doctor. After taking two tablets on Monday, he woke during the evening and told his mother he was going to the bathroom, but went out the front door instead.

His mother followed him and called out when she saw him climbing a 1.3-metre handrail. Police said he did not respond, throwing himself off to the parking lot below. There was nothing to suggest the death was a suicide.

Hakuo Yanagisawa, the Minister of Health, Labour and Welfare, urged the public to stay calm. "There needs to be clear evidence," he said.

Drug companies reported that 54 people using Tamiflu died in Japan before November, the ministry said.

Stuart Stevens

Bird Flu Could Kill More Than 60 Million People

UK Medix, 27 February 2008
https://web.archive.org/web/20120730125307/http://www.ukmedix.com/tamiflu/tamiflu-pandemic-flu-virus.cfm

An alarming report coming from Harvard University shows that if a full blown influenza pandemic were to breakout in the world is estimated that as many as 62 million individuals could die. The report goes on to say that out of these deaths 70,000 of them will occur in the United Kingdom.

This bird flu could kill more than 60 million people statistical analysis was worked out by using the death registrations that occurred between the years 1915 and 1923. The famous "Spanish Flu" that killed millions of people occurred between the years 1918 and 1920 and by examining increases in deaths over these years they were able to get a good idea of how many people the Spanish Flu actually killed. The Spanish Flu was in fact a bird flu and a variant on the deadly H5N1 bird flu virus that we are now seeing in the world today.

By making use of sophisticated mathematical formulas they were able to calculate that between 51 million and 81 million men and women would die worldwide if a similar type of virus was to become contagious between humans today. The scientists also considered regional differences which are found to have an effect on the amount of people dying of the bird flu virus. For example richer countries which have access to the influenza medication Tamiflu and good hospitals will have a lower number of deaths compared to those countries which have poorer medical facilities. They estimated that more than 95 percent of all the deaths from the bird flu virus would come from the third world.

The research that was led by Christopher Murray was published in the famous medical journal The Lancet. Other research done with the bird flu virus has estimated that the amount of people who could die from it could even top 1 billion worldwide.

The Korea Times

Bae Ji-sook

Bird Flu Medicine Toxic for Teens

The Korean Times, 13 May 2008
http://www.koreatimes.co.kr/www/news/nation/2008/05/117_24103.html

Concerns are rising over side effect of bird flu drug Tamiflu on teenagers.

Tamiflu is Swiss-based Hoffman-La Roche's antiviral for general influenza A and B but is also used to combat bird flu. However, worries have surfaced about the possibility of the medicine causing mental disorders among teenagers.

With fear of the H5N1 virus sweeping the nation, the government has doubled the quantity of the drug in storage, as it is the most effective treatment against avian influenza.

Whether to prescribe the pills with risks of side-effects such delusions or other disorders is being widely discussed among medical experts.

Although the drug has been the only medicine accredited to be effective against the H5N1 virus strain by the World Health Organization (WHO), the Japanese and Korean governments restricted its being prescribed to teenagers last year.

The Korea Food and Drug Administration announced that the drug should not be prescribed to those between 10 to 19 years old except for emergencies.

According to Roche, there has not been a reported case of side effects here, but the Seoul Shinmun, a local daily, reported that a woman in her 30s said she had nightmares after taking the drug in 2005.

The government's decision came after Japanese health authorities banned its prescription for teenagers in March 2007.

Japan has imported the drug since 2001, long before its effect on bird flu was acknowledged.

However, since then, there have been 1,268 cases of extraordinary behavior reported, of which 85 percent were from teenagers. They reportedly committed suicide by jumping out of buildings or into cars.

Health experts admit to the dilemma and said when necessary, it should be prescribed with extra prudence.

"We will have no option but to give out the pill once someone contracts the disease. But for teenagers we need to be extra careful and make sure it is prescribed at the most appropriate time," Korean Pharmacists for a Democratic Society spokesman Shin Hyeong-geun said. "Let's hope we will never have to worry about that."

The Telegraph

Roger Highfield

Government's bird flu drugs strategy is 'flawed'
The Government's strategy to defend the nation against a bird flu pandemic has been called into question.

The Telergraph, 15 May 2008, 1:06AM BST
https://web.archive.org/web/20090321005642/http://www.telegraph.co.uk/news/uknews/1956677/Governments-bird-flu-drugs-strategy-is-flawed.html

The Department of Health has built up millions of doses of Tamiflu, an antiviral drug, in preparation for a pandemic of the kind that killed 50 million people in 1918.

However, a team at the Medical Research Council's National Institute for Medical Research in London warned that a mutation in the H5N1 strain of the virus could make it resistant to the vaccine.

The researchers found that when mutation occurred in the H5N1 virus it became resistant to Tamiflu.

They advised against stockpiling only supplies of Tamiflu, suggesting that these should be augmented by other antiviral drugs.

Dr Steven Gamblin, who led the research, said: "It is likely a future pandemic will need to be tackled using a three or four-pronged approach, much as we tackle HIV today."

A Department of Health spokesman said: "We are considering how much of our stockpile should consist of a back-up antiviral

Forbes

Lionel Laurent

Bird Flu Not Forgotten by GlaxoSmithKline

Forbes, 19 May 2008, 10:45 AM ET
https://www.forbes.com/markets/2008/05/19/glaxo-bird-flu-markets-equity-cx_ll_0519markets11.html?sh=704478d77df7
https://web.archive.org/web/20090318021353/http://www.forbes.com/2008/05/19/glaxo-bird-flu-markets-equity-cx_ll_0519markets11.html

London. – The media pandemic may have died down, but GlaxoSmithKline is betting that the threat of an actual bird flu pandemic is still real enough for governments across Europe.

The pharmaceutical company said on Monday it had secured European approval for the first pre-pandemic vaccine against the dreaded H5N1 virus, more commonly known as bird flu, which began to gain notoriety five years ago.

Although there is no sign yet of the much-heralded worldwide bird flu pandemic – largely because H5N1 has still failed to transmit itself effectively from human to human – Glaxo's product offers governments the chance to stockpile the vaccine just in case.

Shares in GlaxoSmithKline (nyse: GSK - news - people) rose 20 pence (39 cents), or 1.8%, to £11.59 ($22.63), on Monday afternoon in London. The approval is the latest in a string of small positives for the British company, which also got European approval for lung cancer drug Hycamtin earlier this month.

"I don't think there will be a big sales boost," said Thomas Brenning, analyst with BayernLB. He said the bird flu media frenzy had died down somewhat, and that stockpiling the vaccine might not be seen as being in the public's interest anymore.

Furthermore, there are doubts as to how effective stockpiling pre-pandemic treatments can be. If a pandemic breaks out that involves a strain different from H5N1 – say H6, or H7 – the vaccine is likely to be useless.

"If governments, in taking a public health decision based on sound risk assessments, believe they should stock H5N1 vaccine, we would not disagree with that," said a spokesman for the World Health Organization on Monday.

But he added that there was "no guarantee" that the next pandemic would be an H5N1 pandemic, a fact which could cast serious doubt on the effectiveness of stockpiling the vaccine.

A spokesperson for GlaxoSmithKline said that the company believed an eventual pandemic would involve a strain in the H5N1 family, and that a pre-pandemic treatment would save the four-to-six-month delay of having to react to an official pandemic announcement. "The U.K. government could buy it tomorrow and vaccinate us tomorrow," she said.

Finland, Switzerland and the United States all placed orders for Glaxo's H5N1 vaccine totaling £146 million ($285.1 million), in 2007.

PNAS

Jessica A Belser , Ola Blixt, Li-Mei Chen, Claudia Pappas,
Taronna R Maines, Neal Van Hoeven, Ruben Donis, Julia Busch,
Ryan McBride, James C Paulson, Jacqueline M Katz, Terrence M Tumpey

Contemporary North American influenza H7 viruses possess human receptor specificity: Implications for virus transmissibility

Proc Natl Acad Sci USA. 27 May 2008; 105(21): 7558-63
doi: 10.1073/pnas.0801259105. Epub 2008 May 27. PMID: 18508975; PMCID: PMC2396559.

Abstract

Avian H7 influenza viruses from both the Eurasian and North American lineage have caused outbreaks in poultry since 2002, with confirmed human infection occurring during outbreaks in The Netherlands, British Columbia, and the United Kingdom.

The majority of H7 infections have resulted in self-limiting conjunctivitis, whereas probable human-to-human transmission has been rare.

Here, we used glycan microarray technology to determine the receptor-binding preference of Eurasian and North American lineage H7 influenza viruses and their transmissibility in the ferret model.

We found that highly pathogenic H7N7 viruses from The Netherlands in 2003 maintained the classic avian-binding preference for alpha2-3-linked sialic acids (SA) and are not readily transmissible in ferrets, as observed previously for highly pathogenic H5N1 viruses.

However, H7N3 viruses isolated from Canada in 2004 and H7N2 viruses from the northeastern United States isolated in 2002-2003 possessed an HA with increased affinity toward alpha2-6-linked SA, the linkage type found prominently on human tracheal epithelial cells.

We identified a low pathogenic H7N2 virus isolated from a man in New York in 2003, A/NY/107/ /03, which replicated efficiently in the upper respiratory tract of ferrets and was capable of transmission in this species by direct contact.

These results indicate that H7 influenza viruses from the North American lineage have acquired sialic acid-binding properties that more closely resemble those of human influenza viruses and have the potential to spread to naïve animals.

The Telegraph

Andy Bloxham

Scientists warn of bird flu epidemic

The Telegraph, 27 May 2008,7:00 AM BST
https://www.telegraph.co.uk/news/worldnews/northamerica/usa/2035638/Scientists-warn-of-bird-flu-epidemic.html
https://web.archive.org/web/20080528171812/https://www.telegraph.co.uk/news/worldnews/northamerica/usa/2035638/Scientists-warn-of-bird-flu-epidemic.html

A strain of bird flu has moved a step closer to developing the traits required to create an epidemic of the disease in humans, scientists warned on Monday.

Researchers who analysed samples of recent avian flu viruses found that a strain of the virus called H7N2 had adapted slightly better to living in mammals.

Tests on ferrets proved the strain could be passed between animals but scientists said the evidence suggested that bird flu could be transmitted between humans.

Dr Terrence Tumpey, a microbiologist with the US Centers for Disease Control and Prevention, in Atlanta, Georgia, said: "The finding underscores the necessity for continued surveillance and study of these viruses as they continue to resemble viruses with pandemic potential."

The virus tested on the ferrets - a standard animal model of flu in humans - was isolated from a man in New York in 2003, where it thrived on the same sugars found in the human windpipe.

The scientists said the virus could be evolving toward the same strong sugar-binding properties of the three worldwide viral pandemics in 1918, 1957 and 1968.

Like H5N1, the H7 family of flu viruses also primarily affects birds.

A deadly version of the H7N7 strain hit poultry in the Netherlands in 2003, and a less severe form, H7N2, broke out in the UK last year.

Some have estimated the death toll of an avian flu pandemic could be 100 million, including 500,000 in Britain.

The World Bank estimates that the financial cost of a pandemic could exceed $2 trillion.

The study appeared in the journal Proceedings of the National Academy of Sciences.

dziennik.pl

Szczepionkę na ptasią grypę testowali na bezdomnych

Dziennik.pl, 2 lipca 2008, 03:09 (2 July 2008)
https://wiadomosci.dziennik.pl/wydarzenia/artykuly/126671,szczepionke-na-ptasia-grype-testowali-na-bezdomnych.html

Za każde zaszczepienie nowym specyfikiem przeciwko grypie bezdomni z Grudziądza dostawali od przychodni po 5-10 złotych. Nie wiedzieli jednak, że nie chodziło o zwykłą grypę, a o siejącą na świecie spustoszenie ptasią grypę. Kilkanaście osób zmarło. Czy ich śmierć miała związek z testami? Do szokujących informacji dotarł reporter "Faktów" TVN. Zachowanie lekarzy potępiła minister zdrowia Ewa Kopacz.

Bezdomni twierdzą, że nie wiedzieli, iż szczepią ich przeciwko ptasiej grypie. W kwietniu 2007 roku grudziądzka przychodnia "Dobra Praktyka" wysłała do nich zapytanie, w którym była mowa o nieodpłatnym przekazaniu szczepionki przeciw zwykłej grypie o nazwie VAXIGRIP. Za każdą szczepionkę mieli dostać pieniądze, dlatego niektórzy zaszczepili się nawet kilkanaście razy. Dopiero teraz okazało się, że otrzymali dwie dawki szczepionki FLUAD- H5N1, która była ocenianą w tym badaniu szczepionką przeciwko groźnemu wirusowi grypy H5N1.

Tuż po szczepieniach kilkanaście osób zmarło. Nie wiadomo, czy testowanie szczepionki było przyczyną śmierci bezdomnych. Wielu z nich to osoby schorowane i wycieńczone trybem życia, dla których takie eksperymenty mogą być niebezpieczne. Statystyka daje jednak wiele do myślenia.

"W 2004 roku zmarło czterech bezdomnych z naszego ośrodka" - przyznaje w rozmowie z "Faktami" Mieczysław Wacławski, kierownik schroniska im św. Brata Alberta w Grudziądzu. Jednak w 2005 i 2006 roku zmarło łącznie 16 osób, w 2007 roku - roku, w którym testowano szczepionkę - aż 21. Według TVN24, pokrzywdzonych może być nawet 350 osób. Około 150 z nich - to bezdomni. Reszta to zwyczajni mieszkańcy, zwabieni zarobkiem.

Kierownictwo przychodni broni się, że wszyscy pacjenci podpisali zgodę na szczepienie i wiedzieli, przeciwko czemu się szczepią.

Wczoraj do toruńskiego sądu wpłynął akt oskarżenia przeciwko trojgu lekarzom i sześciu pielęgniarkom. Jak wykazało śledztwo, oszukali oni nie tylko pacjentów, ale i firmę farmaceutyczną, która zleciła szczepienia. Prokuratura zarzuca im fałszowanie dokumentacji, nakłanianie świadków do składania fałszywych zeznań i poświadczanie nieprawdy, a także przywłaszczenia mienia. Zarzut narażenia zdrowia i życia bezdomnych jednak w akcie oskarżenia nie pada.

Zachowaniem lekarzy oburzona jest minister zdrowia. "Lekarze, którzy prowadzili te badania, nie powinni wracać do zawodu" – tak oskarżonych lekarzy oceniła w programie "Fakty po Faktach" Ewa Kopacz. "W interesie wszystkich lekarzy leży, by ci, którzy zawinili, ponieśli karę" - dodała.

see also:

GAZETA pomorska

Maryla Rzeszut
Grudziądz. Podejrzane testy
Gazeta Pomorska, Maja 3 lipca 2008
http://www.pomorska.pl/apps/pbcs.dll/article?AID=/20080703/TEMATDNIA/424245382

The Telegraph

Matthew Day

Homeless people die after bird flu vaccine trial in Poland

Three Polish doctors and six nurses are facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus.

The Telegraph, UK, 2 July 2008, 4:37 pm
https://www.telegraph.co.uk/news/worldnews/europe/poland/2235676/Homeless-people-die-after-bird-flu-vaccine-trial-in-Poland.html
https://web.archive.org/web/20080706125740/https://www.telegraph.co.uk/news/worldnews/europe/poland/2235676/Homeless-people-die-after-bird-flu-vaccine-trial-in-Poland.html

The medical staff, from the northern town of Grudziadz, are being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus.

Authorities claim that the alleged victims received £1-2 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug.

The director of a Grudziadz homeless centre, Mieczyslaw Waclawski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight.

Although authorities have yet to prove a direct link between the deaths and the activities of the medical staff, Poland's health minister, Ewa Kopacz, has said that the doctors and nurses involved should not return to their profession.

"It is in the interests of all doctors that those who are responsible for this are punished," the minister added.

Investigators are also probing the possibility that the medical staff may have also have deceived the pharmaceutical companies that commissioned the trials.

The suspects said that the all those involved knew that the trial involved an anti-H5N1 drug and willingly participated.

The news of the investigation will come as another blow to the reputation of Poland's beleaguered and poverty-stricken national health service. In 2002, a number of ambulance medics were found guilty of killing their patients for commissions from funeral companies.

MED НОВОСТИ

В Польше несколько бездомных умерли
во время испытаний вакцины от птичьего гриппа

MED media, 3 июля 2008, 18:19
https://medportal.ru/mednovosti/v-polshe-neskolko-bezdomnyh-umerli-vo-vremya-ispytaniy-vaktsiny-ot-ptichiego-grippa/

В Польше возбуждено уголовное дело в отношении трех врачей и шести медсестер, предположительно привлекавших постояльцев приюта для бездомных к клиническим испытаниям вакцины против птичьего гриппа. По данным администрации, за время исследования смертность в приюте выросла почти в три раза.

Согласно сообщениям местных СМИ, незаконные испытания экспериментального препарата проводились в приюте польского города Грудзёндз в 2007 году. За каждую прививку испытуемые получали вознаграждение в размере 5-10 злотых, причем некоторые из них прививались по десять и более раз. Как предполагают следователи, испытуемым сообщали, что на них тестируют утвержденный препарат от обычного гриппа, на самом же деле им вводили экспериментальную вакцину для защиты от вируса птичьего гриппа H5N1.

Следователи считают также, что организаторы эксперимента вводили в заблуждение разработчиков препарата, которые ничего не знали о методах подбора и составе участников исследования.

По данным директора приюта Мечислава Вацлавского, в течение 2007 года скончался 21 постоялец этого социального учреждения, тогда как предыдущие годы там фиксировалось в среднем не более 9 смертей в год.

Хотя причинно-следственная связь между всплеском смертности и незаконными испытаниями пока не доказана, министр здравоохранения Польши Эва Копач уже заявила о решимости строжайшим образом покарать виновных.

В свою очередь, подозреваемые в грубых нарушениях медицинской этики медики продолжают настаивать на своей невиновности. По их словам, все привлеченные к испытаниям люди были предупреждены о возможных рисках и подписали информированное согласие на участие в исследовании.

UK Parliament

House of Lords: Select Committee on Intergovernmental Organisations

Diseases Know No Frontiers:
How effective are Intergovernmental Organisations in controlling their spread?

Published by the Authority of the House of Lords, Volume I
Ordered to be printed 7 July 2008 // published 21 July 2008
http://www.publications.parliament.uk/pa/ld200708/ldselect/ldintergov/143/143.pdf?__cf_chl_tk=6E_ccw_.OhsGy.iHzQrdC5CACTYQjwvHUw8KURi2zSg-1681285413-0-gaNycGzNBpA

...

The twentieth century witnessed remarkable advances in many parts of the world in standards of public health and in the conquest of killer diseases, such as smallpox and poliomyelitis.

However, during the second half of the century the advent of globalisation (in particular, increased international trade and travel) and changes in human lifestyles (for example, greater human-animal contact) have enabled new infections to emerge and to spread much more rapidly around the world.

The onset of HIV in the 1980s and the outbreaks of SARS and avian influenza in the 1990s are striking, but by no means the only, examples. On average, a previously unknown infectious pathogen emerges somewhere every year. At the same time a number of infectious diseases, including some – such as tuberculosis and malaria – which were previously close to eradication, have developed resistance to antibiotics and in their resistant form they are much more difficult to treat. These problems cannot be tackled solely by States within their own borders: effective intergovernmental action is needed.

In recent years there has been a substantial and welcome upsurge in funding for infectious disease control from governmental, intergovernmental, charitable and private sources. At the same time, however, there has been a significant increase in the number of organisations involved, with the result that the landscape of international health has become, in the Government's words, "crowded and poorly coordinated". We have taken evidence from many of these organisations, and it is clear to us that, while there is an urgent need for rationalisation of effort, it is unrealistic to think in terms of imposing coordinating structures from above. The process has to be evolutionary rather than revolutionary, but it needs leadership.

There is no doubt in our mind, and in the minds of most of those from whom we have taken evidence, that that leadership function must rest with the World Health Organisation (WHO) and that, given appropriate strengthening of its management arrangements, WHO's remit and resources should be developed in order to encourage and support collaboration and rationalisation among the many actors on the international health stage.

...

Pandemic influenza might be said to be at the opposite end of the spectrum. At the time of going to press, there has been no recent outbreak of pandemic influenza reported. Historically, however, such outbreaks have occurred on average three times every century, and the last outbreak was in 1968. The last two pandemics (1958 and 1968) were caused by relatively mild strains of the virus, but the next one could have more serious consequences, especially if it should come in the form of a virus, such as the H5N1 variety, which is common in birds and poultry, which has already jumped the species barrier to infect humans and which might at some point in the near future become capable of human-to-human transmission. The Government's evidence to us on this was sobering:

"While there has not been a pandemic since 1968, another one is inevitable, whether or not it arises from H5N1. Estimates are that the next pandemic will kill between 2 million and 50 million people worldwide and between 50,000 and 75 ,000 in the UK. Socio-economic disruption will be massive" (p 2). In other words, we have in pandemic flu an infection which is not yet with us but which, when it arrives, is likely to have a devastating, if relatively shortlived, impact.

...

The Guardian

David Batty

Britain faces 75,000 deaths in bird flu pandemic, Lords report predicts

The Guardian, 21 July 2008, 11.02 BST
https://www.theguardian.com/world/2008/jul/21/pandemic.warning

Up to 75,000 Britons will in die in an "inevitable" flu pandemic that could kill as many as 50 million people worldwide, a parliamentary committee warns today.

The outbreak, most likely to be caused by a strain of bird flu, will be on a scale not seen for 40 years and cause "massive" disruption in the UK.

The committee report (click for PDF) warns that surveillance of emerging disease threats around the world needs to be overhauled to provide early warning of potential pandemics.

A new and potentially deadly infectious disease emerges somewhere in the world every year, threatening "devastating consequences" across the globe, warns the Lords intergovernmental organisations committee. Its report, published today, criticises Britain's "poorly coordinated" disease control systems.

Reform of the World Health Organisation (WHO) is "essential", as the global health agency is "dysfunctional" and lacking the organisation and resources to curb a major outbreak, it says.

The committee calls for new international disease surveillance systems in developing countries. The report says peers were given the following "sobering" advice by government ministers: "While there has not been a pandemic since 1968, another one is inevitable … Estimates are that the next pandemic will kill between 2 million and 50 million people worldwide and between 50,000 and 75,000 in the UK. Socio-economic disruption will be massive."

Three-quarters of new human diseases originate from animals, but experts have warned they are currently identified only after people are infected. The committee chairman, Lord Soley, said: "The last 100 years have seen great advances in public health and disease control through the world, but globalisation and changes in lifestyles are giving rise to new infections and providing opportunities for them to spread rapidly.

"We are particularly concerned about the link with animal health."

The last two flu pandemics, in 1958 and 1968, were caused by relatively mild strains of influenza. The report warns that the next could be far more serious, particularly if it comes from the H5N1 strain found in wild birds and poultry, which has already infected some humans.

The report predicts more widespread human-to-human transmission soon.

When H5N1 was found in Britain last year, the Department for the Environment and Rural Affairs culled 159,000 turkeys at a Bernard Matthews farm in Suffolk.

Mass immunisation against H5N1 has been ruled out, but the Department of Health has stockpiled enough of the antiviral drug Tamiflu to cover a quarter of the population.

According to the WHO, 385 people around the world have been infected with H5N1 and 243 of them died. Most of these were in Asia, in communities with people living close to poultry.

Although it does not easily infect humans, every time it does the chance increases of it mutating into a form more readily transferred between people.

The most severe flu pandemic was in 1918-1919. It killed an estimated 50 million people around the world.

The Korea Times

Kim Tae-jong

Bird Flu Strain Can Be Transmitted to Mammals

The Korean Times, 22 July 2008
https://web.archive.org/web/20090317000704/http://www.koreatimes.co.kr/www/news/nation/2008/07/117_28022.html

The government plans to strengthen monitoring of open bird markets as part of preventative measures against avian influenza. / Korea Times

Quarantine authorities said Tuesday that the virus strain of avian influenza that swept the country in April could be transmitted to mammals, but not necessarily to humans.

The Ministry of Food, Agriculture, Forestry and Fisheries sent samples from infected birds to the U.S. Center for Disease Control and Prevention for detailed analysis.

The U.S. agency concluded the virus from the sample could be transmitted to mammals but that there was no proof it could infect humans, an official from the ministry said.

"It was impossible to directly test if it can cause illness in humans. Alternatively, we chose a weasel for testing and when it was infected, it showed similar symptoms to bird flu," the official said at a news briefing.

He declined a "yes or no" answer over the possibility of the virus infecting humans, citing the lack of human testing.

He said the ministry was implementing a system to monitor poultry farms and bird habitats all year round and set up new procedures to quickly cope with any bird flu outbreaks.

The decision came as the disease caused massive damage to the nation last April – some 8.46 million birds were culled at a cost of 263 billion won ($260 million).

The ministry said it will specially monitor all 2,300 duck farms in the country because ducks have a longer incubation period for bird flu and were found to be the main cause of the spread. Chickens die more quickly from the disease.

The government will strengthen countermeasures against less virulent strains of bird flu and implement preventative culling to prevent possible mutation. It will also strengthen monitoring of traditional open-air markets and distributors to check for signs of sick birds or sudden deaths, and push new laws to prevent restaurants from butchering infected birds.

The sale of live birds at traditional markets to restaurants contributed to the spread of this year's outbreak. On the cause of the latest outbreak, migratory birds that spend the winter in warmer climates may been responsible as they stopped in South Korea on their way north, government officials said.

The ministry said all countermeasures to cull and disinfect areas affected by this year's bird flu outbreak were concluded by May 15, so South Korea can declare itself a "clean zone" to the World Organization for Animal Health on August 15.

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Jamie Stowe

CDC Says Bird Flu Becoming More Contagious

UK Medix, 1 August 2008
https://web.archive.org/web/20081121094441/http://www.ukmedix.com/tamiflu/cdc_says_bird_flu_becoming_more_contagious4046.cfm

In America the Centres for Disease Control and Prevention (CDC) say that the bird flu virus is changing and that it is developing strains and properties which could possibly increase the potential of it to infect humans from birds. They also said that it was also developing into a virus which could become more contagious between humans

The research was done on the Influenza A H7 virus types which are very contagious to birds but must not be mixed up with with the extremely deadly H5N1 bird flu virus. Nevertheless it is worth noting that if an H7 bird flu virus mutates it is likely that the H5N1 variant of the virus will also be able to follow suit.

Dr. Jessica Belser who led the research project for the Centres for Disease Control and Prevention explained that it is perfectly normal for influenza viruses to constantly change and in view of the fact that there is the scare of a deadly bird flu outbreak is very important that they are watched extremely carefully at the moment.

Humans get infected by the influenza virus when it attaches itself to sugar receptor molecules that are found in the respiratory tract. The greater the particular influenza viruses' ability to latch onto these receptors the more contagious they are to humans and the more likely they are to spread quickly among groups of people. Present the deadly H5N1 and the H7 variants of the virus can not latch on to these receptors easily and thus they are not very contagious.

This new research however explains that three H7N2 strains as well as two H7N3 strains of the influenza virus found in North America were seen to be able to latch themselves onto receptors in both birds and humans. In particular one of the H7N2 virus strains was found to have the biggest ability to bind onto human sugar receptors in the respiratory tract.

This research underlines the importance of close monitoring of all bird flu viruses so that the world can prepare itself for any deadly pandemics which could break out as a result of mutating influenza viruses. The research was published by the respected medical journal the Proceedings of the National Academy of Sciences.

[=> Belser JA, et al. Contemporary North American influenza H7 viruses possess human receptor specificity. – Proc Natl Acad Sci USA. 27 May 2008.

Science News

Tina Hesman Saey

H9N2 avian flu strain has pandemic potential
New study shows small changes make the subtype more transmissible

Science News, 12 August 2008, 9:35 pm
https://www.sciencenews.org/article/h9n2-avian-flu-strain-has-pandemic-potential

Pandemic planners may have been looking at the wrong avian influenza virus as the source of the next worldwide flu epidemic. A type of avian flu virus known as H9N2 could become transmissible in humans with just a few changes, a new study shows.

"The H9 may be a silent virus that doesn't get noticed until it's too late," says Daniel Perez, a virologist at the University of Maryland, College Park.

Perez and his colleagues analyzed the pandemic potential of the H9 flu viruses in ferrets, a model for human disease transmission. The team found that changing a single chemical building block in the hemagglutinin protein that helps the virus latch onto cells can make the virus more transmissible in ferrets. Mixing the avian virus's genes with those from human flu viruses also increases transmission and may make the virus more virulent, the researchers report online August 13 in PLoS ONE.

Though the virus did not become airborne in ferrets, it may have the potential to do so in the future.

Much attention has been focused on the H5N1 bird flu virus and H7 avian flu viruses as candidates for the next pandemic, says Chang-Won Lee, a molecular virologist at the Ohio State University in Wooster. But there is plenty of circumstantial evidence that the H9 viruses could also cause a future pandemic, Lee says.

H9 avian influenza is widespread among birds in Asia, the Middle East, Europe and Africa. It doesn't make birds sick, so it often goes unnoticed. Some people and pigs have also been infected, but the virus causes only a mild illness in people and, so far, has not been known to spread from person to person. But Perez's results could indicate that the H9 viruses may begin spreading among people with just minor changes.

"Transmission is really the cardinal property a virus has to have in order to cause a pandemic in humans," says Peter Palese, a virologist at Mount Sinai School of Medicine in New York City. Still airborne transmission is a condition that would be necessary for a human pandemic, so the new results are a "half-full, half-empty glass," Palese says.

Even if the H9 viruses do acquire the ability to spread in people, at first the infection is likely to cause minor illness. "You're going to have a bunch of people who don't feel very well, as opposed to dropping off the face of the Earth," says Raymond Pickles, a cell biologist at the University of North Carolina at Chapel Hill. But the new data indicate that if the H9 viruses mix with other human viruses, as commonly happens in nature, it could become more potent.

While many pandemic planners put the deadly H5N1 virus at the top of their list of concerns, Robert G. Webster, a leading influenza researcher at St. Jude Children's ResearchHospital in Memphis, Tenn., says H9N2 tops his "influenza hit list."

The H9 virus is an "influenza sleeper," Webster says. "It could cause many more problems than we realize."

PLOS ONE

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Replication and Transmission of H9N2 Influenza Viruses in Ferrets: Evaluation of Pandemic Potential

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Abstract

H9N2 avian influenza A viruses are endemic in poultry of many Eurasian countries and have caused repeated human infections in Asia since 1998.

To evaluate the potential threat of H9N2 viruses to humans, we investigated the replication and transmission efficiency of H9N2 viruses in the ferret model.

Five wild-type (WT) H9N2 viruses, isolated from different avian species from 1988 through 2003, were tested in vivo and found to replicate in ferrets. However these viruses achieved mild peak viral titers in nasal washes when compared to those observed with a human H3N2 virus.

Two of these H9N2 viruses transmitted to direct contact ferrets, however no aerosol transmission was detected in the virus displaying the most efficient direct contact transmission. A leucine (Leu) residue at amino acid position 226 in the hemagglutinin (HA) receptor-binding site (RBS), responsible for human virus-like receptor specificity, was found to be important for the transmission of the H9N2 viruses in ferrets.

In addition, an H9N2 *avian-human reassortant virus*, which contains the surface glycoprotein genes from an H9N2 virus and the six internal genes of a human H3N2 virus, showed enhanced replication and efficient transmission to direct contacts.

Although no aerosol transmission was observed, the virus replicated in multiple respiratory tissues and induced clinical signs similar to those observed with the parental human H3N2 virus.

Our results suggest that the establishment and prevalence of H9N2 viruses in poultry pose a significant threat for humans.

REUTERS

Maggie Fox

New bird flu threat could be H9N2, researchers say

Reuters, 13 August 2008, 1:02 am BST / 8:28 am

https://www.reuters.com/article/idUSN12523792

https://web.archive.org/web/20090317091434/http://uk.reuters.com/article/healthNews/idUKN1252379220080813

Washington (Reuters) - Countries around the world may be preparing for a possible H5N1 bird flu pandemic, but another strain called H9N2 also poses a threat to humanity, researchers reported on Tuesday.

Tests on the H9N2 strain of the virus show it is capable of infecting and spreading with very few changes, a team from the University of Maryland, St. Jude's Children's Research Hospital in Memphis, and elsewhere reported.

"Our results suggest that the establishment and prevalence of H9N2 viruses in poultry pose a significant threat for humans," the researchers wrote in the Public Library of Science journal PLoS ONE.

Most influenza experts agree that a pandemic -- a deadly global epidemic -- of some kind of flu is inevitable.

No one can predict what kind but the chief suspect is the H5N1 bird flu virus, which has infected 385 people and killed 243 of them since 2003. It is entrenched in birds now in some areas and has killed or forced the slaughter of 300 million.

Just a few mutations could turn it into a virus that people catch and transmit easily. But flu experts caution H5N1 is not the only virus with this potential.

H9N2, a virus seen mostly in birds, has infected at least four children in Hong Kong, causing mild illness, and is found in birds, pigs and other animals in Europe and Asia.

Maryland's Daniel Perez and colleagues tinkered with the virus and tested it in ferrets, animals whose biology is very close to humans when it comes to flu.

A single mutation made H9N2 more virulent and pathogenic, and also helped it transmit more easily from one ferret to another, they reported in their study, available on the Internet

They also *mixed H9N2 with an H3N2 virus*, a type of influenza virus that causes seasonal flu in people. Scientists believe that if a human or animal is infected with two strains of flu at the same time, this "reassortment" can happen in nature.

The reassorted virus was easier for the ferrets to catch and transmit.

One reassuring finding - neither of the lab-engineered viruses could be transmitted in the air, via aerosol. This might make them somewhat less transmissible, although people pick up flu from surfaces touched by an infected person.

"Although no aerosol transmission was observed, the virus replicated in multiple respiratory tissues and induced clinical signs similar to those observed with the ... human H3N2 virus," the researchers wrote.

There are hundreds of strains of avian influenza viruses, but only four – H5N1, H7N3, H7N7, and H9N2 – are known to have caused human infections, according to the World Health Organization.

GlobalResearch

F. William Engdahl

The Pentagon's alarming project: Avian Flu Biowar Vaccine

Global Research, 14 August 2008
https://www.globalresearch.ca/the-pentagon-s-alarming-project-avian-flu-biowar-vaccine/9833

There is alarming evidence accumulated by serious scientific sources that the US Government is about to or already has 'weaponized' Avian Flu. If the reports are accurate, this could unleash a new pandemic on the planet that could be more devastating than the 1918 Spanish Flu epidemic which killed an estimated 30 million people worldwide before it eventually died out. Pentagon and NIH experiments with remains in frozen state of the 1918 virus are the height of scientific folly. Is the United States about to unleash a new racially selective pandemic through the process of mandatory vaccination with an alleged vaccine "against" Avian Flu?

There is reason to believe that sections of the international pharmaceutical industry cartel are acting in concert with the US Government to develop a genetically modified H5N1 virus substance that could unleash a man-made pandemic, perhaps more deadly than the 1918 'Spanish Influenza' pandemic claiming up to 30 million lives.[1]

Rima E. Laibow, MD, head of the Natural Solutions Foundation, a citizen watchdog group monitoring the pharmaceutical industry states, "Our best intelligence estimate is that pandemic Avian Flu has already been created through genetic engineering in the United States, fusing the deadly genome of the 1918 Pandemic, misnamed the 'Spanish Flu', with the DNA of the innocuous H5N1 virus in a growth medium of human kidney cells, according to the National Institutes of Health and the vaccine's manufacturer. Some virologists believe that this would insure that the man-made mutant virus recognizes human cells and knows how to invade them.

If true, as Laibow points out, "A basic virological fact that the public has not been told is that it is impossible to make a vaccine against a virus that does not yet exist. Public relations efforts to the contrary, IF a vaccine is being made against the Avian Flu virus in its pandemic form, that means that the pandemic virus must already exist, period, end of discussion".[3]

The genome of the 1918 pandemic, the so-called "Spanish Flu", was recently intentionally resurrected by the United States government from a frozen corpse that died of the flu in 1918 in Alaska. Because of that resurrection, both the Avian Flu, and its "vaccine" are now a significant threat to public health.

The Spanish Flu, which was not Spanish at all, was created in the US through an early bioweapons program and injected into healthy young men (i.e., 'soldiers') as the first mandatory vaccination in the military during World War I. The "Spanish Flu", which originated in Kansas on US Military bases, was one of the deadliest pandemics in modern history. It was also one of the most successful biological weapons ever created, until now. Aspartame and Tyson Foods doubts ...

To date, there have only been around 385 human cases of Avian Flu identified worldwide (assuming those identifications are trustworthy, of course), with 243 deaths. To put the absurdity of this effort into perspective, Laibow points out, Sudden Cardiac Death (SCD), which researchers believe is heavily associated with aspartame consumption, is a leading cause of death which, according to the CDC, for example, killed 460,000 Americans in 1999 and the numbers keep rising.
www.cdc.gov/mmwr/preview/mmwrhtml/mm5106a3.htm

But, aspartame is not under criticism. Interesting as a footnote on Aspartame, G.D. Searle, the Chicago drugs company that held the patent on Aspartame was in danger of losing its license from the US Government Food & Drug Administration in the 1980's until Donald Rumsfeld, out of Government, was named President of Searle. Rumsfeld used his contacts in Washington to get the FDA to approve Aspartame despite known tests showing serious health effects on rats.

As I document in detail in my book, Seeds of Destruction: The Hidden Agenda of Genetic Manipulation, the same Don Rumsfeld went on to become chairman and principal stockholder of a California pharmaceutical company, Gilead Sciences Inc., which developed and patented Tamiflu in 1996, first as a drug for AIDS, later as a vaccine for H5N1 Avian Flu. In 1997 Donald H. Rumsfeld was named Chairman of the Board of Gilead Sciences, where he remained until early 2001 when he became Defense Secretary. As Secretary he refused to sell his stock at the time he came under conflict of interest allegations when he ordered $1 billion worth of Tamiflu be bought to injected into the US military personnel as a "precaution." It was later proven that Tamiflu was in no antidote for H5N1 and its side effects were sometimes very severe.

Laibow adds, "Given the shockingly obvious lack of any threat from an un-weaponized H5N1 virus, how can we explain the Bush Administration spending billions of dollars preparing each of the 50 States, for what it calls the 'inevitable Bird Flu pandemic,' which they say could kill half or more of all Americans and similar numbers of people around the globe?".[4]

Ominously, on June 3, Associated Press reported, "Tyson Foods Inc. has begun killing and burying the carcasses of 15,000 hens from a flock that tested positive for exposure to a strain of the bird flu in northwest Arkansas, state officials said Tuesday."

Tyson Foods is the largest industrialized producer of chickens in the world and has been repeatedly under attack for its unsanitary conditions of breeding and slaughtering. In January 2005, a US Government Accountability Office (GAO) report to the US Senate, "Safety in the Meat and Poultry Industry," concluded that US meat and poultry processing plants had "one of the highest rates of injury and illness of any industry." They cited exposure to "dangerous chemicals, blood, faecal matter, exacerbated by poor ventilation and often extreme temperatures. Workers typically faced hazardous conditions, loud noise, must work in narrow confines with sharp tools and dangerous machinery."

The industrialization of chicken-raising and slaughtering in the USA has progressed to the point that by 2003 when the first cases of H5N1 Avian Flu virus were reported from Asia, five giant multinational agribusiness companies dominated the production and processing of chicken meat in the United States. The five companies were Tyson Foods, the largest in the world; Gold Kist Inc; Pilgrim's Pride; ConAgra Poultry; and Perdue Farms.[5] Most outbreaks of Avian Flu in Asia have been traced back to such mass chicken industrial factory centers.[6]

In May this year, The Canadian Press reported from Toronto, "An experiment mating H5N1 avian flu viruses and a strain of human flu in a laboratory produced a surprising number of hybrid viruses that were biologically fit, a new study reveals. And while none of the offspring viruses was as virulent as the original H5N1, about one in five were lethal to mice at low doses, showing they retained at least a portion of the power of their dangerous parent".[7]

The Toronto article went on, "The work suggests that under the right circumstances - and no one is clear what all of those are - the two types of flu viruses could swap genes in a way that might allow the H5N1 virus to acquire the capacity to trigger a pandemic. That process is called reassortment. 'This study is just showing exactly that: There is a risk this virus can successfully reassort with a human virus,' said Richard Webby, director of the World Health Organization's collaborating centre for influenza research at St. Jude Hospital in Memphis, Tennessee".[8]

Pentagon Bioweapon research

Prof. Mathew Meselson, a professor of molecular biology at Harvard, and well-respected scientist in the area of chemical and biological warfare, confirms that the United States government has extensively researched and developed biological weapons in the past. Meselson described an American facility, north of Terre Haute, Indiana, built in 1944 that would have produced 500,000 four pound anthrax bombs monthly once in full operation.

Meselson was part of a team that proved the accidental release of anthrax at a Soviet facility in 1979, disproved charges of biological warfare in Laos and Cambodia in the late 1970s, and was a driving force behind popularizing the Chemical Weapons Convention in 1994.

Since coming in office, the Bush-Cheney Administration has done much to weaken that Chemical Weapons Convention as well as ones on biological weapons. One of George W. Bush's first acts as President in early 2001 was to oppose a proposed international Biological and Toxic Weapons Protocol, without explanation, leading to the death of the talks.

In a 2004 study, the British Medical Association warned that the world was perhaps only a few years away from "terrifying biological weapons capable of killing only people of specific ethnic groups," citing advances in genetic weapons technology. [9]

The US Department of Homeland Security has ominously enough announced it is ordering production and stockpiling of a pandemic influenza vaccine: "The U.S. Government is taking steps to minimize the need to make vaccine allocation decisions by supporting efforts to increase domestic influenza vaccine production capacity. Significant funding is being provided to develop new vaccine technologies that allow production of enough pandemic influenza vaccine for any person in the United States who wants to be vaccinated within six months of a pandemic declaration".[10]

The curious role of Sanofi Pasteur.

The US Government has been financing the development of a vaccine against H5N1 on a "fast track" basis since 2004. Sanofi Pasteur in Swiftwater, Pennsylvania, a subsidiary of the giant French pharmaceutical firm, the third largest in the world, manufactured an inactivated vaccine made from an H5N1 virus isolated in Southeast Asia in 2004. Sanofi Pasteur, part of the French-based Sanofi Aventis Group, was awarded a contract by the US Government's National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), NIAID to manufacture the H5N1 vaccine in May 2004.[11]

In April 2007 the FDA approved the Sanofi Pasteur vaccine for H5N1 even though one year before the FDA cited Sanofi Pasteur for producing contaminated Fluzone vaccines.[12] The FDA approved H5N1 vaccine is itself apparently not really effective in event of a human-to-human outbreak of Avian Flu. On announcing its approval, the FDA stated, "two injections given 28 days apart may provide 'limited' protection if a pandemic occurs. About 45% of people who got the vaccine in a study developed an immune response to the virus".[13]

Until now H5N1 has not mutated into a form that can easily spread from person to person. Is that what the researchers at Sanofi Pasteur and various labs under contract to the US Government are engaged in? If so it would be classified Top Secret, clearly. The respected British magazine, New Scientist, commented, "If H5N1 does mutate, it is unclear if vaccines developed now would still work against a pandemic strain. Manufacturers could tailor a new vaccine to that strain, but current production methods take months".[14]

The magazine noted that research on the Sanofi vaccine was conducted by the National Institutes of Health as part of the US Government's efforts to prepare for a flu pandemic. The salient question is whether they prepare "for a flu pandemic" or whether they prepare a flu pandemic. Why is the US Government spending hundreds of millions of taxpayer dollars to stockpile this H5N1 vaccine which likely would not work against such a pandemic outbreak?

On July 2, 2008, the London Daily Telegraph newspaper reported, “Three Polish doctors and six nurses are facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus”.[15]

The report added that the medical staff, from the northern town of Grudziadz, were being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus. Authorities claim that the alleged victims received €3 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug. The director of a Grudziadz homeless centre, Mieczyslaw Waclawski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight.

The Polish report did not specify if it was the vaccine being developed under contract to the US Government Department of Homeland Security by Sanofi-Pasteur. However, it is known that Sanofi-Pasteur has been producing large quantities of such a vaccine at a factory they have in China.

Dr. Laibow reports that the “Pandemic Avian Flu Vaccine” was scheduled to be delivered to the United States this month by the French vaccine maker, Sanofi Pasteur, from a facility they own in China, where it is being produced. The US Government issued its “Vaccine” allocation plan in July. Laibow fears that a most sinister scenario of a deliberate release of Avian Flu pathogens on the population that could activate martial law and forced vaccination with resulting deaths in the millions could be imminent.

Spanish Flu virus revived by Pentagon.

In 2003 US Army scientists created ‘Spanish Flu’ virus in the laboratory. According to a report at the time by the watchdog group, *The Sunshine Project*, which monitors biological and chemical weapons research of the United States Government issued a statement that “The ‘Spanish Flu’ influenza virus that killed 20-40 million people in 1918 is currently under reconstruction. Several genes of the extraordinarily lethal 1918 flu virus have been isolated and introduced into contemporary flu strains. These proved to be lethal for mice, while virus constructs with genes from a current flu virus types had hardly any effect. These experiments may easily be abused for military purposes, but provide little benefit from a medical or public health point of view.”

They continued, “The 1918 Spanish Flu was highly infectious and – in comparison to contemporary flu viruses – killed a very high percentage of those infected, including many younger people. The Spanish Flu alone caused the medium life expectancy in the US in 1918 to drop by 10 years. Hence, flu viruses are perceived today as a serious biological warfare threat. Just two weeks ago, a 15 million dollar research grant was awarded in the US to develop protective measures especially against a bioterrorist attack with flu viruses.”

The statement added, “Despite the very dangerous nature of the 1918 virus, efforts to reconstruct it started in the mid 1990s, when Dr Jeffrey Taubenberger from the US Armed Forces Institute of Pathology in Washington DC succeeded in recovering and sequencing fragments of the viral RNA from preserved tissues of 1918 victims. In the current issue of the scientific journal Emerging Infectious Diseases new genetic details of the 1918 flu virus will be published.”

Most ominously, they report, “But after (partially) unravelling the genetic sequence of the virus, the scientists went a step further and began bringing the Spanish flu back to life. Unnoticed by the public, they succeeded in creating a live virus containing two 1918 genes that proved to be very lethal in animal experiments. This experiment is only one genetic step away from taking the 1918 demon entirely out of the bottle”.[16]

They conclude, “A resuscitation of the Spanish flu is neither necessary nor warranted from a public health point of view. Allegedly, the recent experiments sought to test the efficacy of existing antiviral drugs on the 1918 construct. But there is little need for antiviral drugs against the 1918

strain if the 1918 strain had not been recreated in the first place. 'It simply does not make any scientific sense to create a new threat just to develop new countermeasures against it.' says Jan van Aken, biologist with the Sunshine Project, 'Genetic characterization of influenza strains has important biomedical applications. But it is not justifiable to recreate this particularly dangerous eradicated strain that could wreak havoc if released, deliberately or accidentally'."[17]

Let us sincerely hope not, but as Prof. Stephen Block, Stanford University biophysicist with years of experience in classified Pentagon and US Government biological research remarked in another context, "We're tempted to say that nobody in their right mind would ever use these things." Block added, "But not everybody is in their right mind…".[18] Sanofi Pasteur delivers H5N1 vaccine

On April 28 of this year in an official Press Release from Sanofi Pasteur US headquarters in Swiftwater, Pennsylvania and Lyon, France, the company stated, "Sanofi Pasteur, the vaccines division of Sanofi-Aventis Group, announced today that the US Department of Health and Human Services (HHS) has accepted H5N1 bulk vaccine antigen to produce approximately 38.5 million doses of vaccine to protect against a new strain of avian influenza. Sanofi Pasteur has a multi-year contract with HHS as part of its pandemic program, and will receive a payment of $192.5 million booked in the second quarter of 2008 for acceptance of the bulk vaccine lot".[19]

Then, on June 16 of this year, Sanofi Pasteur issued the following release announcing that it will, "donate 60 million doses of H5N1 vaccine to the World Health Organization (WHO) over 3 years for the establishment of an H5N1 vaccine global stockpile."

The President and CEO of Sanofi Pasteur, Wayne Pisano, said in the release, "The H5N1 virus is currently circulating in some of the poorest regions of the world and an outbreak of pandemic influenza would most likely hit populations living in areas with limited access to vaccines. This donation of H5N1 vaccine aims to address the needs of those most vulnerable populations. In addition to supporting the efforts of governments," Pisano added, "it is essential that industry collaborates with international organizations such as WHO, the Bill and Melinda Gates Foundation and other global health players. This is the best way to build a stockpile of vaccines for developing nations, ready to be deployed on the ground in the event of a pandemic flu outbreak".[20]

The Bill and Melinda Gates Foundation, in addition to being a financial supporter of the so-called Doomsday Seed Vault in the Arctic, has dedicated its foundation billions to support population control especially inAfrica. Among other projects they, as well as the Rockefeller Foundation, are financing The Alliance for a Green Revolution in Africa, whose head is former UN Secretary General Kofi Annan.[21]

As the world's leading influenza vaccine manufacturer, Sanofi Pasteur produces approximately half of the influenza vaccine distributed worldwide. In the US it produced more than 40 percent of the influenza vaccine distributed for the 2007-2008 influenza season. The fact that the US Government has revived the 1918 Spanish Flu virus to make "tests" indicates that anything is possible. There are in this world some people not in their "right mind." God forbid if it is so in this instance.

Notes

1. Alfred W. Crosby, America's Forgotten Pandemic: The Influenza of 1918, Cambridge, Cambridge University Press, 1989, pp.207-8. The Spanish Influenza was unusual in that it struck infants as well as elderly. Crosby described its effects: "a disease that turned people the color of wet ashes and drowned them in the fluids of their own bodies and inspired names like the 'purple death.'
2. Rima E. Laibow, M.D., Weaponized Avian Flu Intelligence Report, in http://www.healthfreedomusa.org/?p=742
3. Ibid.
4. Ibid.
5. F. William Engdahl, Saat der Zerstörung: Die dunkle Seite der Gen-Manipulation, Kopp Verlag, Rottenburg am Neckar,2007, pp. 269-271.
6. Grain, Fowl Play: The Poultry Industry's Central Role in the Bird Flu Crisis,http://www.grain.org/go/birdflu, February 2006. In their report they note, "The transformation of poultry production in Asia in recent decades is

staggering. In the Southeast Asian countries where most of the bird flu outbreaks are concentrated –Thailand, Indonesia, and Viet Nam–production jumped eightfold in just 30 years, from around 300,000 metric tonnes (mt) of chicken meat in 1971 to 2,440,000 mt in 2001. China's production of chicken tripled during the 1990s to over 9 million metric tons per year." (Cited in Engdahl, Op. Cit., p. 288.).

7. As well, a report by a Canadian organization, Beyond Factory Farming, described the transmission likely pathways from the giant industrialized chicken centers: 'In Thailand, China and Vietnam there is a highly developed industrial poultry industry which has expanded dramatically in the past decade. The large poultry companies raise millions of birds, hatch chicks to supply other intensive poultry operations, export live birds and eggs to countries such as Nigeria (where the first Highly Pathogenic Avian Influenza outbreak in Africa was recently reported) and produce and export feed which often includes "litter" (i.e., manure) in the ingredients. […]

'Manure that may contain live virus is spread on surrounding farmland, or exported as fertilizer, and through run-off may end up in surface waters where wild birds feed and rest. Chicken manure is even found in fish farm feed formulations where it is introduced directly into the aquatic environment. Wild birds and poultry that have fallen victim to HPAI in Asia, Turkey and Nigeria appear to have been directly exposed to HPAI virus originating in the factory farm system. In Asia, a flock of wild ducks died from HPAI – after having come into contact with the disease at a remote lake where a fish farm used feed pellets made from poultry litter from a factory farm. In Turkey a massive cull of backyard flocks – and the deaths of three children – took place after a nearby factory farm sold sick and dying birds to local peasants at cut rate prices. Nigeria has a large and poorly regulated factory poultry production sector which is supplied with chicks from factory farms in China.' (Engdahl, Op. Cit., p. 289)

8. Study shows hybrids of bird flu and human flu viruses fit well, could occur, The Canadian Press, Toronto, undated. May 2008. Ibid. (?)

9. F. William Engdahl, Op. Cit., pp. 262-263.

10. United States Department of Homeland Security, Health & Human Services Department, Guidance on Allocating and Targeting Pandemic Influenza Vaccine, p. 2, accessed in http://www.pandemicflu.gov/vaccine/allocationguidance.pdf.

11. NIH News, NIAID Initiates Trial of Experimental Avian Flu Vaccine, Washington, D.C., March 23, 2005, accessed in http://www3.niaid.nih.gov/news/newsreleases/2005/avianfluvax.htm.

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13. The New Scientist, US Approves First Bird Flu Vaccine for People, 17 April, 2007, accessed at http://www.newscientist.com/channel/health/bird-flu/dn11626-us-approves-first-bird-flu-vaccine-for-people.html

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16. The Sunshine Project, Lethal Virus from 1918 Genetically Reconstructed: US Army scientists create 'Spanish Flu' virus in laboratory – medical benefit questionable, 9 October 2003, accessed at http://www.sunshine-project.org/publications/pr/pr091003.html.

17. Ibid.

18. Cited in F. William Engdahl, Op. Cit., p. 277.

19. Press Release of Sanofi Pasteur, U.S. Government accepts $192 million of sanofi pasteur H5N1 bulk vaccine antigen for pandemic stockpile: Vaccine for new strain of virus broadens government readiness program, April 28, 2008, accessed at http://198.73.159.214/sanofi-pasteur2/ImageServlet?imageCode=22971&siteCode=SP_CORP

20. Press Release of Sanofi Pasteur, Sanofi Pasteur to donate 60 million doses of H5N1 vaccine to WHO over 3 years for its influenza vaccine global stockpile, June 16, 2008, accessed at http://198.73.159.214/sanofi-pasteur2/ImageServlet?imageCode=22987&siteCode=SP_CORP.

21. William Engdahl, 'Doomsday Seed Vault' in the Arctic: Bill Gates, Rockefeller and the GMO giants know something we don't, in Global Research, December 4, 2007, accessed in http://www.globalresearch.ca/index.php?context=va&aid=7529

the same text but without references =>

F. W. Engdahl

The Pentagon's alarming project: Avian Flu Biowar Vaccine

Jeff Rense, 14 August 2008

https://rense.com/general83/weap.htm

USA Today

Robin McDowell

US controls bird flu vaccines over bioweapon fears

USA Today/Associated Press, 11 October 2008
https://usatoday30.usatoday.com/news/world/2008-10-11-3349819523_x.htm

Jakarta, Indonesia – When Indonesia's health minister stopped sending bird flu viruses to a research laboratory in the U.S. for fear Washington could use them to make biological weapons, Defense Secretary Robert Gates laughed and called it "the nuttiest thing" he'd ever heard.

Yet deep inside an 86-page supplement to United States export regulations is a single sentence that bars U.S. exports of vaccines for avian bird flu and dozens of other viruses to five countries designated "state sponsors of terrorism."

The reason: Fear that they will be used for biological warfare.

Under this little-known policy, North Korea, Iran, Cuba, Syria and Sudan may not get the vaccines unless they apply for special export licenses, which would be given or refused according to the discretion and timing of the U.S. Three of those nations – Iran, Cuba and Sudan – also are subject to a ban on all human pandemic influenza vaccines as part of a general U.S. embargo.

The regulations, which cover vaccines for everything from Dengue fever to the Ebola virus, have raised concern within the medical and scientific communities. Although they were quietly put in place more than a decade ago, they could now be more relevant because of recent concerns about bird flu. Officials from the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention said they were not even aware of the policies until contacted by The Associated Press last month and privately expressed alarm.

They make "no scientific sense," said Peter Palese, chairman of the microbiology department at Mount Sinai School of Medicine in New York. He said the bird flu vaccine, for example, can be used to contain outbreaks in poultry before they mutate to a form spread more easily between people.

"The more vaccines out there, the better," he said. "It's a matter of protecting ourselves, really, so the bird flu virus doesn't take hold in these countries and spread."

U.S. Commerce Assistant Secretary Christopher Wall declined to elaborate on the precise threat posed by vaccines for chickens infected with avian influenza, except to say there are "valid security concerns" that they "do not fall into the wrong hands."

"Legitimate public health and scientific research is not adversely affected by these controls," he said.

But some experts say the idea of using vaccines for bioweapons is far-fetched, and that in a health emergency, it is unclear how quickly authorities could cut through the current red tape to get the vaccines distributed.

Under normal circumstances it would take at least six weeks to approve export licenses for any vaccine on the list, said Thomas Monath, who formerly headed a CIA advisory group on ways to counter biological attacks. All such decisions would follow negotiations at a "very high level" of government.

That could makes it harder to contain an outbreak of bird flu among chickens in, say, North Korea, which is in the region hardest hit by the virus. Sudan and Iran already have recorded cases of the virus in poultry and Syria is surrounded by affected countries. Cuba, like all nations, is vulnerable because the disease is delivered by migratory birds.

Kumanan Wilson, whose research at the University of Toronto focuses on policymaking in areas of health protection, said it would be ironic if the bird flu virus morphed into a more dangerous form in one of those countries.

"That would pose a much graver threat to the public than the theoretical risk that the vaccine could be used for biological warfare," he said.

The danger of biological warfare use depends on the specific virus or bacteria. But most experts agree that bird flu vaccines cannot be genetically altered to create weapons because they contain an inactivated virus that cannot be resuscitated.

It's also unlikely they would be used to create a resistant strain of the virus as part of efforts to wreak havoc within global poultry stocks. If enemy states wanted to do that, they could make their own vaccines or turn to a less hostile country like China, said Ian Ramshaw, an expert on vaccine immunology and biosecurity at The Australian National University in Canberra.

"I can think of no scientific reason how a terrorist organization could use such a vaccine for malicious intent," he said. "I personally think it's a rather silly attitude and the U.S. is probably going overboard as it has in the past with many of its bioterrorism initiatives."

Meanwhile, bioethicists say limiting vaccines could also raise moral questions of whether some countries should be denied because of decisions based on foreign policy. They said the export controls appear inconsistent, as Libya, Iraq and two dozen other countries suspected by the U.S. of having biological weapons programs do not face restrictions on the export of poultry vaccines.

"If there really is a serious threat, to be consistent we'd have to more heavily regulate who has access to the vaccine," said Michael Selgelid, who co-authored the book "Ethical and Philosophical Consideration of the Dual Use Dilemma in the Biological Sciences."

"There are malevolent actors in the U.S. just like there might be in all these other countries," he said.

The policies were initially put in place amid biosecurity fears in the mid-1990s and then bolstered after the Sept. 11, 2001 attacks and subsequent anthrax letter mailings. The vaccines are among a long list of other items barred to rogue states over fears they could be used to make weapons of mass destruction, from technology and chemicals to dangerous pathogens.

Bird flu has killed more than 240 people across the world since 2003, nearly half of them in Indonesia.

Indonesia's health minister Siti Fadilah Supari first drew widespread attention when she boycotted the World Health Organization's 50-year-old virus sharing system last year, saying pharmaceutical companies were using viruses from developing nations without their knowledge to make expensive vaccines. She has since called for the creation of a global stockpile of drugs or other forms of benefit-sharing.

World Health Organization

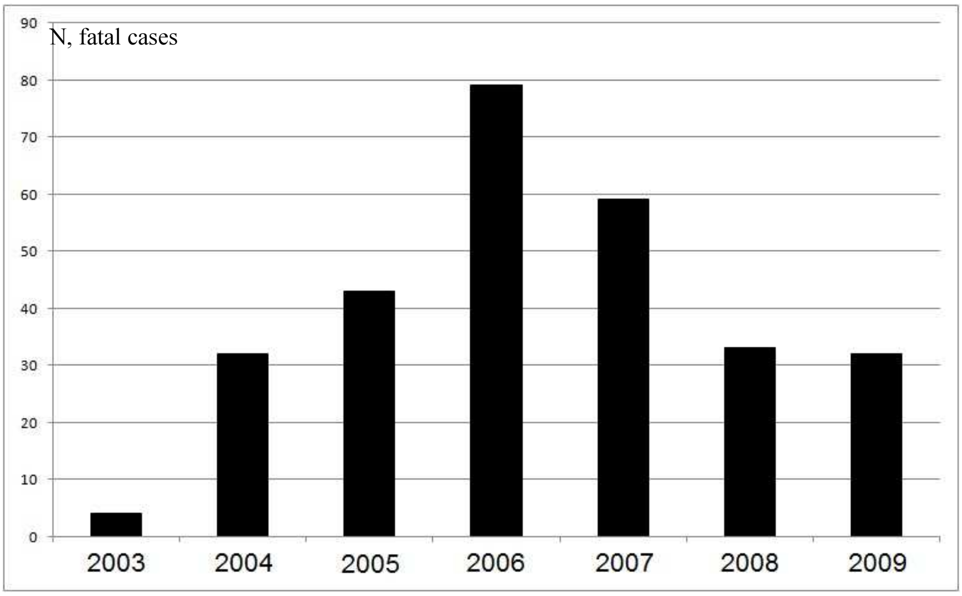
Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2003-2021

Geneva, WHO, 15 April 2021

https://www.who.int/publications/m/item/cumulative-number-of-confirmed-human-cases-for-avian-influenza-a(h5n1)-reported-to-who-2003-2021-15-april-2021

Country	2003		2004		2005		2006		2007		2008		2009	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	0	0
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Cambodia	0	0	0	0	4	4	2	2	1	1	1	0	1	0
China	1	1	0	0	8	5	13	8	5	3	4	4	7	4
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Egypt	0	0	0	0	0	0	18	10	25	9	8	4	39	4
Indonesia	0	0	0	0	20	13	55	45	42	37	24	20	21	19
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	0	0
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	0	0
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	0	0
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	0	0
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	0	0
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	0	0
Viet Nam	3	3	29	20	61	19	0	0	8	5	6	5	5	5
Total	**4**	**4**	**46**	**32**	**98**	**43**	**115**	**79**	**88**	**59**	**44**	**33**	**73**	**32**

Table 2 of the WHO documrent includes the years 2003 - 2009



The dynamics of the fatal cases is presented in the form of columns

CTV NEWS

(Hellen Branswell)

Researchers ponder future of bird flu

CTV News (The Canadian Press), 1 January 2009, 6:05 PM ET
https://web.archive.org/web/20090104045913/https://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20090101/bird_flu_090101/20090101?hub=Health

Toronto – Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

After cutting an ever-widening swath through poultry flocks and infecting – and killing – mounting numbers of people in Asia, the Middle East and Africa, the virus seemed to almost take a breather in 2008. The year that just ended saw fewer recorded human cases than any since 2003, when this cycle of H5N1 activity began.

It raises the question: Is H5N1 on the wane?

Sadly, science knows too little about how flu viruses emerge, spread and jump – or don't jump – from one species to the next to answer that question. Given the knowledge gap, influenza scientists are still pushing for pandemic preparedness.

"Whether or not H5N1 virus is going to cause a human pandemic, nobody can predict that," says Dr. Tim Uyeki, deputy chief of influenza surveillance and prevention for the U.S. Centers for Disease Control.

"I believe it's still a threat. But it's not the only threat," he adds, noting a two-month-old Chinese girl was hospitalized in Hong Kong in late December with an H9N2 avian flu infection.

Whatever the uncertainty about H5N1, one thing is clear. A fog of exhaustion has settled over the influenza science community as well as the public health officials who have been slaving over pandemic plans. A healthy portion of the broader public is probably sick to death of the subject too.

"I think flu fatigue is certainly a phrase which is thrown around a fair amount in the past several months or past year or so," admits Dr. Keiji Fukuda, head of the World Health Organization's global influenza program.

"In stepping back after going through three or four years of working really hard, I think that there is a genuine sense of `Wow! We have been pushing so hard and we are tired of that.'"

Fukuda says the fear associated with the initial re-emergence of H5N1 – which infected 18 people and killed six in 1997 in its first known foray into humans – fuelled an urgent drive to prepare for what was feared to be an emerging pandemic.

"There was truly a sense that we simply do not understand what this virus is going to do and it could just change at any moment into something. And I think that that really drove people to work incredibly hard," Fukuda says.

But as time as gone on, it has become apparent the virus isn't working on a discernible timetable.

After a peak of 115 human cases and 79 deaths in nine countries in 2006, human infections declined to 88 cases and 59 deaths in 2007. In 2008, only 40 human cases and 30 deaths were reported, from six countries.

Experts can only guess at why that is, and whether it signals a long-term change or is merely a short-term blip.

"It could be just a cyclical thing," says Dr. Maria Zambon, head of the respiratory viruses unit of Britain's Health Protection Agency. "I would be cautious, I think about … inferring long-term trends from actually reasonably limited data."

Zambon notes that for years, in the recent past, two separate families of influenza B viruses had circulated concurrently in Southeast Asia. The phenomenon was only seen in Southeast Asia; in the rest of the world, only one of the lineages of B viruses spread and caused infections.

And then after the better part of a decade, the second lineage of B viruses broke free and started spreading all over. Scientists don't know why it took so long to happen or what the tipping point was.

"So, my general point is flu is highly mutable," Zambon says. "It does all sorts of unpredictable things. And I just think it's something that one should not underestimate."

Some pathogens do work in waves or cycles, says Dr. Michael Osterholm, head of the University of Minnesota's Center for Infectious Disease Research and Prevention.

So it is technically possible that a primary wave has worked its way through bird populations and the viruses now circulating are less likely to infect humans or cause detectable human cases if they do.

Osterholm is quick to add, though, that he's seen no evidence to support that kind of change, which typically happens over a longer period of time.

"People want to play this out on a year-to-year basis. And unfortunately, this is going to be a many-year-to-many-year basis kind of evaluation," he warns.

Fukuda says studies haven't shown that the virus has fundamentally changed, so the best guess is that the reason for the decline in cases probably rests with human behaviour. Efforts to eradicate infected poultry have improved, and countries that use poultry vaccine may be lowering the number of times people come in contact with the viruses as a result.

As well, affected countries have made strides at educating the public about the risk of contact with sick and dying poultry, he says, though poor people are probably still putting the carcasses of infected birds into the pot, rather than the pyre.

Uyeki suggests other possibilities.

As the problem has seemed to wane, so has attention on it. That could be translating into more lax surveillance for new cases. Doctors could be less likely to suspect and test for H5N1 infection, attributing illness to myriad other potential causes.

And the virus has divided up into many different lines or "clades" and "sub-clades," a development that creates challenges for testing, he notes. If the sample genetic material laboratories used to look for viruses is out of date, a test that should be positive could come back negative.

As the scientists watch and wonder, public health is struggling with its own questions.

"I think really the question for a lot of them is whether enough has been done, whether such sustained effort is needed," Fukuda admits. "They know that work has to continue and they are not certain at what level it needs to continue."

It's clear the threat of a flu pandemic, caused by H5N1, or H9N2 or one of a multitude of other influenza viruses, remains. It's clear the preparatory work is not finished. But it's also clear there are a vast number of other health problems competing for funding in highly challenging economic times.

It is a concern, Fukuda admits.

"These are really long-term building efforts," he says of efforts to prepare the world to weather the next pandemic.

"And if we begin to withdraw our attention and move our attention to something else which is completely different, then we really stand to lose a lot of the work which has been built up over the past four years."

"To do this over and over again is truly … it's like being Sisyphus," he says, referring to the Greek myth of a figure condemned to a task that can never be completed.

=> the next text is a shortened version of the story published in CTV News

THE GLOBE AND MAIL

Hellen Branswell

'Flu fatigue' sets in among scientists after global spread of virus slows

The Globe and Mail (The Canadian Press), 1 January 2009
https://www.theglobeandmail.com/news/national/flu-fatigue-sets-in-among-scientists-after-global-spread-of-virus-slows/article1145766/

Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

After cutting an ever-widening swath through poultry flocks and infecting - and killing - mounting numbers of people in Asia, the Middle East and Africa, the virus seemed almost to take a breather in 2008. The year that just ended saw fewer recorded human cases than any since 2003, when this cycle of H5N1 activity began. It raises the question: Is H5N1 on the wane?

Sadly, science knows too little about how flu viruses emerge, spread and jump - or don't jump - from one species to the next to answer that question. Given the knowledge gap, scientists are still pushing for pandemic preparedness.

"Whether or not H5N1 virus is going to cause a human pandemic - nobody can predict that," says Tim Uyeki, deputy chief of influenza surveillance and prevention for the U.S. Centers for Disease Control.

"I believe it's still a threat. But it's not the only threat," he adds, noting a two-month-old Chinese girl was hospitalized in Hong Kong last month with an H9N2 avian flu infection.

Whatever the uncertainty about H5N1, one thing is clear. A fog of exhaustion has settled over the influenza science community as well as the public health officials who have been slaving over pandemic plans. A healthy portion of the broader public is probably sick to death of the subject, too.

"I think flu fatigue is certainly a phrase which is thrown around a fair amount in the past several months or past year or so," admits Keiji Fukuda, head of the World Health Organization's global influenza program. "In stepping back after going through three or four years of working really hard, I think that there is a genuine sense of 'Wow! We have been pushing so hard and we are tired of that'."

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It's clear the threat of a flu pandemic - caused by H5N1 or H9N2 or one of a multitude of other influenza viruses - remains. But it's also clear there are a vast number of other health problems competing for funding in highly challenging economic times.

It is a concern, Dr. Fukuda admits. "If we begin to withdraw our attention and move our attention to something else which is completely different, then we really stand to lose a lot of the work which has been built up over the past four years. To do this over and over again is truly ... it's like being Sisyphus," he says, referring to the Greek myth of a man condemned to a task that can never be completed.

CBC

Hellen Branswell

Whatever happened to avian flu?

CBC News (The Canadian Press), 2 January 2009, 10:28 AM EST
https://www.cbc.ca/news/science/whatever-happened-to-avian-flu-1.818411

Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

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... the same text as published in CTV.ca ...

=> there is a shortened version of the initial text

THE HAMILTON SPECTATOR

(Hellen Branswell)

Bird flu virus keeps scientists guessing

The Hamilton Spectator, 2 January 2009
https://www.thespec.com/news/canada/2009/01/02/bird-flu-virus-keeps-scientists-guessing.html

Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

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...

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DNN

Stephanie Backus

Scientists say pandemic is certain:
Expert panel tells emergency managers
it's just a matter of when the avian flu will spark a pandemic

– Disaster News, Washington, DC. 7 March 2009
https://web.archive.org/web/20090311064921/http://www.disasternews.net/news/article.php?articleid=3856

It was 1999 and the world was buzzing with talk of Y2K. Banks were unsure if their computers would crash at midnight on New Years Eve or if they would switch over like nothing happened. People were stockpiling emergency items with fear the world would go back to prehistoric times. Then at midnight on December 31, the world paused, and took a collective sigh of relief. There were few glitches and many people started laughing at everyone who said it was going to be a big deal – at everyone who made emergency preparations for the event.

Now, scroll forward 10 years, and part of the world is once again preparing for a different kind of disaster – a pandemic. A pandemic is a disease that spreads across a major geographical region including an entire country or countries.

Many scientists are now sure that a version of H5N1, or the avian flu, will cause a pandemic in the future. While speaking to health officials at the National Emergency Management Summit Thursday, several experts said the issue was no longer an "if" issue, it was now "when." Without knowing when a pandemic will hit, many hospitals and the government are doing what they can to try to prepare the U.S. for the event.

"In 2005 then President George Bush announced a national startegy for pandemic influenza," said Dr. Robin Robinson, senior project officer of the Public Health Emergency Preparedness Office of the U.S. Department of Health and Human Services. "It was a pandemic influenza implementation plan."

Robinson has been partly responsible for making sure the U.S. is ready such an event. He said the plan initially had several parts, including the ability to make an influenza vaccine available for 20 million people who are at high risk for getting the H5N1 flu or are essential in a time of national emergency.

"We also wanted to make sure we could have everyone in the U.S. vaccinated within six months of the pandemic declaration," Robinson said.

Initially the plan was to have the ability to do that by 2011. Robinson said the government has the capability today to get everyone vaccinated in six months. By 2011, he said that time frame could be down to a month. According to Robinson, the government looked long and hard for enough vaccine to accomplish this goal.

"We actually found on the black market a season of influenza vaccine priced between $400 and $600," he said, noting the price of a normal vaccine is less than $20. "Imagine when everyone is scared and will want something."

Robinson said the government has also prepared to be able to provide antiviral drugs to 25 percent of the population, once the pandemic hits.

"We also wanted to provide drug stockpiles for strategic limited containment at the onset of the pandemic," he said.

All the preparations could wear some down, though, according to P.J. Havice-Cover, a mental health professional and program coordinator for the state of Colorado.

"With a flash bang event like the Oklahoma City bombings or 9/11, we spend a lot of energy planning," said Havice-Cover. "But this is a slow burn of a public health event because you have a protracted response that lasts a whole lot longer. It wears people down."

Havice-Cover said we are over-warned in our lives and that causes a numbness to warnings for major events like a pandemic.

"When you tell people to listen to warnings, they don't listen," she said. "There are warning labels on everything. We've heard the warnings over and over and over again, that we've become deaf to them. Ignoring the warning has become an art."

Havice-Cover said once the pandemic comes, people will likely shrug their shoulders when they are told to prepare for it, until there is nothing left with which to prepare. She said once store shelves are empty or the pandemic hits close to home, people will start listening.

"There is so much information coming at us, we don't know the seriousness of an event. You are going to get no action from the public when the pandemic hits," she said. "It's the primal shrug – the attitude of 'so what,' until we get to the tipping point and they realize what it means. It's when they go to the ER and they can't get in, or they go to a mobile triage site and they are told to go home. That is when they'll start to realize."

Havice-Cover stressed the importance of preparing mentally for a pandemic. She said people will go through several stages, including depression and anger.

"Grief and loss is a certainty in planning for the pandemic," she said. "You can respect and normalize people's grieving processes by giving them updates on progress. Don't just ignore the losses. If you're in a position to inform the public, talk about it. Community memorial services are very important."

She said it was also important to be prepared to be quarantined for months at a time. She said stockpiling food was important, but there was another aspect to that preparation.

"It's important to be prepared to entertain children for long periods of time. We've become a society that works, so some may need that preparation. We also need to be teaching kids how to cover your cough and the importance of handwashing as well as how long and the best way to wash hands," she said.

Quarantine could be an important part of the fight against a pandemic.

"When you're talking to people, voice your appreciation for those in quarantine. Talk about how they're hometown heroes and doing waht they need to be doing in order to protect the community," said Havice-Cover.

According to Havice-Cover, eventually the pandemic will subside, but it is important not to expect life to begin quickly again.

"Once the community is allowed to return to normal activities, some people are going to do that, but some are going to be very cautious. These are both very normal responses.

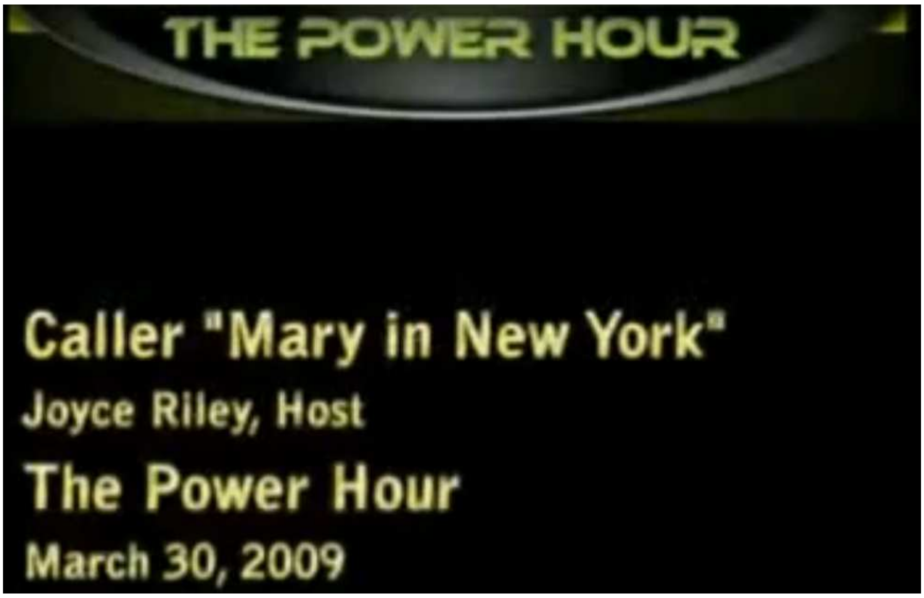
But Havice-Cover was confident people would get through the pandemic.

"Resillience and change is a given; challenges help us grow.

Jopyce Riley

Caller "Mary in New York"

The Power Hour/Youtube, 30 March 2009
https://web.archive.org/web/20100716012254/http://www.youtube.com/watch?v=sIVI5g2y-XQ



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REUTERS

Maggie Fox

U.S. Regulator Approves Rapid Test for Bird Flu

Reuters, 7 April 2009, 6:21pm EDT
https://www.reuters.com/article/americasRegulatoryNews/idUSN0749228120090407

Washington, April 7 (Reuters) – The U.S. Food and Drug Administration said on Tuesday it had approved a fast test for H5N1 bird flu that can show in less than an hour if people are infected.

The test, made by Sunnyvale, California-based Arbor Vita Corporation, should greatly speed up diagnosis and treatment of people infected with avian influenza, the FDA said. Most current tests take hours.

"This test is an important tool to help quickly identify emerging influenza A/H5N1 infections and reduce exposure to large populations," said Dr. Daniel Schultz, director of the FDA's Center for Devices and Radiological Health.

"The clearance of this test represents a major step toward protecting the public from the threat of pandemic flu."

H5N1 mostly affects birds, but it occasionally infects people and is deadly when it does. The World Health Organization says 413 people have been infected and 256 have died in 15 countries since 2003.

Quick treatment with Riche AG (ROG.VX) and Gilead Sciences Inc's (GILD.O) drug Tamiflu can help save lives but usually people are not diagnosed right away.

"The test, called AVantage A/H5N1 Flu Test, detects influenza A/H5N1 in throat or nose swabs collected from patients who have flu-like symptoms," the FDA said in a statement.

"The test identifies in less than 40 minutes a specific protein (NS1) that indicates the presence of the influenza A/H5N1 virus subtype. Previous tests cleared by the FDA to detect this influenza A virus subtype can take three or four hours to produce results."

Experts fear H5N1 could mutate into a form that spreads easily from person to person. If it did, it would cause a pandemic that could kill millions and devastate economies. Governments are trying to prepare for such an epidemic by stockpiling drugs, vaccines and diagnostic tests. (Reporting by Maggie Fox; editing by Chris Wilson)

KM.RU ЗДОРОВЬЕ

Максим Кошмарчук

Вирус "птичьего гриппа" не представляет опасности для людей - эксперт

РИА, 28 апреля 2009, 21:40
https://ria.ru/20090428/169496007.html
https://www.km.ru/news/ptichij_gripp_bolshe_ne_opasen_d

"Ситуация с H5N1 (вирус гриппа птиц) неактуальна сегодня. Он (вирус) другой уже, он уже не способен убить человека, не способен ввергаться в организм человека", - сказал Дроздов на пресс-конференции в Новосибирске во вторник.

Новосибирск, 28 апр - РИА Новости, Максим Кошмарчук. Вирус "птичьего гриппа", который начал активно распространяться с 2003 года и привел к гибели людей в разных странах, сегодня уже не представляет опасности для человека, сообщил глава Государственного научного центра вирусологии и биотехнологии (ГНЦ ВБ) "Вектор", занимающегося глобальным противостоянием биологическим угрозам, Илья Дроздов.

"Ситуация с H5N1 (вирус гриппа птиц) неактуальна сегодня. Он (вирус) другой уже, он уже не способен убить человека, не способен ввергаться в организм человека", - сказал Дроздов на пресс-конференции в Новосибирске во вторник.

По его словам, вирус изменился и мутировал.

"Имеются материальные зримые предпосылки к тому, чтобы считать, что H5N1 на какое-то время ушел из зоны актуальности, хотя он по-прежнему выделяется на рынках в Гонконге, и это нормальное событие", - сообщил Дроздов.

По данным Всемирной организации здравоохранения (ВОЗ), с 2003 года вирусом H5N1 заразились 389 человек в 15 странах мира, причем два из трех случаев болезни (246 из общего числа) - закончились смертью. Большинство случаев заражения происходили при прямом контакте с инфицированными птицами.

На территории России первые сообщения о массовой гибели гусей и кур появились 21 июля 2005 года в деревне Суздалка под Новосибирском. Ключевую роль в распространении инфекции играли перелетные птицы.

ГНЦ ВБ "Вектор", который расположен в Новосибирской области и считается одним из крупнейших в России научных вирусологических и биотехнологических центров, является национальным российским центром мониторинга птичьего гриппа. На базе центра создана национальная лаборатория по работе с особо опасными, высокопатогенными вирусами гриппа.

Активно распространяющийся с 2003 года вирус «птичьего гриппа» сегодня уже не представляет опасности для человека. Об этом, по данным РИА Новости, сообщил глава Государственного научного центра вирусологии и биотехнологии (ГНЦ ВБ) «Вектор», занимающегося глобальным противостоянием биологическим угрозам, Илья Дроздов.

AMERICAN SOCIETY FOR MICROBIOLOGY | Journal of Virology

Sara Jackson, Neal Van Hoeven, Li-Mei Chen, Taronna R. Maines, Nancy J. Cox, Jacqueline M. Katz, Ruben O. Donis

Reassortment between Avian H5N1 and Human H3N2 Influenza Viruses in Ferrets: a Public Health Risk Assessment

Journal of Virology, August 2009, 83 (16): 8131-8140
doi:10.1128/JVI.00534-09

This study investigated whether transmissible H5 subtype human-avian reassortant viruses could be generated in vivo. To this end, ferrets were coinfected with recent avian H5N1 (A/Thailand/16/04) and human H3N2 (A/Wyoming/3/03) viruses.

Genotype analyses of plaque-purified viruses from nasal secretions of coinfected ferrets revealed that approximately 9% of recovered viruses contained genes from both progenitor viruses.

H5 and H3 subtype viruses, including reassortants, were found in airways extending toward and in the upper respiratory tract of ferrets. However, only parental H5N1 genotype viruses were found in lung tissue.

Approximately 34% of the recovered reassortant viruses possessed the H5 hemagglutinin (HA) gene, with five unique H5 subtypes recovered.

These H5 reassortants were selected for further studies to examine their growth and transmissibility characteristics.

Five H5 viruses with representative reassortant genotypes showed reduced titers in nasal secretions of infected ferrets compared to the parental H5N1 virus.

No transmission by direct contact between infected and naïve ferrets was observed. These studies indicate that reassortment between H5N1 avian influenza and H3N2 human viruses occurred readily in vivo and furthermore that reassortment between these two viral subtypes is likely to occur in ferret upper airways.

Given the relatively high incidence of reassortant viruses from tissues of the ferret upper airway, it is reasonable to conclude that continued exposure of humans and animals to H5N1 alongside seasonal influenza viruses increases the risk of generating H5 subtype reassortant viruses that may be shed from upper airway secretions.

WORLD HEALTH ORGANIZATION
Regional Office for the Western Pacific

Avian influenza remains a global threat, says WHO

WPRO, 24 November 2009
https://web.archive.org/web/20091126035021/http://www.wpro.who.int/media_centre/press_releases/pr_20091124.htm

Manila, 24 November 2009 – The World Health Organization (WHO) warned today that newly confirmed cases of avian influenza or A(H5N1) in poultry in Egypt, Indonesia, Thailand and Viet Nam were a reminder that the virus continues to pose a threat to humans.

The presence of H5N1 in poultry poses a health risk in two ways. First, it places those in direct contact with birds – usually rural folk and farm workers – at risk of catching the often-fatal disease. Second, the virus could undergo a process of "reassortment" with another influenza virus and produce a completely new strain.

The most obvious risk is of H5N1 combining with the pandemic influenza A(H1N1) 2009 virus, producing a flu virus that is as deadly as the former and as contagious as the latter. "We don't know if this is possible, but we are certainly aware of the risk," said Dr Shin Young-soo, WHO Regional Director for the Western Pacific. "We are on alert for this development."

Reassortment occurs when the genes of two or more types of influenza virus mix in a host animal – often a pig, duck or chicken – and form an entirely new strain of the virus that is new to humans.

In April, after the reassortment of avian, swine and human strains of influenza in pigs in Mexico, a novel influenza virus - the pandemic influenza A(H1N1) 2009 virus – emerged in humans. This virus spread quickly around the world and has probably infected millions of people, killing thousands.

"Influenza viruses are unpredictable," Dr Shin said. "In areas where A(H1N1) is endemic, we and our partners and national governments are working to build surveillance systems to identify changes in the behaviour of the virus. We are also focusing on early-response capacity to reduce the potential threats to human health."

Since 2003, outbreaks of A(H5N1) have been reported in poultry flocks in 60 countries in Asia, Europe and North Africa. The virus is now considered endemic in Egypt, Indonesia and Viet Nam.

=>

WHO issues "Warning" about Bird Flu and Swine Flu combining to create "Deadly" virus

The Flu Case, 25 November 2009, 12:19
https://web.archive.org/web/20100102040414/http://theflucase.com/index.php?option=com_content&view=article&id=2063%3Awho-issues-qwarningq-about-bird-flu-and-swine-flu-combining-to-create-qdeadlyq-virus&catid=1%3Alatest-news&Itemid=64&lang=en

WHO has issued a statement warning that the bird flu, which has made a mysterious appearance in Egypt, Indonesia and elsewhere, might combine with the swine flu to produce a "deadly" and "contagious" disease, omitting to mention that both the bird flu and the H1N1 viruses only exist because they were engineered in US bioweapons labs with the help and funding of WHO and are being spread primarily by vaccines mandated by WHO.

"The most obvious risk is of H5N1 combining with the pandemic influenza A(H1N1) 2009 virus, producing a flu virus that is as deadly as the former and as contagious as the latter. "We don't know if this is possible, but we are certainly aware of the risk," said Dr Shin Young-soo, WHO Regional Director for the Western Pacific. "We are on alert for this development."

The San Diego Union-Tribune

Indonesia Reports 15 New Bird Flu Deaths in 2009

The San Dego Union-Tribune, 6 January 2010, 5:07 AM PST
https://www.sandiegouniontribune.com/2010/01/06/indonesia-reports-15-new-bird-flu-deaths-in-2009/

Jakarta, Indonesia (AP) – Indonesia on Wednesday reported 15 more bird flu fatalities in 2009, taking the human death toll in the country worst hit by the illness to 134.

Officials recorded 20 cases of the illness last year, 19 of them fatal, the Health Ministry said in a statement.

The figures are the first to be released by Indonesia since March, when four deaths were announced. They show that while avian influenza is still active, the number of cases is on the decline.

Last year saw the lowest number of human fatalities since 2005, when 13 were reported.

The ministry said that the most recent death was on Sept. 23, but gave no details about who had died or where.

Bird flu has killed 282 people worldwide since it began ravaging poultry stocks in 2003, the WHO said on its Web site. Indonesia is the worst affected country, with 161 infections since 2005, 134 of them fatal.

Indonesia came under strong criticism last year when it stopped announcing individual cases of the disease and ceased sharing virus samples with international health experts working on a vaccine.

Indonesia's former health minister had argued that the global system for a vaccine was unfair because her country's bird flu specimens could be used for a cure that would ultimately be too expensive for most Indonesians.

REUTERS

John Ruwitch, Sanjeev Miglani

Urgency needed in (bird flu) pandemic preparation: U.S. official

Reuters, 21 April 2010, 11:07 PM GMT+8
https://www.reuters.com/article/economy/urgency-needed-in-pandemic-preparation-us-official-idUSSGE63K0K3/

HANOI (Reuters) – The task of preparing for flu pandemics remains urgent, and the world must guard against complacency in the wake of the (swine flu) H1N1 outbreak, which appears less deadly than a potential bird flu pandemic, a U.S. health official said.

Participants in a ministerial conference on influenza in Hanoi, "felt the need to re-commit" to the effort, Assistant Secretary of State for Oceans and International Environmental and Scientific Affairs Kerri-Ann Jones said on Wednesday.

About 17,000 people have died from laboratory-confirmed cases of H1N1 but the World Health Organization, which declared the H1N1 flu a pandemic last June, has said the real death toll is likely to be many times higher.

Initial fears that the pandemic would kill millions have turned out to be unfounded so far. Orders for vast quantities of vaccines are being renegotiated.

Experts, however, fear that if the more deadly H5N1 bird flu virus mutates to become easily transmissible between humans it could lead to such a pandemic.

"We still continue to be in a period of urgency," Jones told a news conference.

"There was some sense that when a pandemic did occur it was H1N1 and we were lucky, even though there was loss of life, which is always tragic, it was not as tragic or as virulent as H5N1 could be," she later added.

"The sense is that that event may have led to some sense of: we're over-reacting, we're over-preparing." The tone and message from the conference about re-commitment was: "Let's not slip into complacency," she said.

Health officials meeting in Hanoi agreed to work toward more robust and better coordinated surveillance and response systems, and urged countries and international agencies to remain vigilant about H5N1, H1N1 and other flu virus threats, a statement said.

H5N1 avian influenza still appears in a handful of countries, including Vietnam, and Vice Minister of Agriculture and Rural Development Bui Ba Bong said the government hoped to eradicate it within two or three years.

Will avian flu be the next human pandemic?
The virus has spread from birds to mammals, heightening the risk

The Economist, 14 February 2023
https://www.economist.com/the-economist-explains/2023/02/14/will-avian-flu-be-the-next-human-pandemic

He Largest-Ever recorded outbreak of avian influenza is tearing through populations of poultry and wild birds across the world. There are growing fears that it might pose a risk to humans, too. On February 8th Tedros Adhanom Ghebreyesus, the head of the World Health Organisation, warned that the world had to prepare for a possible bird-flu pandemic. How worried should humankind be?

Dr Tedros's warning was prompted by the recent spread of H5N1, a subtype of the influenza virus, from birds to mammals. In recent weeks Peru has reported the deaths of 585 sea lions from H5N1. In October an outbreak was discovered on a mink farm in Spain. In Britain the virus has been found in foxes and otters.

...

H5N1

"Medicine is a social science, and politics is nothing else but medicine on a large scale"--Rudolf Virchow

Bird flu infects nurses

Crofs Blogs, 12 March 2005
https://crofsblogs.typepad.com/h5n1/page/6291/

The Sunday Times Online in the UK reports on Pandemic fear as bird flu infects nurses in Vietnam =>
Vietnam confirms bird flu carriers. – The New York Times, 10 March 2005
https://www.nytimes.com/2005/03/10/health/vietnam-confirms-bird-flu-carriers.html
=> Jane Perlez.
'Bird Flu' Kills 5 in Vietnam And Fears Rise Over Its Spread. – The New York Times, 21 January 2004; https://www.nytimes.com/2004/01/21/world/bird-flu-kills-5-in-vietnam-and-fears-rise-over-its-spread.html

…

WHO urges full disclosure of every flu case

Crofs Blogs, 12 March 2005
https://crofsblogs.typepad.com/h5n1/page/6291/

The Tribune de Genéve says the World Health Organization wants full disclosure of the facts of every case of avian flu. Read the details here. The implication is that countries dealing with avian flu are very reluctant to publicize those cases...what you might call the SARS effect. …

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…

change the page to go to the necessary date

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There's no question H5N1 bird flu has 'pandemic potential.' How likely is that worst-case scenario?

Crofs Blogs, 4 May 2024
https://crofsblogs.typepad.com/h5n1/page/1/

Via CBC News, a report by Lauren Pelly: There's no question H5N1 bird flu has 'pandemic potential.' How likely is that worst-case scenario? Excerpt"

…

CBC NEWS

Lauren Pelley

There's no question H5N1 bird flu has 'pandemic potential.' How likely is that worst-case scenario?

CBC News, 4 May 2024, 4:00 AM EDT
https://www.cbc.ca/news/health/h5n1-bird-flu-pandemic-1.7193384

This story is part of CBC Health's Second Opinion, a weekly analysis of health and medical science news emailed to subscribers on Saturday mornings.

As early as 1997, just a year after H5N1 was first discovered, there were warning signs this form of avian flu was capable of wreaking havoc far beyond birds.

That year, poultry outbreaks in China and Hong Kong were linked to 18 human infections – and a third of those people later died.

In the decades that followed, alarm bells from the scientific community rang louder and louder. H5N1 began infecting dozens more species, from tens of millions of wild and farmed birds, to raccoons and foxes, to seals and sea lions to, most recently, U.S. dairy cattle. The virus eventually caused moe than 800 human infections around the world with a stunning death rate – for known cases – of roughly 50 per cent.

"The increasing host range of the virus, [its] potential spread among mammals and between a mammal and a human, its wide geographical spread, and the unprecedented scale of the outbreaks in birds, raise concerns about the pandemic potential" of H5N1, warned a May editorial in leading medical journal *The Lancet Infectious Diseases*.

Given those factors, an avian flu pandemic may feel not just inevitable, but imminent.

Yet the reality is murkier. Though influenza viruses have a knack for rapid evolution, this one hasn't managed to adapt to sustain human-to-human transmission, despite circulating for the last three decades.

"But that could still potentially happen," said epidemiologist Timothy Sly, a longtime influenza researcher and professor emeritus with Toronto Metropolitan University's school of public health.

"And if it ever did happen… it would be a global health catastrophe."

Poultry, Fisheries & Wildlife Sciences
ISSN: 2375-446X

Nicolas Hulscher, John Leake, Peter A McCullough

Proximal Origin of Epidemic Highly Pathogenic Avian Influenza H5N1 Clade 2.3.4.4b and Spread by Migratory Waterfowl

Poult Fish Wild Sci. 4 November 2024, Vol 12, N 4, 286
DOI: 10.35248/2375-446X.24.12.286
https://www.longdom.org/open-access/proximal-origin-of-epidemic-highly-pathogenic-avian-influenza-h5n1-clade-2344b-and-spread-by-migratory-1099735.html

We investigate the possible laboratory origins of the Highly Pathogenic Avian Influenza (HPAI) H5N1 clade 2.3.4.4b genotype B3.13, currently affecting various animal species and causing sporadic human infections.

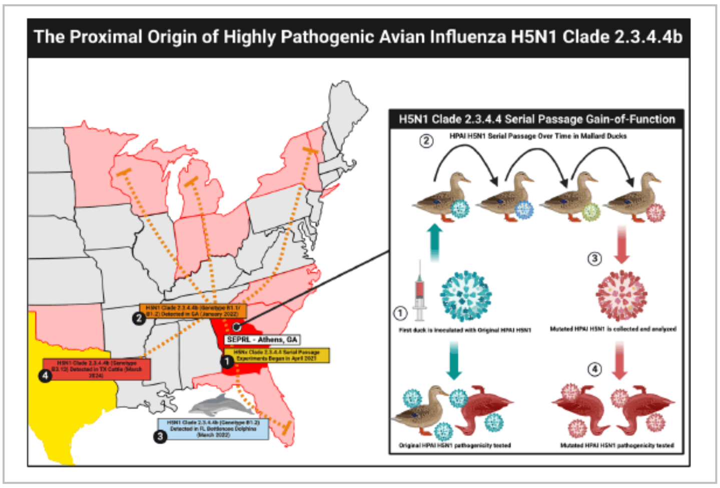
The proximal origins may be the USDA Southeast Poultry Research Laboratory (SEPRL) in Athens, Georgia, and the Erasmus medical center in Rotterdam, the Netherlands.

The first detection of HPAI H5N1 clade 2.3.4.4b in the Netherlands in 2020 raises concerns about earlier gain-of-function research.

Genetic analysis indicates genotype B3.13, emerging in 2024, and links to genotype B1.2, which originated in Georgia in January 2022 after the start of serial passage experiments with H5Nx clade 2.3.4.4 in mallard ducks at SEPRL in Athens, Georgia, in April 2021. Genotype B1.2 was found in a bottlenose dolphin in March 2022 in Florida, indicating sudden new adaptations. The NP gene of H5N1 clade 2.3.4.4b (genotype B3.13) likely originated from avian influenza A virus in mallard ducks.

Significant mutations found in recent human cases suggest possible links to serial passage experiments. However, causation has not been established, and further investigation is urgently needed to confirm these findings and to identify all H5N1 laboratory leaks that may have occurred with a focus on mallard ducks and other migratory waterfowl, which have the potential to infect a large number of poultry and livestock facilities around the world.

A moratorium on GOF research including serial passage of H5N1 is indicated to prevent a man-made influenza pandemic affecting animals and humans.



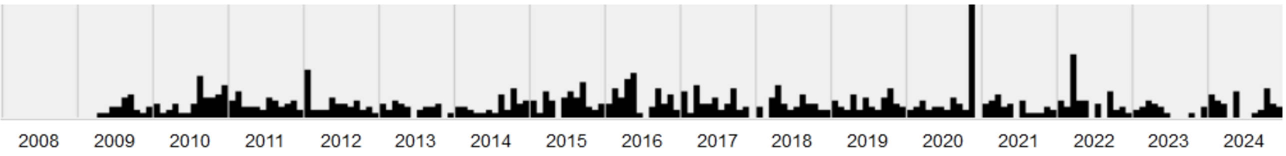
Avian and Swine Flu News Articles
Excerpts of key news articles on avian and swine flu
News Articles, 2005 - 2020
=> https://www.newsarticles.media/avianflubirdnewsarticles-0-20

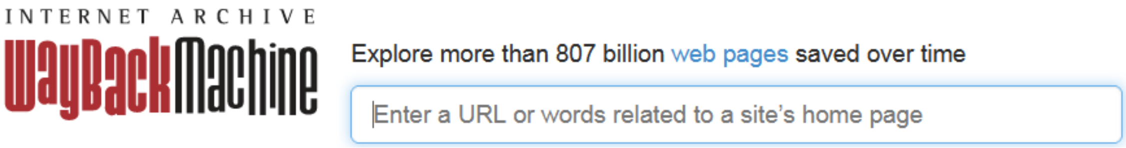
Below are key excerpts of little-known, yet highly revealing news articles on avian and swine flu from the major media. Links are provided to the full articles for verification. If any link fails to function, read this webpage. These avian and swine flu news articles are listed by order of importance. You can also explore them listed by order of the date of the article or by the date posted. By choosing to educate ourselves, we can and will build a brighter future.

All News Articles: Index to Fascinating News Article Topics
=> https://www.newsarticles.media/indexnewsarticles

Case about Bird Flu

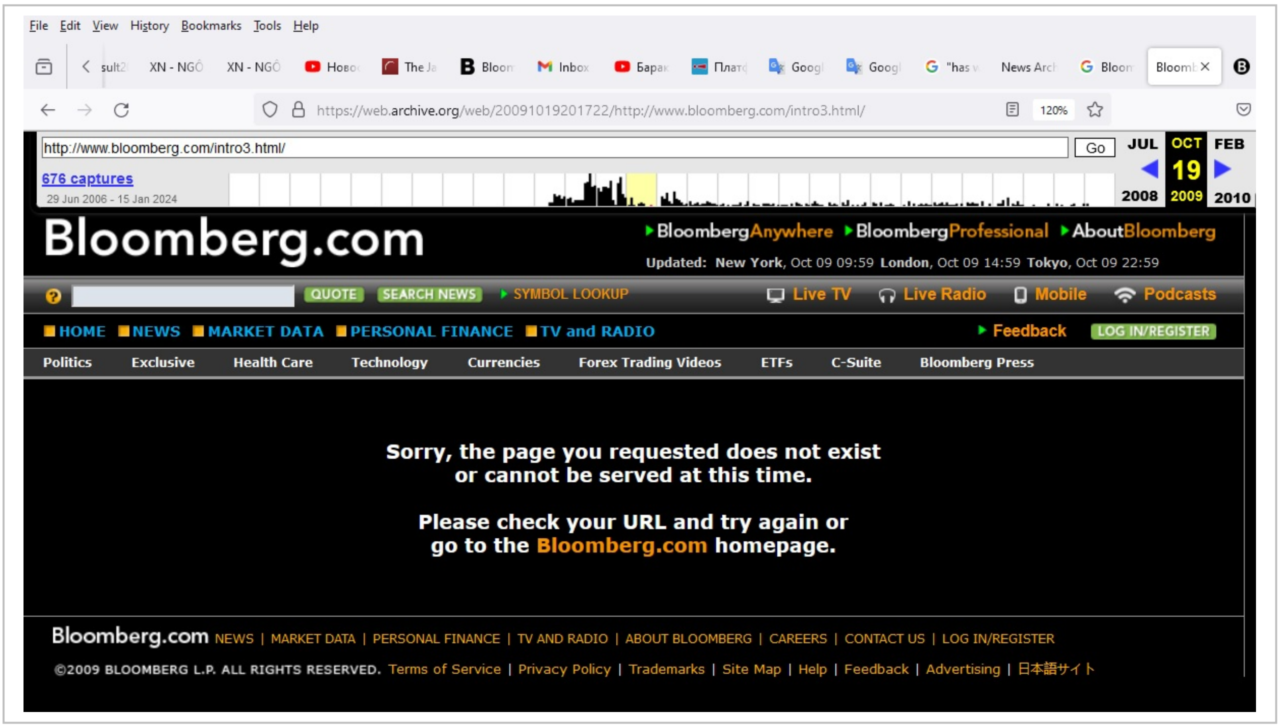
Covering the Polish plane crash and the New World Order
https://web.archive.org/web/20240000000000*/http://www.birdflu666.wordpress.com/





To open some of the arivcles, a website of the Internet Archive should be used: https://web.archive.org/

By the Internet Archive WayBack Machine you can get access to the archived webpages, which are no available at its iriginal location, for example:

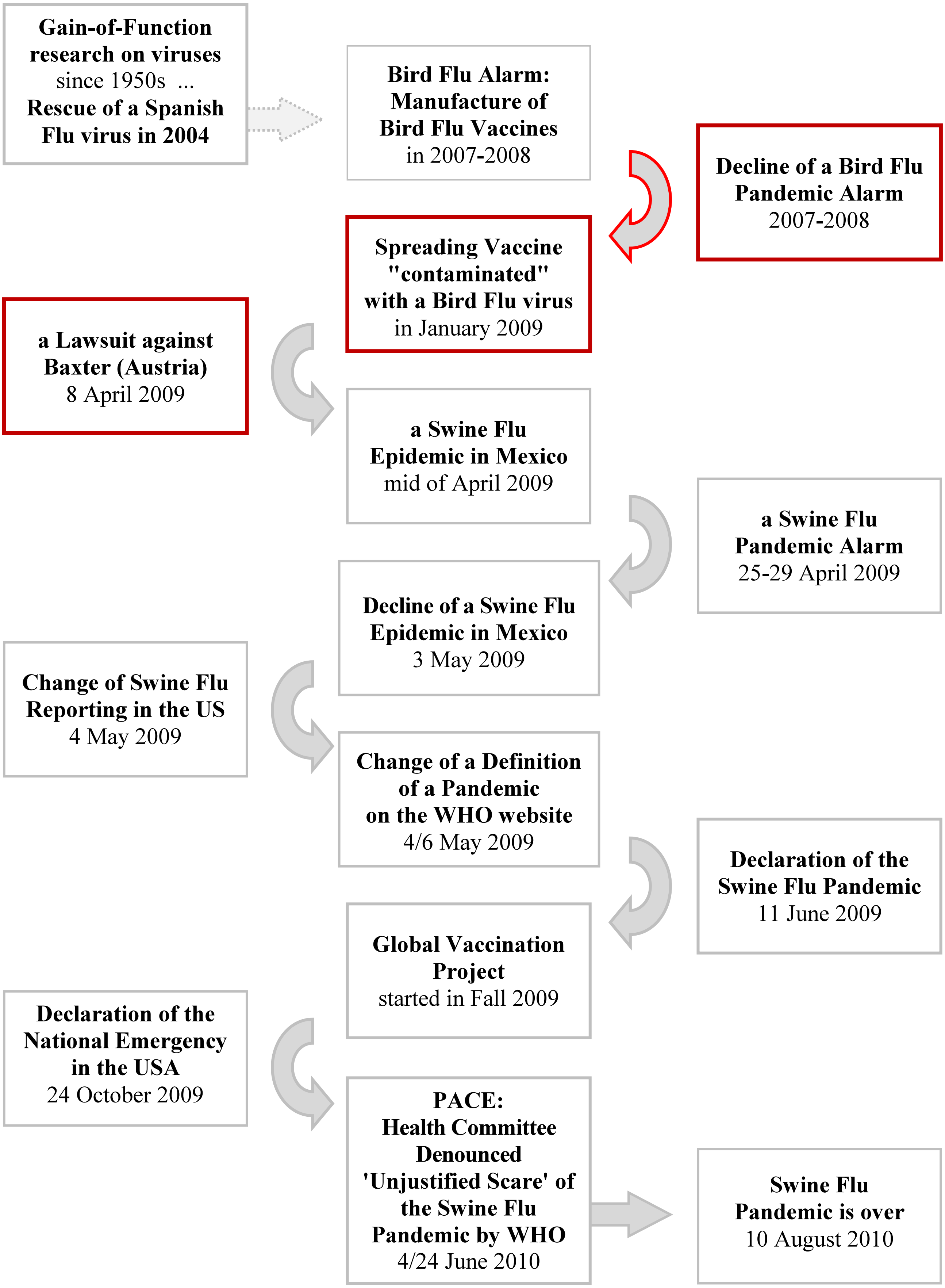


For example, Insted of http://www.bloomberg.com/intro3.html/
use
https://web.archive.org/http://www.bloomberg.com/intro3.html/

Chapter 3

Anti-Flu vaccine
Contaminated with the deadly Bird Flu virus

Roadmap
of the Swine Flu Pandemic



Hellen Branswell

'Flu fatigue' sets in among scientists after global spread of virus slows

The Globe and Mail (The Canadian Press), 1 January 2009
https://www.theglobeandmail.com/news/national/flu-fatigue-sets-in-among-scientists-after-global-spread-of-virus-slows/article1145766/

Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

After cutting an ever-widening swath through poultry flocks and infecting - and killing - mounting numbers of people in Asia, the Middle East and Africa, the virus seemed almost to take a breather in 2008. The year that just ended saw fewer recorded human cases than any since 2003, when this cycle of H5N1 activity began. It raises the question: Is H5N1 on the wane?

Sadly, science knows too little about how flu viruses emerge, spread and jump - or don't jump - from one species to the next to answer that question. Given the knowledge gap, scientists are still pushing for pandemic preparedness.

"Whether or not H5N1 virus is going to cause a human pandemic - nobody can predict that," says Tim Uyeki, deputy chief of influenza surveillance and prevention for the U.S. Centers for Disease Control.

"I believe it's still a threat. But it's not the only threat," he adds, noting a two-month-old Chinese girl was hospitalized in Hong Kong last month with an H9N2 avian flu infection.

Whatever the uncertainty about H5N1, one thing is clear. A fog of exhaustion has settled over the influenza science community as well as the public health officials who have been slaving over pandemic plans. A healthy portion of the broader public is probably sick to death of the subject, too.

"I think flu fatigue is certainly a phrase which is thrown around a fair amount in the past several months or past year or so," admits Keiji Fukuda, head of the World Health Organization's global influenza program. "In stepping back after going through three or four years of working really hard, I think that there is a genuine sense of 'Wow! We have been pushing so hard and we are tired of that'."

After a peak of 115 human cases and 79 deaths in nine countries in 2006, human infections declined to 88 cases and 59 deaths in 2007. In 2008, only 40 human cases and 30 deaths were reported, from six countries.

Experts can only guess at why that is. "It could be just a cyclical thing," says Maria Zambon, head of the respiratory viruses unit of Britain's Health Protection Agency. "I would be cautious, I think about ... inferring long-term trends from actually reasonably limited data."

Dr. Fukuda says studies haven't shown that the virus has fundamentally changed, so the best guess is that the reason for the decline in cases probably rests with human behaviour. Efforts to eradicate infected poultry have improved, and countries that use poultry vaccine may be lowering the number of times people come in contact with the viruses as a result.

Dr. Uyeki suggests other possibilities. As the problem has seemed to wane, so has attention on it. That could be translating into more lax surveillance for new cases. Doctors could be less likely to suspect and test for H5N1 infection, attributing illness to myriad other potential causes.

It's clear the threat of a flu pandemic - caused by H5N1 or H9N2 or one of a multitude of other influenza viruses - remains. But it's also clear there are a vast number of other health problems competing for funding in highly challenging economic times.

It is a concern, Dr. Fukuda admits. "If we begin to withdraw our attention and move our attention to something else which is completely different, then we really stand to lose a lot of the work which has been built up over the past four years. To do this over and over again is truly ... it's like being Sisyphus," he says, referring to the Greek myth of a man condemned to a task that can never be completed.

OTS

Kein Vogelgrippefall in Wien

OTS, 11 Februaty 2009

https://www.ots.at/presseaussendung/OTS_20090211_OTS0073/kein-vogelgrippefall-in-wien

Wien (OTS) - Am vergangenen Montag wurden im Wiener Otto-Wagner-Spital 18 Mitarbeiterinnen eines externen Unternehmens ambulant behandelt, da vorerst nicht ausgeschlossen werden konnte, dass sie im Rahmen ihrer Arbeit mit einem Vogelgrippe-Erreger in Kontakt gekommen seien. Bei keinem der umfassenden Tests wurde eine Infektion festgestellt.****

Darüber hinaus wurden die PatientInnen umgehend mit einer Grippe-Vorsorge b71ehandelt. "Weder für die Patientinnen und Patienten noch für Personen, die mit ihnen in Kontakt waren, bestand eine Gefährdung. Selbstverständlich haben wir aber alle zuständigen Behörden informiert", erklärte Dr.in Susanne Drapalik von der Generaldirektion der Spitäler der Stadt Wien. (Schluss) cl

OTS-ORIGINALTEXT PRESSEAUSSENDUNG UNTER AUSSCHLIESSLICHER INHALTLICHER VERANTWORTUNG DES AUSSENDERS | NRK0009

Die Klinik Penzing
Bis 2020 Otto-Wagner-Spital

https://lh3.googleusercontent.com/p/AF1QipMS6nTAi9-8fiKVMFC7tgcUE-ND8q7oGjBufrhL=s1360-w1360-h1020

THE CANADIAN PRESS

[Hellen Branswell]

Baxter admits contaminated seasonal flu product contained live bird flu virus

The Canadian Press, 26 February 2009
https://web.archive.org/web/20090304160508/http://www.google.com/hostednews/canadianpress/article/ALeqM5iV_RT6oBK3tOhtsWf5pnu5OIby9w

The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses.

And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

"At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said from Copenhagen, Denmark.

"But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau."

The contaminated product, a mix of H3N2 seasonal flu viruses and unlabelled H5N1 viruses, was supplied to an Austrian research company. The Austrian firm, Avir Green Hills Biotechnology, then sent portions of it to sub-contractors in the Czech Republic, Slovenia and Germany.

The contamination incident, which is being investigated by the four European countries, came to light when the subcontractor in the Czech Republic inoculated ferrets with the product and they died. Ferrets shouldn't die from exposure to human H3N2 flu viruses.

Public health authorities concerned about what has been described as a "serious error" on Baxter's part have assumed the death of the ferrets meant the H5N1 virus in the product was live. But the company, Baxter International Inc., has been parsimonious about the amount of information it has released about the event.

On Friday, the company's director of global bioscience communications confirmed what scientists have suspected.

"It was live," Christopher Bona said in an email.

The contaminated product, which Baxter calls "experimental virus material," was made at the Orth-Donau research facility. Baxter makes its flu vaccine -- including a human H5N1 vaccine for which a licence is expected shortly – at a facility in the Czech Republic.

People familiar with biosecurity rules are dismayed by evidence that human H3N2 and avian H5N1 viruses somehow co-mingled in the Orth-Donau facility. That is a dangerous practice that should not be allowed to happen, a number of experts insisted.

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences.

While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people.

That mixing process, called reassortment, is one of two ways pandemic viruses are created.

There is no suggestion that happened because of this accident, however.

"We have no evidence of any reassortment, that any reassortment may have occurred," said Andraghetti.

"And we have no evidence of any increased transmissibility of the viruses that were involved in the experiment with the ferrets in the Czech Republic."

Baxter hasn't shed much light – at least not publicly – on how the accident happened. Earlier this week Bona called the mistake the result of a combination of "just the process itself, (and) technical and human error in this procedure."

He said he couldn't reveal more information because it would give away proprietary information about Baxter's production process.

Andraghetti said Friday the four investigating governments are co-operating closely with the WHO and the European Centre for Disease Control in Stockholm, Sweden.

"We are in very close contact with Austrian authorities to understand what the circumstances of the incident in their laboratory were," she said.

"And the reason for us wishing to know what has happened is to prevent similar events in the future and to share lessons that can be learned from this event with others to prevent similar events. ... This is very important."

[Jane Burgermeister]

Lawsuit Against Manufacturers of the Avian Flu Virus Vaccine

Signs of the Times, 8 April 2009
https://web.archive.org/web/20090629204013/http://www.sott.net/articles/show/187813-Lawsuit-Against-Manufacturers-of-the-Avian-Flu-Virus-Vaccine
https://web.archive.org/web/20090621120844/https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/

Jane Burgermeister, an Austrian investigative reporter, filed criminal charges in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic

Criminal charges against
Baxter AG,
Baxter International and
Avir Green Hill Biotechnology AG,

For developing, manufacturing, disseminating, and releasing a biological weapon of mass destruction, on Austrian soil between December 2008 and February 2009; With the intention of causing a global bird flu pandemic virus and of intending to profit from that same pandemic, in an act that Violates Laws on International Organised Crime and Genocide.

Charges filed against Baxter and Avir
Charges filed with the 1st part translated into English

Overview

Submitted on:
Wednesday, 8th April 2009,
Vienna State Prosecutor's Office, Landesgerichtstrasse 11, 1080 Vienna

CONTENTS

A. Summary of the criminal charges brought and of the grounds for these charges
B. Statement of Facts: Timeline and relevant background information
C. Relevant Laws

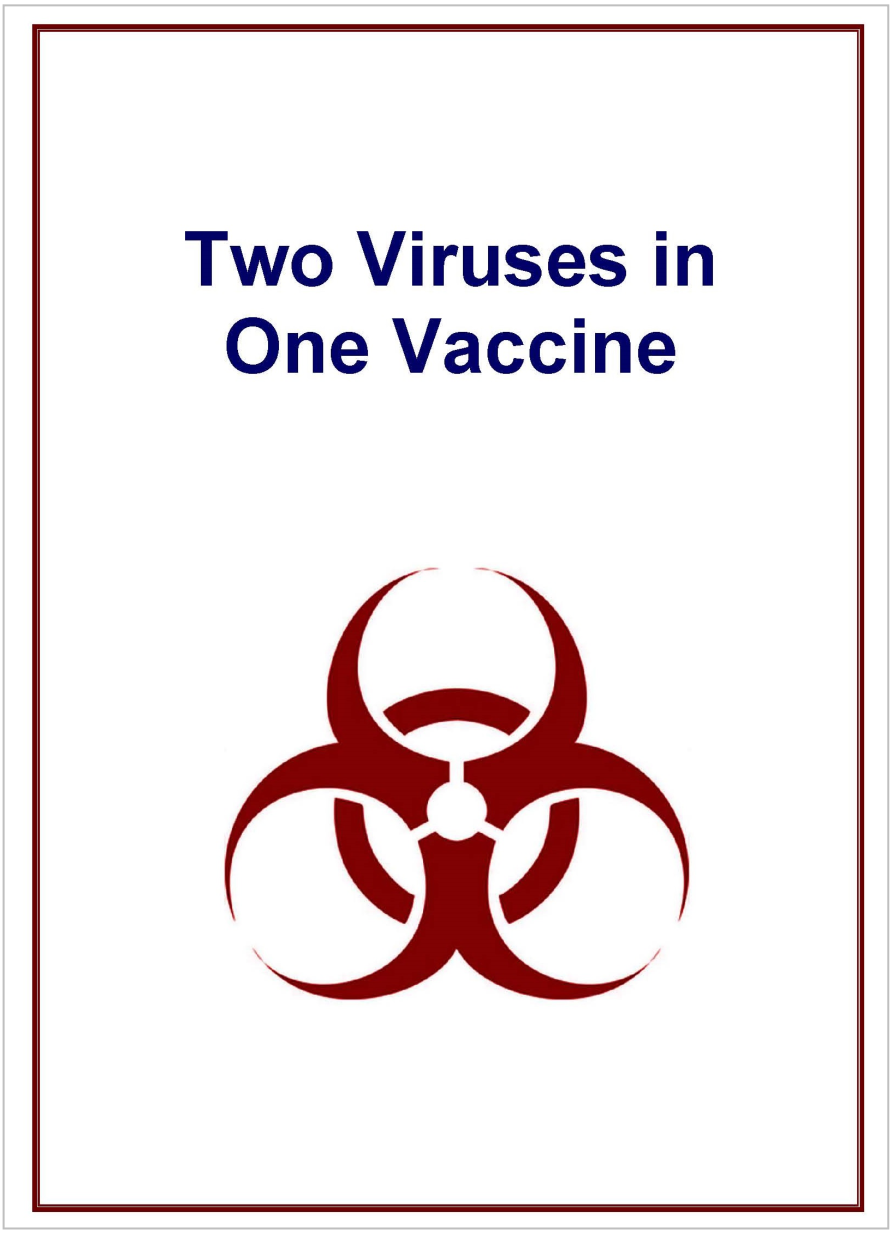
=> see detailes in the Volume 3.

ResearchGate

Mikhail Teppone

Two Viruses in One Vaccine:
A Collection of articles, documents, news, and remarks
on the history of the vaccine against seasonal flu which contained live avian flu viruses

March-July, 2023, 381 pages. DOI: 10.13140/RG.2.2.14169.60009/2
https://www.researchgate.net/publication/369365605_Two_Viruses_in_One_Vaccine
https://archive.org/details/collection-bird-fluvirus-vaccine

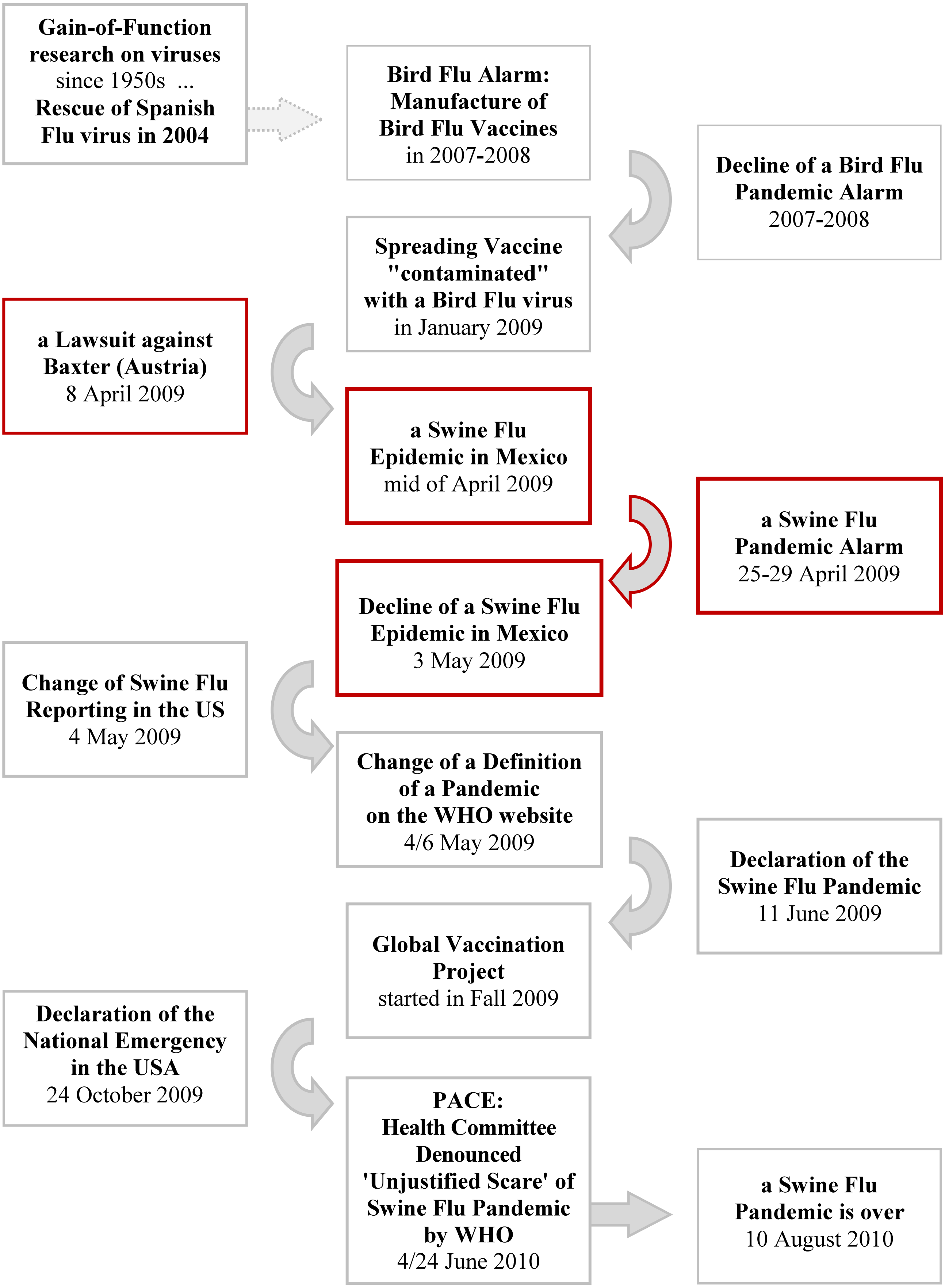


Chapter 4

Swine Flu (I):

The Rise and Fall of the 'Epidemic in Mexico'

Roadmap
of the Swine Flu Pandemic



Le Parisien

Un QG pour faire face aux crises sanitaires
[A HQ to deal with Health Crises]

Le Parisien, 16 janvier 2009 à 07h00
https://www.leparisien.fr/seine-saint-denis-93/saint-denis-93200/un-qg-pour-faire-face-aux-crises-sanitaires-16-01-2009-375348.php

C'est un lieu hautement stratégique qui s'est discrètement installé fin décembre à Saint-Denis, à deux pas du Stade de France. Son nom: l'Eprus pour Etablissement de préparation et de réponse aux urgences sanitaires. Créée en 2007 et auparavant implantée à Paris (VI e), cette agence de 700 m 2 regroupe 31 salariés qui ont reçu hier matin la visite de la ministre de la Santé, Roselyne Bachelot. «Je suis ravie de voir enfin l'Eprus installée dans des locaux adaptés, avec une équipe motivée», s'est réjouie la ministre au terme d'un bref échange avec le personnel.

Pandémie, tsunami, attentatsâ?¦

De la motivation, l'Eprus en aura besoin en cette année 2009 qui s'annonce chargée. «Notre rôle est de devenir une plaque tournante qui permettra de fournir les pouvoirs publics en moyens humains et matériels en cas de crise sanitaire grave ou de problèmes plus ponctuels», résume Thierry Coudert, directeur général de l'Eprus depuis octobre. Pandémie grippale, tsunami, attentats terroristes, dengue: le «pool de professionnels de la santé» de l'Eprus interviendra en cas de situations exceptionnelles impliquant un risque de désorganisation du système de soins en France et à l'étranger.

Selon Thierry Coudert, le «chantier de 2009» est de recenser et de vérifier la qualité des médicaments, vaccins et masques actuellement en stock (voir notre édition nationale d'hier). Mais aussi de recruter une «réserve sanitaire», un vivier de 1 500 volontaires mobilisables immédiatement (voir encadré), de couvrir juridiquement et servir d'agence de voyages. «L'idée est de réagir le plus vite possible aux sollicitations», insiste Thierry Coudert.

Par ailleurs, l'Eprus devrait acquérir cette année le statut d'établissement pharmaceutique qui lui permettra de stocker les médicaments sur différents sites tenus secrets en France, mais aussi de sous-traiter leur fabrication en cas de besoin. Lors des attaques terroristes de Bombay en décembre, l'Eprus a déjà envoyé une mission composée de cinq médecins, deux psychologues et deux convoyeurs. Elle pourrait intervenir très rapidement à Gaza, dans les territoires palestiniens, où un manque de chirurgiens a récemment été signalé.

govtrack

H.R. 645 (111th): National Emergency Centers Establishment Act

GovTrack, 22 January 2009
https://www.govtrack.us/congress/bills/111/hr645/text
https://www.govinfo.gov/content/pkg/BILLS-111hr645ih/pdf/BILLS-111hr645ih.pdf

111TH CONGRESS
1ST SESSION

H. R. 645

To direct the Secretary of Homeland Security to establish national emergency centers on military installations.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 22, 2009

Mr. HASTINGS of Florida introduced the following bill; which was referred to the Committee on Transportation and Infrastructure, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To direct the Secretary of Homeland Security to establish national emergency centers on military installations.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "National Emergency Centers Establishment Act".

SEC. 2. ESTABLISHMENT OF NATIONAL EMERGENCY CENTERS.

(a) IN GENERAL.—In accordance with the requirements of this Act, the Secretary of Homeland Security

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Paul Joseph Watson

New Legislation Authorizes FEMA Camps In U.S.

Info Wars // Prison Planet, 27 January 2009

https://web.archive.org/web/20090202081315/http://www.infowars.com/new-legislation-authorizes-fema-camps-in-us/

A new bill introduced in Congress authorizes the Department of Homeland Security to set up a network of FEMA camp facilities to be used to house U.S. citizens in the event of a national emergency.

The National Emergency Centers Act or HR 645 mandates the establishment of "national emergency centers" to be located on military installations for the purpose of to providing "temporary housing, medical, and humanitarian assistance to individuals and families dislocated due to an emergency or major disaster," according to the bill.

The legislation also states that the camps will be used to "provide centralized locations to improve the coordination of preparedness, response, and recovery efforts of government, private, and not-for-profit entities and faith-based organizations".

Ominously, the bill also states that the camps can be used to "meet other appropriate needs, as determined by the Secretary of Homeland Security," an open ended mandate which many fear could mean the forced detention of American citizens in the event of widespread rioting after a national emergency or total economic collapse.

Many credible forecasters have predicted riots and rebellions in America that will dwarf those already witnessed in countries like Iceland and Greece.

With active duty military personnel already being stationed inside the U.S. under Northcom, partly for purposes of "crowd control," fears that Americans could be incarcerated in detainment camps are all too real.

The bill mandates that six separate facilities be established in different Federal Emergency Management Agency Regions (FEMA) throughout the country.

The camps will double up as "command and control" centers that will also house a "24/7 operations watch center" as well as training facilities for Federal, State, and local first responders.

The bill also contains language that will authorize camps to be established within closed or already operating military bases around the country.

As we have previously highlighted, in early 2006 Halliburton subsidiary Kellogg, Brown and Root was awarded a $385 million dollar contract by Homeland Security to construct detention and processing facilities in the event of a national emergency.

The language of the preamble to the agreement veils the program with talk of temporary migrant holding centers, but it is made clear that the camps would also be used "as the development of a plan to react to a national emergency."

As far back as 2002, FEMA sought bids from major real estate and engineering firms to construct giant internment facilities in the case of a chemical, biological or nuclear attack or a natural disaster.

A much discussed and circulated report, the Pentagon's Civilian Inmate Labor Program, was more recently updated and the revision details a "template for developing agreements" between the Army and corrections facilities for the use of civilian inmate labor on Army installations."

Alex Jones has attended numerous military urban warfare training drills across the US where role players were used to simulate arresting American citizens and taking them to internment camps.

Read the new legislation in full below. ...

National Emergency Centers Establishment Act (Introduced in House)
HR 645 IH
111th CONGRESS
1st Session
H. R. 645
To direct the Secretary of Homeland Security to establish national emergency centers on military installations.

In The House Of Representatives

January 22, 2009
Mr. HASTINGS of Florida introduced the following bill; which was referred to the Committee on Transportation and Infrastructure, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

=> see the previous publication, 22 January 2009.

govtrack

H.R. 996 (111th): To Temporarily Exempt Certain Public and Private Development Projects from any requirement for a review, statement, or analysis under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.), and for other purposes

GovTrack, 11 February 2009
https://www.govtrack.us/congress/bills/111/hr996/text
https://www.govinfo.gov/content/pkg/BILLS-111hr996ih/pdf/BILLS-111hr996ih.pdf

111TH CONGRESS
1ST SESSION

H. R. 996

To temporarily exempt certain public and private development projects from any requirement for a review, statement, or analysis under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.), and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 11, 2009

Mr. NUNES (for himself and Mr. MCCARTHY of California) introduced the following bill; which was referred to the Committee on Natural Resources, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To temporarily exempt certain public and private development projects from any requirement for a review, statement, or analysis under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.), and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

World Health Organization

WHO Immunization Funding Shortfalls
4th Global Immunization Meeting

New York, 17-19 February 2009[36]
https://web.archive.org/web/20090328102937/http://www.who.int/immunization/funding/en/index.html
https://centerforvaccineethicsandpolicy.net/2009/03/09/who-immunization-funding-shortfalls-4th-global-immunization-meeting-new-york-17-19-february-2009/

WHO summarized presentations made at the 4th Global Immunization Meeting, held in New York, 17-19 February 2009, focused on funding shortfalls in WHO's current annual budget for immunization. The budget is about US$140 million, and main contributors to the 2008-09 budget include:

- the Bill & Melinda Gates Foundation;
- the GAVI Alliance;
- the governments and aid agencies of Canada and the United States of America;
- Johns Hopkins University;
- the Measles Partnership;
- PATH; and
- UNICEF.

During recent years, direct financial support for WHO's immunization work has decreased, with "increasing specificity of funds." The projected budget required for 2010-11 is US$210 million. Of this amount, there is a funding gap of US$109 million, or 52%. Since 2002, on average only 80% of WHO's immunization budget has been met each year. This has "led to challenges in fulfilling core functions in the area of immunization."

In 2007-2008, "various critical activities were not implemented due to the persistence of funding gaps. Updated recommendations for the production, control and evaluation of a number of existing vaccines could not be developed, resulting in a subsequent delay in their prequalification and a potential shortage in their availability. Funding gaps also impacted the evaluation of pneumococcal vaccines as well as the provision of technical support to countries, particularly in the WHO African Region."

The structure of WHO's immunization budget "has become such that today donors providing direct support are committed, but few in number, with the funds that they provide highly specified, leaving little flexibility. These factors do not allow WHO to allocate resources for immunization optimally and are impacting upon WHO's ability to deliver on its global immunization mandate. Increased direct, flexible funding from a greater number of donors would improve WHO's ability to deliver on core immunization functions."

=> see also:

GAVI Alliance welcomes US$ 75 million contribution from the United States. – GAVI, Washington DC, 23 March 2009.
https://web.archive.org/web/20091007025128/http://www.gavialliance.org/media_centre/statements/25_03_09__75_million_contribution_from_the_US.php

infocorn

Сергій Дібров

Америка заметает следы!

Infocorn, 9 марта 2009;
https://web.archive.org/web/20090312080439/http://infocorn.org.ua/2009/03/09/ameryka_zametaet_sledy

Новости из-под электронного микроскопа.

На международной конференции вирусов гриппа было принято решение об окончательной элиминации человечества на Европейском континенте. «Мы признательны американской компании «Бакстер Интернешнл» за неоценимый вклад в развитие межвидового сотрудничества. Только объединившись, мы сможем решить все проблемы с людьми», – заявил Авиан Флю, представитель штамма H5N1, австрийский специалист по хорькам и хомячкам.

Суетливые телодвижения вокруг скандала с американской компанией «Бакстер Интернешнл» (Baxter International, Inc, NYSE:BAX), о котором я писал в своей предыдущей статье, равно как и очевидные попытки замять ситуацию, приводят к противоположным результатам. Все больше специалистов пытаются выяснить, что же на самом деле происходило в австрийской лаборатории этой компании, все больше журналистов обращаются к этой теме.

Скандал вокруг рассылки по почте потенциальных компонентов биологического оружия, широко освещается в немецких и чешских СМИ, лаборатории которых получали смертоносные бандерольки с возбудителями птичьего гриппа. Очень серьезное внимание уделяет этой теме канадская пресса. В то же время в СМИ самых демократических стран мира, в частности, Соединенных Штатов и Российской Федерации, по-прежнему царит гробовая тишина: здесь можно найти разве что единичные публикации на эту тему. Также мертвое молчание по поводу данного инцидента продолжает хранить и Всемирная организация здравоохранения (ВОЗ). Отдельные выступления её представителей лишь дублируют официальные заявления представителей «Бакстер» и напускают всё больше тумана в эту, и без того двусмысленную, ситуацию.

Восемь лет назад рассылка по почте конвертов с «белым порошком» (который на поверку оказывался тальком или гипсом) привела к военному вторжению в Афганистан. Одно только подозрение о том, что Садам Хуссейн разрабатывает биологическое оружие, стало поводом для войны в Ираке. Зато недавно выявленная рассылка по почте немаркированных бандеролей со смертельно опасным вирусом американской компанией в другие страны, то есть – бесспорное подтверждение как минимум факта проведения экспериментов с нарушением правил и норм безопасности, не рассматривается как повод для каких-либо санкций и вообще не считается событием, достойным внимания. Особую пикантность ситуации придает очевидная «зачистка» информационного пространства: в англоязычном сегменте Интернета наиболее острые публикации исчезают буквально на глазах, и от них остаются лишь «пустые» ссылки в других сообщениях и в поисковых системах.

Заявления официальных представителей Baxter International напоминают фразу из рекламы о том, что «иногда лучше жевать, чем говорить». Так, они настаивают, что заражение рассылаемого вещества опасным вирусом произошло вследствие ошибки, а в целом австрийская

лаборатория этой компании соответствует высочайшим критериям безопасности BSL-3. Если внимательно изучить эти критерии, можно придти к неутешительным выводам: в данной лаборатории, по всей видимости, осуществлялись незаконные эксперименты со смертоносными штаммами, которые проводились в «нейтральной», то есть безопасной, зоне, видимо, чтобы не привлекать излишнего внимания австрийских властей. Какие это были эксперименты, нам сейчас остается только догадываться. А тот факт, что во главе совета директоров фармацевтической кампании Baxter International стоит бывший первый заместитель командующего Корпуса морской пехоты США, четырехзвездный генерал Уолтер Бумер (Walter E. Boomer), дает широкий простор для фантазии.

Еще одна «линия защиты» компании Baxter International заключается в упорном и многократном отрицании того, что разосланные образцы являются вакциной. Компания называет их «экспериментальным вирусным материалом» на основе «человеческого» штамма H3N2. Однако, как сообщило недавно авторитетное издание Bloomberg News со ссылкой на представителей австрийских властей, в чешской лаборатории присланный материала в начале месяца была использован для приготовления вакцины, которую и вводили подопытным животным. Маловероятно, чтобы это производилось самовольно, без прямого на то указания заказчика – фирмы «Бакстер». Что характерно, американское ведомство CDC, которое не только следит за соблюдением требований безопасности в американских компаниях, но и регулярно рассылает фармацевтическим кампаниям образцы вирусов гриппа для производства вакцин, не видит повода для беспокойства, не проводит расследований и консультаций по данному инциденту.

По информации ВОЗ, на данный момент разработку вакцин против птичьего гриппа ведут более двадцати фармацевтических компаний. Это значит, что более двадцати компаний в сотнях лабораторий по всему миру проводят эксперименты с опаснейшими живыми возбудителями. Как показали события в Австрии, ни высочайший авторитет разработчиков, ни соблюдение самых строгих требований безопасности, ни жесткий контроль со стороны государственных органов не гарантируют, что смертоносный вирус не выйдет за пределы лаборатории.

Во многих публикациях события, произошедшие месяц назад в Европе, сравнивают со сценарием американского блокбастера. И в лучших традициях Голливуда, как только была обнаружена утечка, прошла спецоперация «зачистка». Как рассказал в телефонном интервью Bloomberg News официальный представитель «Бакстера» Кристофер Бона (Christopher Bona), сотрудники этой компании очень быстро уничтожили все разосланные образцы во всех странах, провели двукратную дезинфекцию лабораторий. Все сотрудники, контактировавшие с подозрительным веществом, были немедленно изолированы, помещены в карантин и пролечены мощнейшим антивирусным препаратом. Это, конечно, замечательно, но по правилам ВОЗ в таких случаях обязательно должны отбираться образцы материалов для обеспечения возможности дальнейшего расследования. В нынешней ситуации, когда правду установить уже невозможно, нам остается только верить скудным официальным заявлениям. Или – строить собственные предположения.

На сегодняшний день я знаю две фармацевтические компании, которые занимались разработкой вакцины против птичьего гриппа по договоренности с ВОЗ. Одна из них – американская, Baxter International Inc. Вторая – Serum Institute of India, Ltd. Как сейчас стало известно, работы в этом направлении были начаты в Индии еще в 2006 году. Два месяца назад было объявлено об успешном завершении исследований и начале клинических испытаний индийской вакцины.

Serum Institute – это та самая индийская фирма, которая изготовила печально известную вакцину против кори и краснухи, более известную как «КаКа». После того, как весной прош-

лого года была предпринята попытка провести незаконную и необоснованную кампанию, в ходе которой предполагалось ввести незарегистрированный препарат восьми миллионам молодых украинцев, осталось множество неясностей и вопросов, ответов на которые нет и по сей день. Например, до сих пор неизвестно, что находится в прилагаемом к вакцине растворителе. Это странное вещество, заявленное как «вода для инъекций», при ввозе в Украину не проверялось. При этом оно вызывает странное изменение цвета раствора, а температурный режим хранения его в точности соответствует режиму хранения вакцины против гриппа. Что характерно, инструкция к вакцине гласит, что прилагаемая к вакцине «вода для инъекций» якобы «специально разработана» для этой вакцины. Изготовитель категорически запрещает применение любого другого растворителя, а также обычной воды для инъекций, равно как и использование прилагаемого к препарату растворителя в любых других целях.

Напомню, что та внеплановая вакцинация планировалась и проводилась с полным игнорированием украинского законодательства и медицинских соображений, под жестким прессингом ВОЗ, который можно было наблюдать до самого недавнего времени. Также стоит вспомнить, что после приостановки этой весьма сомнительной акции все усилия украинского Минздрава и представителей международных организаций были направлены на обеспечение неприкосновенности «застрявшей» в Украине вакцины с растворителем и недопущения независимого исследования их содержимого.

Надеюсь, ответы хотя бы на некоторые вопросы, касающиеся «КаКи», мы сможем получить в ходе судебного разбирательства по иску Александра Славского, которое начнется 12 марта 2009 года в 11 часов 40 минут в Окружном административном суде г. Киева.

Многие задаются вопросом: не была ли Украина в списке тех 18 стран, куда были направлены «загрязненные образцы»? Не поступали ли в последние месяцы в украинские лаборатории биоматериалы от американской компании Baxter International?

Печальная судьба польских бездомных, которых за гроши привлекали к незаконным испытаниям вакцины против птичьего гриппа, заставляет задуматься и о судьбе наших сограждан.

REUTERS

Laura MacInnis, Debra Sherman

European lab accidents raise biosecurity concerns

Reuters, 20 March 2009
https://www.reuters.com/article/idUSLJ556939

** Bird flu and Ebola virus accidents raise biosecurity fears*
** European states urged to improve lab accident disclosure*
** Northern Europe reports most lab-acquired infections*

Geneva/Chicago, March 19 (Reuters) **-** Lab accidents involving bird flu and Ebola viruses have increased biosecurity fears in Europe, where public health experts say research on dangerous pathogens needs to be more strictly monitored.

A scientist in Germany last week pricked herself with a needle that was believed to be contaminated with a strain of the Ebola haemorrhagic virus with a mortality rate of around 90 percent. She is still under observation in hospital.

That accident added to public health concerns following the recent disclosure that deadly H5N1 bird flu virus samples were mixed with seasonal flu samples at a Baxter International

BAX.N
Contracted laboratory in Austria.

Health authorities and industry groups reviewing European lab safety standards concluded in a new report that scientists and managers needed to be better trained in ways to prevent, handle and report such incidents.

While stressing that research on viruses and pathogens is important for vaccine, drug and diagnostic development, the group Biosafety Europe said "it also represents a risk to the population in case those organisms may spread in the environment due to a laboratory accident, poor laboratory practices or intentional removal and subsequent release (terrorist attack)."

"Adequate technical and physical containment measures and best biosafety and biosecurity practices must be implemented in those facilities to prevent accidental or intentional release of dangerous pathogens," it said in the recommendations, published on www.biosafety-europe.eu/FinalConsiderations_PDFs.html

Security experts say viruses and other biological agents could be used as weapons, as occurred in 2001 in the United States when envelopes containing anthrax were sent to media outlets and U.S. lawmakers, kiling five people.

HUMAN ERROR

Baxter spokesman Chris Bona said the Illinois-based company learned in February about the H5N1 contamination, which was due to "a combination of process, technical and human error."

The flu virus samples were meant only for testing and not vaccine or product development, according to the spokesman, who said Baxter has "put corrective measures in place" after the accident but declined to give details "for proprietary reasons."

All 37 people exposed to the mixture at subcontractor sites in Germany, the Czech Republic and Slovenia, and at AVIR Greenhills Biotechnology, an Austrian company that bought the samples, tested negative for H5N1 bird flu, Bona said.

The World Health Organisation (WHO) fears that virus, which has killed 256 people since 2003, could trigger a deadly flu pandemic if it mutates and starts to spread more easily.

Biosafety Europe's project coordinator Kathrin Summermatter said that better training and more collaboration on safety standards could help reduce pathogen risks in European labs.

"We found that even though there are European guidelines concerning biosafety, the awareness, the implementation and the control was not the same in the different European countries," she told Reuters by email.

The group's report, compiled before the recent bird flu and Ebola accidents, said that Northern European countries disclosed more laboratory-acquired infections than other parts of Europe, "which in part may reflect reporting differences."

Summermatter said greater transparency about incidents that do occur was essential to help identify and reduce risks: "It is important to learn from the experience of other laboratories."

www.JimmyOnTheSpot.com

Jimm Motyka

Signs Pointing to a Pandemic Outbreak in Ohio

Jimmy on the Spot, 29 March 2009
https://web.archive.org/web/20090402041501/http://www.jimmyonthespot.com/OH_pandemic.html

JimmyOnTheSpot.com (JOTS) has learned some pretty startling info, which can be validated by our sources and appended links, regarding a possible pandemic outbreak. The info was vetted and everything appears to be pointing to the possibility to northeast Ohio being a possible launching pad for a pandemic as early as this April 29th.

In February of this year, we were informed about pandemic training occurring at First Energy in Akron, Ohio. This would not have seemed a big deal, since we're aware of pandemic training (namely for bird flu) being common at some corporations. What raised our flags about this training was the fact that we were informed that First Energy was touting that they had the vaccine for the "possible" outbreak, for the employees and for the family members of the employees. Certainly, it caused raised eyebrows when this was learned, not only to us, but also the source who was disclosing this information. The power point presentation of the February meeting is included here. =>
https://web.archive.org/web/20090407142033/http://www.jimmyonthespot.com/Pandemic_Training_Materials.ppt

The unsettling questions remained. When is the pandemic outbreak to occur, which First Energy already has procured enough vaccinations for its employees and employees' families? How could they be certain of a pandemic and who was giving the information that this is going to occur? And which pandemic did they happen to purchase the vaccine for?

We were updated on the info about the First Energy pandemic training, this past week. According to the same source, First Energy is expected to meet with 1200 employees, over the next two weeks, gathering medical info about them. We also know that First Energy is "encouraging" its employees to get the vaccination that's to be offered to them. This source has told me that some employees already commented that theyould quit first, before they would give up any medical information and take the vaccine. JOTS would encourage the employees who do choose to leave First Energy to contact us and fill us in further on First Energy's pandemic plans.

The next question is how did JOTS come across the possible launch date for a pandemic in Ohio?

We did some investigating, regarding information on Obama's mandatory service proposal (which was making its way through the House and Senate last week, passing overwhelmingly in both). The rabbit trail led to how Ohio is going to be tied into this mandatory civilian service. It made us recall a commercial that's been running on local TV, regarding joining the Ohio Citizen Corps. The commercials encourage volunteers to sign up, to help in times of disasters and civil emergencies, citing 9/11 in the commercial as a reason to "volunteer".

We believe it was nothing short of an act of God that led us to the following info. While trying to find more info about the Ohio Citizen Corps, we ran across a training and exercise session to be occurring in Summit County in April (which is the county First Energy's Akron headquarters is located). Digging further brought us to the following link, which mentions FEMA classes being held locally and a training exercise to follow. Listed under the training area of the link, volunteers are encouraged to take FEMA courses ICS 100 and ICS 700, both which are linked into the medical training area of the FEMA site.

The most telling item on the site was the fact that FEMA was asking for 200 "victims" for an exercise that is to occur on April 29th. History has shown that exercises can turn into the real event, as recalled on 9/11, theLondon bombing, and the Madrid train bombing (to cite a few). Each time the mainstream media is "amazed" that the emergency response teams were in those areas, running exercises for the exact event that was occurring.

We backtracked and noticed that the FEMA training was going to occur at the Church in Green (local mega church). Ohio has had it's share of Christians kowtowing to government and this has the appearance of another example. For those who are unaware, Clergy Response Teams (set up, in cooperation with FEMA) have been put in place to "quell dissent" during national emergencies and disasters. After the 2008 Presidential election, there's an incident of an Assembly of God church (in Ohio) was telling its congregation to submit to Obama and the government. In both cases, the pastors and clergy present a twist on Romans 13, where they commonly state that submitting to government is a Christian thing to do and that Christians should lead the way in submission.

When asked about FEMA coming into the Chapel in Green (for training), the pastor responded to a concerned church-goer (paraphrase) that "it's no different than working with Red Cross". The major difference is that the Red Cross is not a federal agency, whereas FEMA is. So, apparently no one is having a problem with the infamous argument about the separation of church and state issue, that's commonly debated.

Will anything happen in Ohio in April? The only thing we are assured of is FEMA needing 200 "victims" for a training exercise on the 29th, and another Ohio church allowing the blurring of lines between church and state. As for the pandemic in Ohio? We'll have to wait and see what First Energy's next move is.

Meanwhile, JOTS wishes everyone the best. As a side note, we appreciate Alex (Jones) and everyone at PrisonPlanet.com for posting the original story about the church in Ohio and Romans 13. JOTS has a direct connection to the story reported by Prison Planet and will be including additional information (in a future article) about the actual sermon of submittal to government. And of course, thanks to you, our readers.

The PoliceChief
The Professional Voice of Law Enforcement
March 2009
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QUARANTINES
The Law Enforcement Role

The Police Chief Magazine, March 2009 // 2006
from The Police Chief, 2006, 73(2)
https://www.policechiefmagazine.org/quarantines-the-law-enforcement-role/
https://web.archive.org/web/20090325234959/http://policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=807&issue_id=22006

Should the United States, or any portion of it, have to resort to large-scale quarantines to contain the spread of disease, it seems certain that state and local police will be deeply involved in any such effort. The military is accomplished at lo-gistical undertakings and may be best suited for such things as the delivery of food, water, medical supplies and related items. Although the military and other federal entities such as FEMA will presumably play a major part in any broad quarantine program, state and local law enforcement agencies will play a critical role as well, particularly in the early stages of the emergency while other resources are being mobilized and brought on line. This role will present a monumental challenge to state and local law enforcement agencies, for they will face daunting personnel and logistical problems as they strive to fulfill the duties and responsibilities placed upon them by federal, state, and local law.

Indeed, quarantines of any significance are outside the experience of law enforcement agencies in the United States. The last large scale quarantine in the United States was imposed almost 90 years ago during the 1918 Spanish flu pandemic. Internationally, the SARS epidemic, or severe acute respiratory syndrome, was confronted by quarantines in China, Hong Kong, and Singapore. There, "police surrounded and cordoned off buildings, set up checkpoints on roads into and out of areas where the disease had been discovered, installed Web cameras in people's homes, blocked off whole villages, and even threatened to execute anyone who broke quarantine".[1] The less draconian response in Canada, in which people were asked to voluntarily quarantine themselves in their homes while being supplied with essential supplies, was generally effective and would be more in line with any quarantine that may be imposed in the United States. Nonetheless, President George Bush's suggestion in early October 2005 that the military may be used to enforce a quarantine opens the door to speculation about the tactics and operational protocols that may be under consideration at the federal level.

The president is not the only high ranking authority discussing the potential use of quarantines. Julie Gerberding, director of the Centers for Disease Control and Pre-vention (CDC), on October 5, 2005 re-marked in an interview that the military or National Guard might be summoned to maintain civil order in the "context of scarce resources or an overwhelming epidemic".[2] The mention of scarce resources was brought into greater relief on Novem-ber 20, 2005, when Mike Leavitt, secretary of the Department of Health and Human Services (DHHS), declared that the United States is unprepared for the next flu pandemic, lacking the manufacturing capacity to provide 300 million doses of a vaccine for three to five more years.

One of the problems with discussions of quarantines is definition of the term. In the case of the president's statement, did he mean, for example, "gathering those exposed to flu in a single location and forcing them to stay there? Did he mean isolating them in their homes? Cordoning off whole communities where cases crop up? Not all quarantines are alike: each carries its own risks and benefits".[3] Not all communicable diseases are equally amenable to control by means of quarantine.

In its traditional sense and the manner in which [the summer/fall 2005] issue of Policy Review speaks of "quarantine," the term means "the compulsory physical separation, including restriction of movement, of populations or groups of healthy people who have been potentially exposed to a contagious disease, or to efforts to segregate these persons within specified geographic areas".[4] Quarantine is not an interchangeable term with "isolation," which means the separation and confinement of individuals who are suspected of being infected so that they may not transmit the disease to others. Attempts to control contagious diseases may use one or both of these approaches but it is important to separate the meaning of these terms and the approaches that may be required to enforce them.

Careful, detailed, and well-informed planning is essential if state and local agencies are to fulfill this extremely difficult yet critical role. Speaking to this point and the potential for a bird flu pandemic, Dr. Anthony Fauci, director of the Nation-al Institute of Allergy and Infectious Diseases (NIAID), a division of the National Institutes of Health (NIH), said "We can't put a number on how probable that's [a pandemic] going to be. It's a low probability. When the consequences are unimaginable, you must assume the worst-case scenario".[5]

Planning is certainly essential, for either a quarantine or isolation in response to a flu epidemic or a biological attack. There are several aspects of a potential quarantine scenario that local police executives, managers, and supervisors will have to consider as they make plans for such an eventuality.

Legal Authority

The first issue that local law enforce-ment planners must address is the question of their legal authority in a quarantine situation.

Throughout U.S. history, a conflict has existed between the Constitution's guarantees of personal and property rights and the power of the state to act to protect public health. Although the courts have historically given deference to the state's authority in such matters, many of these cases have involved the quarantine of animals, fowl, or agricultural products. Few of these court decisions have addressed the issue of human quarantine, and those that do often have tended to limit the state's power rather than enhancing or clarifying it.6

But it is probable that in the event of a sig-nificant emergency requiring quarantine of portions of an area's population, most courts would find authority for such actions in both federal and state constitutions.

Federal law, in 42 U.S.C. 264(a), gives the surgeon general the power to act to con-trol the spread of communicable disease:

The Surgeon General, with the approval of the Secretary, is authorized to make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession. For purposes of carrying out and enforcing such regulations, the Surgeon General may provide for such inspection, fumigation, disinfection, sanitation, pest extermi-nation, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings, and other measures, as in his judgment may be necessary.

Other subsections of 42 U.S.C. 264 provide for the apprehension, detention, or conditional release of individuals, the ap-prehension and examination of individuals believed to be infected, and other measures. As a result of the emergent concern about the threat of a pandemic caused by the avian flu virus, executive orders have recently been issued to supplement this law and to expand the power of the federal government to deal with such an eventuality.7

This concern is fully justified. The flu pandemic of 1918-1919 killed 50 million people worldwide, with a death rate some 50 times that of the usual seasonal influenza, and it is considered entirely possible that the current development of avian flu could rival if not exceed the scope of the 1918-1919 outbreak.[8]

Further, it must be recognized that a bioterror attack might result in a situation at least as deadly as, if not more deadly than, these natural pandemics.

Because of these various concerns, the federal government, specifically the CDC, is preparing plans for dealing with disease emergencies in the United States. When finalized, these plans will almost certainly include measures for imposing and enforcing quarantines to limit the spread of the disease.

It appears that these various federal measures envision that the federal government will take a lead role in any significant quarantine activity in the United States. But this should not lead local law enforcement officials to believe they need not prepare for a quarantine situation in their own jurisdictions. Notwithstanding federal statutes, regulations, or proclamations, local authorities (that is, local public health officials and law enforcement agencies) will probably be the first responders to any outbreak. Furthermore, even after federal agencies (probably including federal troops or National Guard units) have moved in, local law enforcement will have to continue to act in cooperation with such agencies or forces. Therefore, in the current absence of any federal executive or legislative action that would completely exclude local police from all responsibility in a quarantine scenario, this issue of Policy Review will focus on state law and the problems that may face local law enforcement in quarantine situations.

State Legislation. There is now considerable legislation on the general subject of quarantines, and although many such state laws deal with the quarantine of animals, poultry, or agricultural products, most states today have laws related to the quarantine of human beings.[9] Historically, these statutes have contemplated only quarantine in the event of natural outbreaks of disease, but recently some statutes have been enacted or amended to address specifically the subject of human quarantine in the event of the use by terrorists of biological agents as a weapon.[10]

Nevertheless, most state quarantine statutes relate only to the power of public health officials, such as state or local health departments, to act to control disease. And although they sometimes indicate that public health officials may call upon other agencies, such as the police, for assistance, few statutes provide specific guidance con-cerning police authority and procedures in the event of a quarantine. This lack of uniformity and specificity presents a significant problem for law enforcement.

Since the events of September 11, efforts have been made to improve the state legislative situation. In 2001 a public health law center drafted the Model State Emergency Health Powers Act[11] and followed it in 2003 with the Model State Public Health Act.[12] Both of these model acts were designed to help states enact legisla-tion to deal with public health emergencies. Some states have enacted portions of one or both of these model acts. One source reports that as of June 30, 2005, 32 states had introduced a total of 78 bills or resolutions involving portions of the Model State Public Health Act, and that, of these 78, 30 have been passed into law.[13] In addition, some states, after declining to adopt the model act proposals, have enacted their own legislation.

Many of these newer statutes are still general in nature and do not relate specifically to law enforcement involvement in the quarantine effort. But a few have provided some degree of specific authority for law enforcement action in quarantine situations. For example, in 2005 Hawaii enacted S.B. 781, which provides that police officers and sheriffs have the authority and duty to enforce quarantine orders when required by the state's department of health.[14] Since 2001 many other states have enacted or amended legislation for the purpose of clarifying their public health laws and improving the potential response to public health emergencies.[15]

The language and coverage of these numerous state enactments have varied widely, creating what amounts to a patchwork quilt of legislation, much of it of little specific assistance to law enforcement agencies as they seek to define their own authority in a quarantine situation. There-fore, each law enforcement agency should check its state's laws to determine what authority, if any, the legislature of its state has provided to law enforcement to act in quarantine situations.

Legislative Action Required. Because of the lack of uniformity and even greater lack of specificity in the state laws, the law enforcement community should communicate to political and legislative leaders the need for detailed and specific legislative authority governing police involvement in quarantine efforts. Existing legislative quarantine schemes leave police without adequate guidance and without adequate protection from liability issues that may arise as the result of quarantine enforcement. Some state and local leaders may not appreciate the need for specific authorization for police action, so communication of the needs of law enforcement agencies to political and legislative leaders is vital.

Planning Issues

Once a law enforcement agency has determined its legal authority to act to enforce quarantine, planning for the use of that authority becomes a matter of the highest priority.

For example, the department must first determine what resources it will need before it can effectively deal with a quarantine order, and then ascertain if those resources are available. Enforcement of a quarantine order, even for a short time, will require personnel, time, and money. Many local police departments lack the capacity to maintain a major quarantine operation while continuing to perform other police duties.

In this connection, department executives must recognize that their personnel resources may be affected because many of their own employees and their families probably will be affected by the emergency. This may result in absenteeism and will certainly impose mental and physical strain on the department's employees, further reducing the department's already-strained operational capacity.

In addition, police executives must consider the nature and extent of the enforcement measures their agencies will employ. The quarantine of a large number of human beings, many of whom will be unwilling to abide by quarantine regulations, will present problems for the department. The SARS epidemic in Canada presented problems related to communicating the need for voluntary quarantine to affected groups. While it is difficult to draw upon history in this case to present potential scenarios of citizen response, it is possible that the general public may react as they have in the past to the use of quarantines.

A case in point is found in Muncie Indiana where an outbreak of smallpox occurred in 1893. Public health authorities had a great deal of difficulty convincing citizens that severe restrictions were necessary to contain the disease. Reportedly, "many infected citizens were isolated under home detention and their presumably uninfected family members were quarantined with them. Entire neighborhoods were quarantined by patrolling armed guards; violators were incarcerated. Mandatory vaccination was instituted. Violence broke out as some civilians resisted the public health impositions, and several public officials were shot. Public health officials ultimately concluded that their quarantine actions had been 'an utter failure'" as the public had repeatedly defied their quarantine efforts.[16]

Another lesson can be learned from a quarantine instituted in the Chinese neighborhood of San Francisco, California, in 1900 after plague was diagnosed in several residents. The boundaries of the quarantine were later questioned as being arbitrary and disproportionate in that they had imposed severe economic damage to the Chinese business community. A federal court found the quarantine to be unconstitutional based on the capricious manner in which it was imposed.

History also shows that some will panic, and some will seek to flee the area in violation of the quarantine. In other cases, individuals will attempt to enter the quarantined area to assist or otherwise be with their families. What degree of force can or should the department employ in preventing violations or apprehending violators? Can deadly force be used legally, and if so, will officers follow such orders or refuse to obey them on ethical grounds? Is the department prepared to justify the use of such force and meet the legal challenges and potential liability that will almost certainly follow? These and many other questions must be addressed.

Every police department, regardless of size, will require preparation and training. Training must be carried out well before any actual emergency arises. In view of the threat involved, police leaders must take action without delay to plan and execute the training program and to ensure that the necessary logistical resources are available.

Preparation

A detailed operational plan must be prepared, one that is as specific as possible yet flexible enough to take into account the many different scenarios that may be encountered. As it is impossible to foresee the nature, location, and extent of the possible types of emergencies, all contingencies must be accounted for. Among other things, provision must be made for the following functions.

Deployment of Personnel and Equipment.

The department must have a viable plan for the deployment of its resources in a quarantine scenario. This must include not only a realistic evaluation of the assets available but also the recognition of the possibility that personnel resources may be reduced by the effects of the emergency on the department's own employees. Since department employees, particularly those in the field, will be exposed to the disease that has triggered the quarantine, arrangements must be made for (1) protection of personnel, (such as the availability and suitability of personal protective equipment), (2) mainte-nnance of personnel in the field for extended periods, (3) replacement of personnel who themselves become victims, (4) provisions for force protection against persons who would use violence against police to escape or compromise the quarantine and (5) provisions for providing assistance to and communication with the families of police officers who may be left without the contact and support of their family member while serving the public interest.

To these ends, well-thought-out plans for rotation of field personnel and the provision of necessary equipment, ranging from protective gear to vehicles to supplies of food and water for onduty personnel, are essential.

Command and Control.

The department must maintain close control of the quarantine operation. Experience shows that officers in the field, confronted by a disaster unprecedented in their (or any-one else's) experience, require supervisory guidance if they are to perform effectively. Allocation of supervisory personnel to the field is vital, and provision must be made for maintaining close contact between the field supervisors and the employees and units they are supervising, for these may be widely dispersed if the quarantine area is large and department's resources are stretched thin.

Communications.

Recent events have shown the absolute necessity of maintaining communications capability under extreme conditions. Although disease does not directly affect communications equipment, it may seriously affect dispatchers and others who are essential to the continued functioning of communications capabilities. In addition, it must be remembered that the quarantine itself may arise out of a broader emergency situation, such as a terrorist attack or a natural disaster, that may result in damage to communications equipment. Such damage could degrade the communications network and cripple the ability of command personnel to communicate with officers in the field, or of officers to communicate among themselves, with resultant loss of ability to manage the quarantine situation.

Initiation.

It must be clearly deter-mined who is to initiate the quarantine measures. Presumably this will come from public health officials, either directly or along the political chain of command. Statutes generally provide public health officials with the authority to initiate quarantine measures and may specify under what conditions and to what extent quarantines may be imposed. It is incumbent upon

police executives to understand who has the authority to initiate a quarantine order and the exact extent of that authority. Here, close liaison with local and state public health officials is necessary to avoid confusion and delay in the initial stages of the quarantine.

Cooperation with Other Agencies.

Co-operation with other agencies, federal, state and local, will be essential. Protocols for this cooperation must be established in advance between police, fire services, EMS, and other related responders. For example, if mutual assistance agreements between neighboring local jurisdictions do not already exist, they should be created and, when the occasion arises, implemented without delay. As the recent experience with the Gulf Coast hurricanes illustrates, many legal and operational difficulties can arise to interfere with interagency cooperation, and these difficulties should be anticipated and provided for.

One complicating aspect of this problem is the possibility, if not probability, that a large quarantine effort will require the employment of National Guard or federal military assets. Here the issues of command and control, communication, and delineation of responsibility loom large and must be anticipated if the quarantine effort is to be carried out effectively.

Public Cooperation.

It is unlikely that any quarantine operation will succeed if it is not supported by a majority of the inhabitants of the area. Widespread resistance to quarantine measures, as previously mentioned, perhaps including panic and mass exodus from the threatened area, is a distinct possibility. A significant lack of public acquiescence to quarantine measures will almost certainly defeat the efforts of even the best-planned and competently executed quarantine operation. Therefore, police departments, in conjunction with public health authorities, should take the following steps:

- Educate the public about the possible necessity of quarantine and the measures that will be taken.
- Enlist the public's aid in (1) complying with quarantine regulations and, if possible, (2) assisting the department in carrying out a successful quarantine.
- Inform the public of the consequences of quarantine violations, both for the violators and for those who may suffer as the result of the violation.

These steps should be initiated before any actual emergency arises, and should be given top priority in the overall departmental plan.

Facilities for Detention of Quarantine Violators and Looters.

Serious disruption of normal procedures may occur during a quarantine emergency, either because of the quarantine itself or because of the broader event that leads to the quarantine. For example, return of apprehended quarantine violators to the original quarantine area may not be feasible, and provision must be made not only for such persons, but also for the detention of other types of violators, such as looters, if available personnel resources do not permit processing in the normal manner. Crowd control must be anticipated if persons choose to protest the quarantine actions, attempt to overrun emergency medical facilities or violently compete for scarce vaccines, medical treatment, food or supplies.

Treatment of Medical Contingencies.

Police departments must make arrangements in advance for the transportation and treatment of those who experience medical emergencies during the quarantine. Some of those quarantined will become ill. Facilities must be available for treatment of such emergencies, and the means and manpower to transport ill persons, or to summon other agencies to do so, must be available. Obviously, these measures are primarily the responsibility of public health agencies, health care providers and facilities, and so on, but police need to be aware of the existence, location, and nature of the medical assistance available during the quarantine. Again, planning and close cooperation are crucial.

Training

One indispensable aspect of quarantine preparation by police departments is training. Because a widespread quarantine may ultimately result in the involvement of virtually all department personnel, a massive all ranks training program will be required and should be initiated without delay. Uninformed or misguided actions by departmental managers, field supervisors, or field personnel in a quarantine situation will inevitably lead to disaster for both the department and the community. All levels of the department will be involved in some manner in any significant quarantine operation, and therefore all levels of the department must be properly prepared to fulfill their responsibilities once the quarantine has begun.

A quarantine training program must include the assistance of public health agencies. A joint training program involv-ing all of the agencies that will be involved in the quarantine effort should be instituted without delay.

Summary

Some police agencies in the United States will likely face the necessity of imposing either a mandatory or voluntary quarantine after a terrorist attack, the start of a pandemic, or a health crisis caused by storms, earthquakes, or other natural disasters. Although the federal government will probably play a lead role in the enforcement of a quarantine order, police, in their capacity as first responders and primary administrators of local laws, must be prepared both to bear initial responsibility and to play a continuing role in carrying out quarantine measures. Careful planning, meticulous prepara-tion, and department-wide training will all be required.

References

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[2] Wendy Orent, "The Fear Contagion," Washington Post, Sunday, October 16, 2005: B01; citing an interview on the The NewsHour with Jim Lehrer, October 5, 2005.
[3] Wendy Orent, "The Fear Contagion," Washington Post, Sunday, October 16, 2005: B01.
[4] Joseph Barbera, et a1., "Large-Scale Quarantine Following Biological Terrorism in the United States," Journal of the American Medical Association, vol. 286, no. 21 (December 2001).
[5] Hope Yen, "Experts: U.S. Unprepared for Super-Flu Pandemic," Associated Press, November 21, 2005.
[6] In general, the more frequently quarantine efforts involve issues of criminal prosecutions, the more closely the courts will scrutinize the constitutional issue. One principle that has clearly emerged is that while public health officials have broad powers to investigate public health threats, and often do not have to comply with the restrictions imposed upon police by the Fourth Amendment, any information gathered by public health agencies in such situations generally cannot be used in criminal prosecutions unless the collection process complied with the Fourth Amendment's requirements regarding, for instance, search and seizure. See generally Richards, "Collaboration Between Public Health and Law Enforcement: The Constitutional Challenge," cited by request of the author as "Emerg Infect Dis [serial online] 2002 Oct 8." This document is available on the Web at (www.cdc.gov/ncidod/EID/vol8no10/02-0465.htm).
[7] See Executive Order 13295 of April 4, 2003, amended April 1, 2005, to include "Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."
[8] See Fauci and Gerberding, "Unmasking the 1918 Influenza Virus: An Important Step Toward Pandemic Influenza Preparedness," a joint NIH and CDC statement dated October 5, 2005. Text available at (www.3.niaid.nih.gov/news/newsreleases/2005/0510state.htm).
[9] See, for instance, Va. Code §32.1-48.05.
[10] See, for instance, Va. Code §32.1-42.
[11] The text of this model act is available at (www.publichealthlaw.net/MSEHPA/MSEHPA2.pdf).
[12] The text of this model act is available at (www.publichealthlaw.net/Resources/Modellaws.htm).
[13] For a list of the states concerned and the legislation enacted by each state, see the summary at (www.publichealthlaw.net/Resources/ResourcesPDFs/MSPHA%20LegisTrack.pdf).
[14] See (www.capitol.hawaii.gov/site1/docs/getstatus2.asp?billno=SB781).
[15] See legislative summary at (www.publichealthlaw.net/Resources/ResourcesPDFs/MSPHA%20LegisTrack.pdf).
[16] See footnote 4, citing W. Eidson, "Confusion, Controversy, and Quarantine: the Muncie Smallpox Epidemic of 1893," Indiana Magazine of History 86 (1990): 374-398.

[Jane Burgermeister]

Lawsuit Against Manufacturers of the Avian Flu Virus Vaccine

Signs of the Times, 8 April 2009
https://web.archive.org/web/20090629204013/http://www.sott.net/articles/show/187813-Lawsuit-Against-Manufacturers-of-the-Avian-Flu-Virus-Vaccine
https://web.archive.org/web/20090621120844/https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/

Jane Burgermeister, an Austrian investigative reporter, filed criminal charges in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic

Criminal charges against
Baxter AG,
Baxter International and
Avir Green Hill Biotechnology AG,

For developing, manufacturing, disseminating, and releasing a biological weapon of mass destruction, on Austrian soil between December 2008 and February 2009; With the intention of causing a global bird flu pandemic virus and of intending to profit from that same pandemic, in an act that Violates Laws on International Organised Crime and Genocide.

Charges filed against Baxter and Avir
Charges filed with the 1st part translated into English
Overview
Submitted on:
Wednesday, 8th April 2009,
Vienna State Prosecutor's Office, Landesgerichtstrasse 11, 1080 Vienna

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A. Summary of the criminal charges brought and of the grounds for these charges
B. Statement of Facts: Timeline and relevant background information
C. Relevant Laws

A. Summary of the criminal charges brought and of the ground for these charges.
I am a citizen of Austria and live in Vienna, and would like to file criminal charges against the corporate entities of
Avir Green Hills Biotechnology, headquartered in Vienna, Währing, and
Baxter AG, headquartered in Vienna, the Austrian subsidiary of the pharmaceutical company Baxter International, headquartered in Deerfield, IL, USA, and
Baxter International,
for endangering my life and health as well as the lives and health of the people in the city of Vienna, in Austria and in the surrounding countries.
Avir and Baxter unlawfully, wilfully and knowingly, in the period between December 2008 and February 2009, employed manipulative and deceptive devices and contrivances in violation of national and international laws on the manufacturing, possession, release and dissemination of biological weapons of mass destruction and on organised crime, to manufacture and distribute a biological agent that is classified as a bioweapon among the population.

HEADLIGHT

Charles Scanlon

Columbus parents talk safety with officer

The Deming Headlight (Deminnng, New Mexico), 21 Apr 2009, p. 3
https://www.newspapers.com/image/558599563/?terms=Respiratory%20Disease%2C%20Mexico&match=1

Columbus. About 40 parents of Columbus Elementary students gathered in the school cafeteria earlier this month to speak with Deming Public Schools Safety Officer Bennie Jasso about issues of school safety.

...

He presented the main objective of their discussion: the safety and security of students at school. Jasso explained the new school will be much more secure than the present wide-open campus, and listed the various agencies, from U.S. Border Patrol to local EMTs, ready to cooperate in keeping kids safe. Jasso urged the parents not to be concerned at finding regular emergency code practices, when students might be temporarily locked down inside class-rooms to learn emergency procedures under various scenarios. "All of these agencies and practices help us get ready to provide safety to our children," he said.

Espinoza then used cooperative learning strate-gies to break the many par-ents out into small groups of six to prioritize their three greatest concerns for student safety. The half dozen groups had several concerns in common, and some unique to each group. Typical concerns were stu-dent security when getting on and off buses, being dropped off from cars, or walking to school, includ-ing having someone present to supervise. Some parents asked about having a secu-rity guard at school and a weapons detector, and to be sure that not just anyone can walk into the school. Some talked about the iso-lated location of the new school on the edge of town, and shared their concerns for wildlife in the area, including snakes. Others wanted to discuss the possibilities of gangs, drugs and gunfire. Some had heard of pandemic preparation in El Paso, including preparation for the Severe Acute Respiratory Syndrome virus. Others were concerned with provisions for children of differing capabilities. Principal Madrid as well as other members of the faculty and staff were on hand to field questions.

...

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MMWR

M. Ginsberg, J. Hopkins, A. Maroufi, G. Dunne, DR. Sunega, J. Giessick, et al.

Swine Influenza A (H1N1) Infection in Two Children – Southern California

Morb Mortal Wkly Rep, 21 April 2009 // 24 April 2009, 58 (15): 400-402
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5815a5.htm

On April 17, 2009, CDC determined that two cases of febrile respiratory illness occurring in children who resided in adjacent counties in southern California were caused by infection with a swine influenza A (H1N1) virus. The viruses from the two cases are closely related genetically, resistant to amantadine and rimantadine, and contain a unique combination of gene segments that previously has not been reported among swine or human influenza viruses in the United States or elsewhere. Neither child had contact with pigs; the source of the infection is unknown.

Investigations to identify the source of infection and to determine whether additional persons have been ill from infection with similar swine influenza viruses are ongoing.

This report briefly describes the two cases and the investigations currently under way. Although this is not a new subtype of influenza A in humans, concern exists that this new strain of swine influenza A (H1N1) is substantially different from human influenza A (H1N1) viruses, that a large proportion of the population might be susceptible to infection, and that the seasonal influenza vaccine H1N1 strain might not provide protection.

The lack of known exposure to pigs in the two cases increases the possibility that human-to-human transmission of this new influenza virus has occurred. Clinicians should consider animal as well as seasonal influenza virus infections in their differential diagnosis of patients who have febrile respiratory illness and who 1) live in San Diego and Imperial counties or 2) traveled to these counties or were in contact with ill persons from these counties in the 7 days preceding their illness onset, or 3) had recent exposure to pigs. Clinicians who suspect swine influenza virus infections in a patient should obtain a respiratory specimen and contact their state or local health department to facilitate testing at a state public health laboratory.

Case Reports

Patient A. On April 13, 2009, CDC was notified of a case of respiratory illness in a boy aged 10 years who lives in San Diego County, California. The patient had onset of fever, cough, and vomiting on March 30, 2009. He was taken to an outpatient clinic, and a nasopharyngeal swab was collected for testing as part of a clinical study.

The boy received symptomatic treatment, and all his symptoms resolved uneventfully within approximately 1 week. The child had not received influenza vaccine during this influenza season. Initial testing at the clinic using an investigational diagnostic device identified an influenza A virus, but the test was negative for human influenza subtypes H1N1, H3N2, and H5N1.

The San Diego County Health Department was notified, and per protocol, the specimen was sent for further confirmatory testing to reference laboratories, where the sample was verified to be an unsubtypable influenza A strain.

On April 14, 2009, CDC received clinical specimens and determined that the virus was swine influenza A (H1N1). The boy and his family reported that the child had had no exposure to pigs. Investigation of potential animal exposures among the boy's contacts is continuing. The patient's

mother had respiratory symptoms without fever in the first few days of April 2009, and a brother aged 8 years had a respiratory illness 2 weeks before illness onset in the patient and had a second illness with cough, fever, and rhinorrhea on April 11, 2009. However, no respiratory specimens were collected from either the mother or brother during their acute illnesses. Public health officials are conducting case and contact investigations to determine whether illness has occurred among other relatives and contacts in California, and during the family's travel to Texas on April 3, 2009.

Patient B. CDC received an influenza specimen on April 17, 2009, that had been forwarded as an unsubtypable influenza A virus from the Naval Health Research Center in San Diego, California. CDC identified this specimen as a swine influenza A (H1N1) virus on April 17, 2009, and notified the California Department of Public Health.

The source of the specimen, patient B, is a girl aged 9 years who resides in Imperial County, California, adjacent to San Diego County. On March 28, 2009, she had onset of cough and fever (104.3°F [40.2°C]). She was taken to an outpatient facility that was participating in an influenza surveillance project, treated with amoxicillin/clavulanate potassium and an antihistamine, and has since recovered uneventfully. The child had not received influenza vaccine during this influenza season. The patient and her parents reported no exposure to pigs, although the girl did attend an agricultural fair where pigs were exhibited approximately 4 weeks before illness onset. She reported that she did not see pigs at the fair and went only to the amusement section of the fair. The Imperial County Public Health Department and the California Department of Public Health are now conducting an investigation to determine possible sources of infection and to identify any additional human cases. The patient's brother aged 13 years had influenza-like symptoms on April 1, 2009, and a male cousin aged 13 years living in the home had influenza-like symptoms on March 25, 2009, 3 days before onset of the patient's symptoms. The brother and cousin were not tested for influenza at the time of their illnesses.

Epidemiologic and Laboratory Investigations

As of April 21, 2009, no epidemiologic link between patients A and B had been identified, and no additional cases of infection with the identified strain of swine influenza A (H1N1) had been identified. Surveillance data from Imperial and San Diego counties, and from California overall, showed declining influenza activity at the time of the two patients' illnesses. Case and contact investigations by the county and state departments of health in California and Texas are ongoing. Enhanced surveillance for possible additional cases is being implemented in the area.

Preliminary genetic characterization of the influenza viruses has identified them as swine influenza A (H1N1) viruses. The viruses are similar to each other, and the majority of their genes, including the hemagglutinin (HA) gene, are similar to those of swine influenza viruses that have circulated among U.S. pigs since approximately 1999; however, two genes coding for the neuraminidase (NA) and matrix (M) proteins are similar to corresponding genes of swine influenza viruses of the Eurasian lineage (1). This particular genetic combination of swine influenza virus segments has not been recognized previously among swine or human isolates in the United States, or elsewhere based on analyses of influenza genomic sequences available on GenBank.* Viruses with this combination of genes are not known to be circulating among swine in the United States; however, no formal national surveillance system exists to determine what viruses are prevalent in the U.S. swine population. Recent collaboration between the U.S. Department of Agriculture and CDC has led to development of a pilot swine influenza virus surveillance program to better understand the epidemiology and ecology of swine influenza virus infections in swine and humans.

The viruses in these two patients demonstrate antiviral resistance to amantadine and rimantadine, and testing to determine susceptibility to the neuraminidase inhibitor drugs oseltamivir and zanamivir is under way. Because these viruses carry a unique combination of genes, no information currently is available regarding the efficiency of transmission in swine or in humans. Investigations to understand transmission of this virus are ongoing.

Editorial Note ...

The Washington Post

David Brown

New Strain of Swine Flu Investigated

Washington Post, 22 April 2009.
http://www.washingtonpost.com/wp-dyn/content/article/2009/04/21/AR2009042103694.html

Public health authorities are investigating two highly unusual cases of a previously unknown strain of swine flu that was found in the San Diego area late last month.

The cases occurred almost simultaneously in children who had no contact with pigs or each other, a scenario that raised the possibility that the illnesses may be the sign of an emerging pandemic strain of influenza.

More than 50 scientists and epidemiologists at the Centers for Disease Control and Prevention in Atlanta are studying the strain, and dozens of public health investigators in Southern California are looking for more cases among the those who had contact with the children.

"While we have a low index of suspicion that this is a pandemic, we're being very careful in our investigation to rule out every possibility," said Lyn Finelli, an epidemiologist in the CDC's influenza division.

Neither of the children – a 10-year-old boy in San Diego County and a 9-year-old girl in Imperial County, just to the east – was seriously ill. The cases were detected because both children were treated at clinics that took nose or throat swabs looking for influenza and passed the samples on to health department labs when they could not identify the strains.

"It was a very fortunate lightning strike," Finelli said yesterday.

Both children have recovered. The boy, however, took an airplane trip to Texas with his younger brother while at the tail end of his illness before it was known that he had an unusual strain of flu. Health officials in the Dallas area are looking for cases there, as well as among airline employees who assisted the two children, who traveled as "unaccompanied minors."

Public health officials in the two California counties – both of which border Mexico – are urging physicians and hospitals to look carefully for cases of flu and report any to local health departments.

Flu season, which officially ended this month, was mild this year. However, Stephen Munday, the health officer for Imperial County, said his jurisdiction saw cases late in March, although not enough to qualify as an outbreak. Whether any other cases involved swine flu is unknown at this point.

The Imperial County girl fell ill on March 28 with cough and a high fever, and the San Diego boy came down with similar symptoms, as well as vomiting, two days later. People in both households became sick before and after the children did, although health officials have not determined whether they also had swine flu.

Munday said his department has drawn blood from more than 20 people to be tested for antibodies to the swine flu strain. The antibodies would be a sign that those people were infected even if they never had symptoms. He said some had traveled into Mexico recently but would not describe them further.

"As of yet, we have not been able to come up with any explanation of why anyone would have swine flu," he said.

Molecular analysis of the virus suggests that it is the product of a rare event called a "gene reassortment." In a reassortment, two distinct strains of virus infect the same cell. The viruses take over the cell's genetic machinery to make copies of themselves, mingling the genes of the two strains to create a new, essentially hybrid, strain. Six of the eight genes in the new strain are from the North American lineage of swine flu, but two are from the Eurasian lineage.

The reassortment probably occurred in a pig sometime in the past decade. Both sets of genes are slightly different from those of their original lineage – a sign that time has passed. However, it is unlikely that they have been in humans very long.

"If these viruses had been circulating at low levels in humans for several years, we probably would have detected them," said Nancy J. Cox, head of the CDC's influenza division.

The ability to find and identify rare strains of influenza virus has improved greatly in the past decade, spurred in part by the "bird flu" outbreak in Asia and the anthrax attacks of 2001.

In the past three years, the CDC has investigated 12 cases of human illness caused by swine flu strains. In 11 of the cases, however, the infected people had direct or indirect exposure to pigs.

In 1976, a strain of swine flu caused illness in 13 soldiers at Fort Dix in New Jersey, killing one.

Fearing a pandemic might be in the offing, the federal government ordered emergency production of a vaccine and made plans to administer it to millions of elderly and vulnerable Americans. Mass immunization was halted, however, when the virus did not spread and some vaccine recipients developed a rare neurological disorder called Guillain-Barre syndrome.

VOL. 107 NO. 100 Gettysburg TIMES

Peter Orsi

Mexico deaths climb

Gettysburg Times (Gettysburg, PA), 23 Apr 2009, V 107, N 100, p. A1, A5

Mexico City (AP) – Ominous developments Monday in the swine flu epidemic a jump to 149 deaths and more signs that the virus can jump repeatedly from human to human prompted the World Health Organization to raise its pandemic alert level, and governments around the world were taking tougher measures. The virus has already spread to at least a half-dozen countries and half of Mexico. Trying to eliminate crowds, the Mexican government canceled school nationwide and considered closing the capital's subway system. Health Secretary Jose Angel Cordova said 20 deaths have been confirmed to be from swine flu and test results were pending on the others.

"We are at the most critical moment of the epidemic. The number of cases will keep rising so we have to reinforce preventive measures," Cordova said at a news conference that was briefly shaken by an earthquake centered in southern Mexico.

WHO said the new phase 4 alert means sustained human-to-human transmission is causing outbreaks in at least one country, signaling a significant increase in the risk of a global epidemic, according to Mexico health department spokesman Carlos Olnios. Phase 4 doesn't mean a pandemic is inevitable, but many experts think it may be impossible to contain a flu virus already spreading in several countries. Cordova said 1995 people have been hospitalized with serious eases of pneumonia since mid-April, of whom 1,070 have been released. The government does not yet know how many were swine flu.

Cordova also suggested an earlier timeline fur documented swine flu cases inside Mexico. The first death confirmed by the government involved a woman who suc-cumbed from swine flu on April 13 in southern Oaxaca state. But Cordova said tests now show that a 4-year-old boy contracted the disease at least two weeks earlier in neighboring Veracruz state, where a community has been protesting pollution from a large pig farm.

The farm is run by Granjas Carroll de Mexico. a joint ven-ture 50 percent owned by Virginia-based Smithfield Foods, Inc. Spokeswoman Keira Ullrich said the company has found no clinical signs or symptoms of the presence of swine influenza in its swine herd or its employees working at its joint ventures anywhere in Mexico. But local residents are convinced they were sickened by air and water contamination from pig waste.

There was a widespread outbreak of a particularly powerful respiratory disease in the area early April, and some people reported being sick as early as February. Local health workers intervened in curly April, sealing off the town of La Gloria and spraying to kill off flies they said were swarming through their homes.

Cordova said the community was suffering from ordinary influenza not swine flu. But only one sample was preserved that of the boy. It was only after U.S. and Canadian epidemiologists discovered the true nature of the virus that Mexico submitted the sample for international testing. and discovered what he suffered from.

The boy has since recovered and Cordova said there have been no new cases detected in the town, but epidemiologists want to take a closer look at pigs in Mexico us u potential source of the outbreak.

Juan Lubruth, an animal health expert at the U.N. Food and Agriculture Organization in Rome, said a team of veterinartans was flying to Mexico. They will examine what surveillance systems are in place to detect swine flu, and review historical data on previous viruses identified in the country. Farmers will be interviewed.

Lubroth said there have been no reports of sick or dying swine in Mexico, but warned that fears surrounding the outbreak could have a devastating effixt on the pork industry.
"Although the virus is reported to have a swine ori-gin, it may have been several years ago, and it's only now that it has shown up in humans as a clinical problem that is spreading," he said.

The Mexican government has yet to say where and how the epidemic began or give details on the victims.

Cordova said the health department lacked the staff to visit the homes of all those suspected to have died from the disease. But he assured that the country had enough medicine to treat the ill.

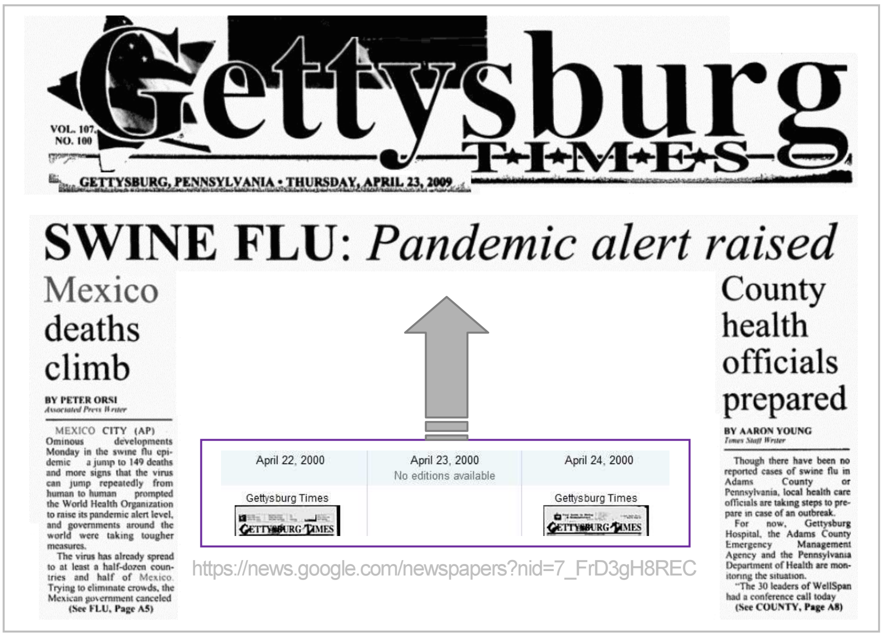
Meanwhile. Mexico suspended all schools nationwide until May 6, extending an order already in place in Mexico City and the of the country's 32 states, and urged people to stay home if they feel sick.

Labor Secretary Javier Lozano Alarcon said employers should isolate anyone showing up for work with fever, cough, sore throat or other symptoms.

And the Mexico City government was considering shutting down all public transportation if the death toll keeps rising.
Mayor Marcelo Ebrard said surgical masks were being distributed at subway and bus stops across the city.

The disease has hit hardest in the capital. but life was disrupted from Tijuana to Acapulco. a lucrative Pacific resort town where night clubs and bars were ordered closed until further notice.

Acapulco Mayor Manuel Anorve Banos said he was worried about tourists from Mexico City spreading the disease.



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SWINE FLU: *Pandemic alert raised*

Mexico deaths climb

BY PETER ORSI
Associated Press Writer

MEXICO CITY (AP) Ominous developments Monday in the swine flu epidemic a jump to 149 deaths and more signs that the virus can jump repeatedly from human to human prompted the World Health Organization to raise its pandemic alert level, and governments around the world were taking tougher measures.

The virus has already spread to at least a half-dozen countries and half of Mexico. Trying to eliminate crowds, the Mexican government canceled

(See FLU, Page A5)

County health officials prepared

BY AARON YOUNG
Times Staff Writer

Though there have been no reported cases of swine flu in Adams County or Pennsylvania, local health care officials are taking steps to prepare in case of an outbreak.

For now, Gettysburg Hospital, the Adams County Emergency Management Agency and the Pennsylvania Department of Health are monitoring the situation.

"The 30 leaders of WellSpan had a conference call today

(See COUNTY, Page A8)

April 22, 2000	April 23, 2000	April 24, 2000
Gettysburg Times	No editions available	Gettysburg Times

https://news.google.com/newspapers?nid=7_FrD3gH8REC

Other publications: Times Herald Online - https://www.timesheraldonline.com

CDC Web Archive

Dr. Anne Schuchat
Interim Deputy Director for Science
Dr. Nancy Cox.
Director of CDCs Influenza Division

CDC Briefing on Public Health Investigation of Human Cases of Swine Influenza

CDC, 23 April 2009, 3:30 p.m. EST
https://www.cdc.gov/media/transcripts/2009/t090423.htm
https://web.archive.org/web/20090426093348/https://www.cdc.gov/media/transcripts/2009/t090423.htm

Operator: Good afternoon and thank you all for holding. At this time your lines have been placed on listen-only until we open up for questions and answers. Please be advised today's conference is being recorded. If you have any objections you may disconnect at this time.

I would now like to turn the conference over to Mr. Glen Nowak, please go ahead, sir.

Glen Nowak: Thank you and thank you all for joining us this afternoon. I'm Glen Nowak, I am Director of Media Relations here at the Centers for Disease Control and Prevention. And this afternoon we're here to have a media update on human swine influenza cases that we have documented in the United States and CDC's efforts with respect to those cases.

We have two people available to speak this afternoon. With me is Dr. Anne Schuchat. She is Director of CDCs National Center for Influenza and Respiratory Diseases. Her last name is spelled S-C-H-U-C-H-A-T. And joining us also is Dr. Nancy Cox. Dr. Cox is Director of CDCs Influenza Division.

The way we'll do this, this afternoon is Dr. Schuchat will provide some opening remarks and then we will open up the phone lines for questions. So I will turn it over to Dr. Anne Schuchat.

Anne Schuchat, MD, Interim Deputy Director for Science: Oh great, I am just going to correct my title for those of you who are taking notes. I am the Director for the National Center for Immunization and Respiratory Diseases. Sometimes it feels like the National Center for Influenza but it's actually Immunization.

You know, I appreciate the chance to update you today about a situation we're exploring related to swine influenza in people. On Tuesday we reported the detection of two children with swine influenza in California and today we want to update you about some new developments, new findings and actions that we're taking in close collaboration with the California Health Department and Texas Health Department and Public Health throughout the country.

Tuesday we reported that we had confirmed two cases of influenza that were swine flu in children in California and we intensified surveillance to look for additional cases. Not surprisingly we have now confirmed several additional cases of humans with swine influenza. The total right now is seven confirmed swine influenza cases.

There are a total of five human swine influenza cases in the state of California. Three of these were confirmed here at CDC yesterday in our laboratory. We have two confirmed cases in the state of Texas near San Antonio. These cases were confirmed at CDC very early this morning.

Both of those were in 16-year-old boys. All seven cases were detected through surveillance for seasonal influenza with tests that were sent then on to the laboratories where untypable influenza was detected. The specimens then get forwarded here to CDC where we found them to be of swine origin.

The good news is that all seven of these patients have recovered. One of them required hospitalization but has been discharged. And so far this is not looking like very, very severe influenza. Seven patients all recovered. The cases range in age from nine to 54 and there are three girls and four males in the group.

And so far the illnesses have presented with flu like illnesses, respiratory symptoms and sometimes with nausea and vomiting as well and diarrhea. But at this point we really don't know the extent of the spread of this particular strain of human influenza derived from swine. And we're in the process of an intensive investigation with partners.

I want to tell you a little bit about what the laboratory ahs found from exploring this particular strain. CDC has conducted testing on all seven samples and we've determined that they are swine influenza A, H1N1. These are human infections with swine influenza viruses. These are viruses that usually infect pigs but in this case we're finding the illness in people.

Preliminary testing of viruses from the first two patients shows that they are very similar. Additional testing is ongoing with the newer isolettes. We know so far that the viruses contain genetic pieces from four different virus sources. This is unusual. The first is our North American swine influenza viruses. North American avian influenza viruses, human influenza viruses and swine influenza viruses found in Asia and Europe.

That particular genetic combination of swine influenza virus segments has not been recognized before in the U.S. or elsewhere. Of course, we are doing more testing now and looking more aggressively for unusual influenza strains. So we haven't seen this strain before but we haven't been looking as intensively as we are these days.

The viruses are resistant to amantadine and rimantadine anti-viral drugs but they are sensitive or susceptible to oseltamivir and zanamivir, the newer anti-viral drugs for flu. And at this time we don't know exactly how people got the virus. None of the patients have had direct contact with pigs.

You can get swine influenza without direct contact but it's a bit more unusual. And we believe at this point that human-to-human spread is occurring. That's unusual. We don't know yet how widely it's spreading and we certainly don't know the extent of the problem. We're taking active steps to learn more and to make sure that we're on top of the situation. We're working closely with health officials in California and in Texas and we're working with the U.S. Department of Agriculture exploring illness in pigs and other animals.

We're also working with international partners to understand what may be occurring in other parts of the world. And we particularly want to get the messages to clinicians today. It's important as we are in this discovery stage of this investigation that clinicians have a heightened concern when they're seeing people with respiratory illness who are – have had direct contact with pigs.

Or who have exposure to San Diego or Imperial County in Southern California or to San Antonio area. What we'd like clinicians who are treating people with respiratory illness in those circumstances to do is to get a specimen to test for influenza and to work with their state health laboratories to look for the typing of the influenza.

We also are asking laboratories to help, state laboratories now are fully equipped to test for influenza types and when they find influenza strains that are not typable we urge them to forward those isolettes on here to CDC where we can check to see whether this particular strain is circulating.

As a precautionary step we're also taking a number of other more forward-looking measures. We are working with this virus to prepare it as a vaccine seed strain should the situation evolve and we actually need to make a vaccine against this particular virus. And we're working with partners across the government to understand the virus as well.

So, there is quite a lot of work going on. I want to say that we are committed at CDC and with our public health partners to let you know what we find out when we find out it. And today we're

providing availability to the press. But what we plan to do is to provide regular updates on our Web site and so at 3:00 p.m. each day, yes 3:00 p.m. each day we hope to be updating the Web site. That's www.cdc.gov to share the additional findings.

You know, in this stage of an investigation when we're really heightening our concern for clinicians, for laboratories, for others we're likely to find more cases. So that's not going to be surprising. At this point we really are making extra efforts here at CDC and with public health partners to understand the situation.

We don't think this is time for major concern around the country but we want you to know what we're doing and what we're learning from what we're doing. I think that there are probably a couple of questions that everybody has that I'd like to answer before we go to the general question and answer period.

You know, when you hear the word swine influenza you think about swine and many people wonder can you get this from eating pork? The answer is no you can't get swine flu from eating pork or from eating pork products. So that's not something that you need to worry about.

It's also important to know that some of the measures that we're taking as part of our investigation as we contact people who have come down with this illness and talked to their colleagues or their family members or their friends we may be doing extra efforts to understand the situation that would not be routine. That would not be what we would recommend everywhere.

So, in the parts of the country where the investigation is intensifying there may be active efforts to understand the spread of the virus. I also want to say something about regular influenza and regular respiratory illness because there is a lot of it. It's important when you have respiratory illness with fever that you wash your hands, that you stay home from work, or you don't travel and you try to protect others from spreading that infection.

And those are good rules when you're worrying about regular seasonal influenza and also at a time like this. So, just the importance of good hygiene, hand washing and keeping your coworkers and your classmates well. CDC is continuing to work actively with the local and state health departments in the affected states. And to connect with our clinical counterparts around the country.

We really want to make sure that information we have is available and at this point I'd like to answer questions that anyone may have.

Operator: Thank you and at this time if you would like to ask a question please press star one on your touchtone phone. Thank you, our first question comes from Helen Branswell, Canadian Press. Please go ahead.

Helen Branswell, Canadian Press: Hi, Thank you very much for doing this and for taking my question. Could somebody please tell me if there are links between these seven cases that you found or do you have suspect cases around these seven cases. Are there people who have been ill but like in the first two but were not tested in the active stage of disease.

Are any of these people actively sick? Another question, is there discussion under way about whether or not alert level needs to be changed at this time?

Schuchat: Thank you so much for those questions. There are two cases in Texas that were attended the same school. So there is contact between those two boys. And there is a father/daughter pair in California.

We don't right now have direct links between California and Texas. There's active investigation going on to understand what the source of infection may have been in people as well as to explore further the possibility of the animal exposure.

So we don't have a history of direct contact with pigs in the patient that we detected. So there are doubles and then others that are just the geographic ditch of two counties in California. Imperial County and San Diego are neighbors. And the patients there are about 130 miles apart from each other.

But this is a very active phase of the investigation and it's important for us to know that may change. You also asked about suspect cases and I can say that when you're in the very active phase of an investigation for something like respiratory illness or fever, it's very common to find people who have suspect symptoms.

So, we're very actively looking into those at this point understanding that information may change. We'll be updating daily the numbers of confirmed cases of swine humanus influenza but we won't be trying to keep on top of the suspect cases in a daily report.

I think you also asked about the pandemic phases. And what I can say is that we're in regular contact with the World Health Organization, with Pan American Health Organization, with counterparts in Washington. We have not changed anything.

Do we have another question?

Operator: Thank you. Our next question comes from Daniel Dunoon (ph), WebMD. Please go ahead.

Daniel Dunoon, WEBMD: Thanks for taking my question. I understand that CDC is looking at antibody levels to see if other people have possibly been infected with this rather than active infection.

Has the investigation uncovered other infections and what have you learned from your ring of surveillance?

Schuchat: You know we're in an active phase right now. We are planning to update the investigation details in the NNWR and I would look for more details there. So far we are looking at contact cases to identify whether there are symptoms and whether among those who are symptomatic there are any, there's any evidence of laboratory findings consistent with this particular strain.

That can be done through the PCR test to look at the actual virus or antigen and it's also that we're also looking through serology. But those results aren't available at this point.

Next question?

Operator: Thank you. Our next question comes from Mike Stobbe, The Associated Press.

Mike Stobbe, The Assoicated Press: Hi, Thank you for taking a question. On Tuesday you all discussed the 10-year-old boy from San Diego County and he had gone to Dallas to visit relatives.

Now we have two cases in San Antonio. Did the boy go to San Antonio? Was any travel from any of these cases to San Antonio? I'm just wondering why San Antonio?

Schuchat: That’s a great question. We're also wondering why San Antonio. I can say that we've been testing strains from Dallas and they have not shown to be this strain. So you are right that’s one of the patients involved did travel from California to Texas but not to San Antonio.

Again, there is an active phase of the investigation and it's possible that links will come up as we continue to learn more about the individuals. But so far we don't have any direct links between people who have the infection in California and the two boys in San Antonio.

Next question?

Operator: Thank you. Our next question comes from Rob Stein, Washington Post. Please go ahead.

Rob Stein, Washington Post: Hi, thanks for taking my question. You might have addressed this in an earlier question but when you said earlier that you have evidence of human-to-human contact spread. Is that between those two pairs you just mentioned?

Schuchat: Well certainly between the father and daughter and the boys in the same school. We are suspicious of human-to-human spread but we actually think the pattern that we're seeing is likely to be from human to human spread primarily because we haven't been able to identify direct animal exposure.

You know, I think we mentioned in the MMWR and on Tuesday in the briefing that we have found swine influenza in people over the past several years. We've been finding more of it recently with our more intensive laboratory surveillance but the majority of swine flu cases that we've seen in the past many years have, do have the direct animal exposure.

We've seen the cases without direct animal exposure but they tend to be rarer because we haven't yet under covered anyone with direct recent pig exposure and because we have these family clusters or school clusters. We really think the pattern is much more consistent with human-to-human spread.

And that's one of the issues we're exploring further in the active investigation.

Next question?

Operator: Thank you. Our next question comes from Maggie Fox, Reuters. Please go ahead.

Maggie Fox, Reuters: Can you tell us a little bit more about the genetic characterization of this virus. What virus it resembles? I also wondered whether you found this just because we're looking more intensely now or whether you think this is a newly occurring virus?

Schuchat: Thank you so much for that question. At this point we really cannot differentiate the idea that this is something completely that we were – from something that we found out about because we have much better surveillance.

We really strengthened our effort to track influenza during the season. We've strengthened laboratory capacities at the state health department and we've initiated reporting that is notifiable for detection of any untypable influenza strain.

So the Public Health system really knows that we want to know about these unusual occurrences. Ten years ago we were not doing that so we may be seeing something and actively investigating something that has happened many times before.

On the other hand the reason we've strengthened all these surveillance systems was to really be able to detect new problems early. And I think that it's very possible that this something new that hasn't been happening before.

In terms of the genetic characteristics, I would like to have Dr. Nancy Cox address those in more detail from what I've already said.

COX: Thank you very much. The virus that has caused these infections is viruses are actually very interesting. They contain genetic segments as Dr. Schuchat said from four different virus sources.

So we have some gene segments that are North American swine influenza viruses. Some gene segments North American avian influenza viruses. One gene segment from a human influenza virus and two gene segments that are normally found from swine influenza viruses in Asia and in Europe.

We actually have complete genomic sequencing done for the first influenza viruses that were isolated from the ten-year-old and the nine-year-old. Those two viruses are very similar but not identical to each other. Now we have partial gene sequences for two additional cases from California.

We've found that the gene sequences from the viruses causing infection in those individuals are very, very similar to those in the initial two cases. So, we're seeing basically a virus that appears to be spreading from person to person in humans and viruses have very similar genetic characteristics to each other.

Are there any other questions about the viruses?

Operator: Thank you. Our next question comes from Mary Brophy Marcus, USA Today. Please go ahead.

Mary Brophy Marcus, USA Today: Hi, I actually have two questions the first; do we have any idea about the infectious window for this particular strain of influenza?

Schuchat: You know, it's usually within a few days but can be as long as nine days at this point. So, we are looking at the, you know, a spectrum. Some of the cases that we are reporting occurred quite a while ago. But have now made it through the laboratory system.

And some of the cases occurred in the more recent past couple of weeks.

MARKCUS: Thank you and my other question is, I don't know if this really off base, but since there is no indication that there is a link with pigs to human spread currently and since this is a time of year when a lot of parents take their children to petting zoos and farms, I'm just wondering if there is any need for concern for families, you know, for visiting rural areas or agricultural fairs or petting zoos.

Schuchat: Thank you for that question. You know, petting zoos are very popular and they are also in a place where it's possible to catch infections, not necessarily swine influenza, but other infections.

So very good hand washing and other precautions is an important thing for parents to know about when they are out visiting such venues. In this investigation we are asking quite a few questions about agricultural fairs, petting zoos and the like.

I think that CDCs Web site does actually have guidance about petting zoos in general because we've had some other kind of outbreaks associated with them. We're not telling parents to change their behavior in terms of the petting zoos or agricultural fairs at this point.

Next question.

Operator: Thank you. Our next question comes from Keith Garza, San Diego Union Tribune. Please go ahead.

Keith Garza, San Diego Union Tribune: Yes, thanks. I'm interested in the additional cases particular in California, the three new cases. Are they located in either San Diego or Imperial County?

Schuchat: Yes. Thank you. I neglected to mention that. Two of the cases are in San Diego County and those are the father/daughter pair. One of the cases is in Imperial County. So the same two counties where we had the original two reports.

Of course, those are places where we're very actively looking so specimens that were available from those places were expedited in terms of our testing. We really do want state laboratories that if they have untypable influenza strains they should send them on here so that we can verify their origin.

We've had terrific cooperation with the California and with San Diego and Imperial Counties. Next question.

Operator: Thank you. Our next question comes from Elizabeth Allen, San Antonio Express News. Please go ahead.

Elizabeth Allen, San Antonio Express News: Good afternoon, the – you mentioned that you are working with numerous agencies and organizations on this and you talked about working with state labs. Are you also working directly with cities, such as the Metropolitan Health District in San Antonio or are they working with state labs, which are in turn communicating with you?

Schuchat: You know, we work through the states to work with locals such as cities and we're – our primary contact would be the Texas Health – the Texas State Health Department who would be actively working with cities and counties.

There are also our other, you know, hospital connections within the state. But our CDC direct link with the state. Next question.

Operator: Thank you, our next question is from Caleb Hellerman from CNN please go ahead.

Caleb Hellerman: Oh, hi, thanks so much for holding this briefing, it's very interesting. Actually, I had two quick questions. One was, if you could elaborate a little bit on the surveillance that initially picked up the initial two cases?

As I understand, there was some sort of pilot program where or testing that is not usually done and sort of wanted to find out more about that, actually that is my main question.

Schuchat: Thank you, yes the first two cases that were detected came from special surveillance activities. One was at a naval research facility where a special diagnostic test was being detected or was being studied. And one was at CDCs collaboration with – it's called the Border Infectious Disease Surveillance or Bids.

Where we are really actively working U.S. and Mexico studying or evaluating infectious diseases along the border, in that setting we have been not just looking for influenza like illness but actually, actively testing to see whether influenza like illness is truly from one of the influenza viruses.

And it was in those two contexts with actually more diagnostic testing then would happen in a routine clinic or office that the first two cases emerged. Next question.

Operator: Thank you, our next question comes from Yronna Ricco (ph) LaOpinion, please go Ahead.

Yronna Ricco (ph): Yes, hi, how can someone that has flu might know – if it's infected – what are the differences between this kind of flu and the regular flu?

Schuchat: That is a great question, thank you for asking that. It's important for people who are ill to take special precautions not to spread their illness and of course, to seek medical care when their more severely ill.

What is important is that your doctor or nurse knows that you have exposure in question here. The syndrome – the presenting symptoms may look just exactly like regular flu. There may be a little bit more diarrhea or vomiting then in regular flu. But the principal symptoms are fever, cough, sore throat, and occasionally now we are seeing diarrhea or vomiting.

So the doctors really need to take a special test to look for influenza and then the laboratories need to do special activities to detect this particular kind. So this isn't something that a person could tell by themselves at home. You would need to get a diagnostic test.

At this point, we're not asking people to change their, you know, to go to the doctor when they have a cold or flu were basically saying if your ill and would seek care please let your doctor know that you have had contact with someone else who is ill or that you had contact with pigs or if you are in the San Diego or Imperial County area or the San Antonio area we're really alerting the clinicians in that area to be thinking about this and to collect respiratory specimen that are needed to detect it.

Next question, please.

Operator: Thank you, our next question comes from Lisa Schnerring (ph), Sid Rap News (ph), please go ahead.

Lisa Schnerring (ph): Thanks so much for all the great information today. I have two quick questions. One, does the H1N1 component of this year's flu vaccine protect against this flu? And the other question I had is there any involvement that you know of, of illnesses across the borders, Canada, or Mexico?

Schuchat: Great, you know, at this point, we don't know yet about cross protection between this particular H1N1 strain and previous human H1N1 infections or the vaccine itself. There are active studies going on to understand possible cross protection just as you mentioned. It is a very important issue that we are looking into.

Of course, we think that getting the season flu vaccine is a good idea regardless of concerns about this particular swine infection. But at this point, we really don't know anything about that cross protection.

The second question you asked about was illness along the borders either with Mexico or Canada. And that is something that we're actively investigating. We are in regular contact with our counterparts in those countries. And, of course, interested in that particularly with the southern part of the U.S. cases and Mexico. Next question, please.

Operator: Thank you, our next question comes from Meredith Wadman with Nature Magazine, please go ahead.

Meredith Wadman: Hi, thanks for taking my question. I actually have two the first is in the five new cases you've described to us today at the Web site now is there a level of detail that I see in the MMWR case reports on the first two cases and if not can you go through the five. Obviously, you can't give that level of detail but give us the basics, the date of onset, the severity of the symptoms, the age, the sex, and so on.

Schuchat: The level of – there will be an MMWR with more information whether it will have as much detail about these five additional cases as we had for the first two I can't say.

The age ranges for the seven cases are from 9 years of age to 54. And the – and I guess the other information I don't have. So I think that would be something to look for, you know, the times I can give you are that it was yesterday when the three additional cases from California were confirmed as swine influenza with our laboratory testing here at CDC and it was very early this morning when the two cases from Texas we're confirmed here in our laboratory. So additional details, you know, case by case I don't have. And I'm not actually sure they'll be in the MMWR.

Nowak: This is Glenn Nowak. We believe that MMWR probably will be posted later today. So look for those details.

Operator: And I think, you know, it's – as I did say earlier, I think it's important for people to realize that we do expect to find more cases given the way we're very intensively looking and the nature of the cases that we have found so far.

We are fully expecting in the next several days at least, to find a number of additional cases. And so whether we share all of the details that we did with the first two in every update I'm not sure we'll be able to focus on that. Next question, please.

Operator: Thank you, our next question comes from Donald McNeil, The New York Times, please go ahead.

Donald Mcneil: Hi, thank you. These cases we're all spread out along the Mexican border. Are you in the – there has been reports that the Mexican authorities informed the Canadian authorities that they we're having a particularly bad flu season this year with a high case fatality rate. Can you tell us more about what you are doing? Are you typing cases from Mexico? Are these cases all among Mexican Americans or unusual number of them or anything more about a Mexican connection?

Schuchat: You know, that question about New Mexico is interesting and important. We're actively discussing our situation and the Mexico situation with Mexico and with the Pan America Health Organization.

At this point, we do not have any confirmations of swine influenza in Mexico. We are working with them in terms of understanding what their seeing clinically as well as the virus characteristics of what they are seeing.

The – and I – the other question was about Mexican American. At this point, those details I don't have all though I am – I think it is important to say that we are – there are some reasons why cases along the border might have come to our attention more readily than elsewhere, partly because we have this border infectious disease surveillance system, which found one of the two original cases. And partly, because in San Diego the naval facility there has been doing special active surveillance for influenza like illness in the outpatient setting.

So that type of intensive type surveillance is not happening everywhere in the country. On the other hand, we are in close contact with Mexico to understand their situation and to share information that we have. And as we learn, more we'll share it, next question.

Operator: Thank you are next question comes from Amy Burkholder, CBS Evening News.

Amy Burkholder: Yes, hi, thank you very much. CDC said yesterday, that a flight crew was being tested after exposure to somebody with this swine flu. Can you give us any results on those tests? Have any members of the crew tested positive?

Schuchat: You know, I've shared with you all of the positive results that we have right now. The seven cases that we have do not include any flight crewmembers. We are in an active investigation mode so that each individual case with confirmed swine influenza prompts a contact tracing investigation that is much more aggressive than we would do with a routine season influenza patient.

So we are in the process of identifying contacts and trying to understand whether or not they were ill and whether or not there is any evidence of history – laboratory evidence of swine influenza in them. We have no results that I am aware of suggesting crewmembers having swine influenza at this point.

But as I said, we're in an active phase and we'll be sharing results as we get them. Next question.

Operator: Thank you, are next question comes from Richard Knox, National Public Radio, please go ahead.

Richard Knox: Hi, thanks very much, I appreciate it. Two different kinds of questions. One, is can you tell us anything more about what the aviance (ph) sequence has been found in any of these viruses and what that might imply? And whether you've ever seen before such a desperate mixing from four different strains in a single virus as well?

Schuchat: Yes, let me actually answer that and then offer that we could get you more information in follow-up. I think it's – the virus – what we have is unusual the reassortant (ph) with these four genetic sequences is unusual. The avian (ph) lineage I don't have that information and if it's available we can try to get it for you later.

But I would say this is unusual and I like to preference that by saying, we're looking a lot more intensively and so we may be finding more unusual things and we are really trying to have a balance of taking this very seriously. Actively investigating, sharing information as we have it, and trying to convey the idea that we really can't differentiate whether this is truly new versus that we have a better situational awareness now. Next question.

Operator: Thank you, our next question comes from Martin Enserink, Science Magazine, please go ahead.

Martin Enserink: Hello, and thank you. You mentioned that your – you are preparing this strain as a (seat) for a vaccine. I wonder if you could tell me a little bit more about that? And also if you are taking additional steps for the preparation of a vaccine? And so have you been in contact already with vaccine producers and ask them what it would take to switch to the production of these vaccines, for instance.

Schuchat: I didn't actually catch too much of that but I think you were asking about us preparing a vaccine strain and whether we could talk a little bit more about that. Is that what your question was? If that's your question would you like to – we'll let Dr. Cox give you sort of a very high-level description of what's going on even though you're science – OK.

Cox: Thank you for that question. I'd like to really place our activities to produce a vaccine candidate strain within the context of our normal activities. Whenever we find a virus that is different, that is to say it's anagenically (ph) directed from the seasonal strains that have been circulating previously.

Or, in the case of H5, whenever we see a virus that's different from the candidate vaccine viruses that we've already produced, we go ahead and make a candidate vaccine virus for this new virus. So this is within the context of what we normally do. This is actually standard operating procedure for us.

In terms of a timeline, of course, it takes us several weeks to produce a candidate vaccine virus and have it tested and so on. And certainly a candidate vaccine virus can be used in a variety of different ways, in the laboratory, as a reagent and so on. So it would be very useful to have this and we consider this to be in our library of candidate vaccine viruses should we need to use it.

Thank you very much.

Nowak: Thank you. We have time for two more questions.

Operator: Thank you. Our next question comes from Judy Silverman, NBC News.

Judy Silverman: I'd like to know the timeline when these cases occurred, these seven cases, from when to when?

COX: Yes. The details that I have are that the earliest onset was March 28 and that the more recent ones are, I believe, April 19. That may not be accurate and on our Web site we will have the accurate information. But these are, you know, ranging from that early, that late March time line to quite a bit more recently.

So the last question? So the last question if there is one?

Operator: Thank you. Our final question comes from Collen Zachary-Chuck (ph), Infectious Disease. Please go ahead.

Collen Zachary-Chuck (ph): Hi, thanks for doing this. I just wanted to double check; do you guys think that this seems kind of like a late presentation for these flu – for the flu to be presenting? Is that typical for California or do you think it's probably due to some of the vaccine maybe having (frost protection) affect? Can you guess on that?

COX: Let me clarify. This is very late for seasonal influenza. The routine kind of influenza strains that we see every year. That's declining. The regular season is in its pale really. What we're seeing now is different. It's not seasonal influenza, it's what we call Swine Influenza. Has different characteristics and we don't really see enough of it in people to have a seasonality.

These are quite unusual cases. It's in fact a little bit easier that it's occurring now in the end of the influenza season because we don't have so much noise or so much background influenza to look through. But it is, you know, initially we want to take very special measures to make sure this really was a different strain because sometimes towards the end of a season it can be harder to take the strains that are just regular flu. So this is not routine seasonal flu it's just occurring at the tail end of the seasonal – of the season of regular influenza.

So thank you for your questions and look to our Web site for more information.

Nowak: One of the things we hope to do yet today is publish the (MMWR) dispatch that will be made available at CDCs Web site. We will also be posting tomorrow morning the transcripts from this teleconference. If reporters have additional questions the CBC press office is available at 404-639-3286. And again, I thank you for your time and participation this afternoon and look for, as I mentioned, updates on our Web sites, including 3:00 every day. Thank you.

End

USA Today

Robin McDowell

Mexican swine flu deaths raise epidemic fears; 8 ill in U.S.

USA Today/Associated Press, 23 April 2009
https://usatoday30.usatoday.com/news/health/2009-04-23-swine-flu_N.htm

Mexican authorities said 60 people may have died from a swine flu virus in Mexico, and world health officials worry it could unleash a global flu epidemic. Mexico City has closed museums, libraries, and state-run theaters as well as schools on Friday in hopes of containing the outbreak that has sickened more than 900.

The U.S. Centers for Disease Control and Prevention says tests show some of the Mexico victims died from the same new strain of swine flu that sickened eight people in Texas and California. It's a frightening new strain that combines genetic material from pigs, birds and humans.

The White House says President Barack Obama is being updated on the swine flu outbreak in Mexico.

White House spokesman Robert Gibbs said Friday the Homeland Security Council is monitoring the situation, along with the State Department and the CDC. Gibbs says Homeland Security Adviser John Brennan is leading the White House's response and that Obama was not at risk during last week's trip to Mexico.

The World Health Organization was looking closely at the 60 deaths – most of them in or near Mexico's 20-million person capital. It wasn't yet clear what flu they died from, but spokesman Thomas Abraham said "We are very, very concerned."

"We have what appears to be a novel virus and it has spread from human to human," he said. "It's all hands on deck at the moment."

WHO raised its internal alert system Friday, preparing to divert more money and personnel to dealing with the outbreak.

President Felipe Calderon cancelled a trip and met with his Cabinet to coordinate Mexico's response. The government has 500,000 flu vaccines and planned to administer them to health workers, the highest risk group.

There are no vaccines available for the general public in Mexico, and authorities urged people to avoid hospitals unless they had a medical emergency, since hospitals are centers of infection.

They also said Mexicans should refrain from customary greetings such as shaking hands or kissing cheeks, and authorities at Mexico City's international airport were questioning passengers to try to prevent anybody with possible influenza from boarding airplanes and spreading the disease.

But the U.S. Centers for Disease Control and Prevention said Americans need not avoid traveling to Mexico, as long as they take the usual precautions, such as frequent handwashing.

Mexico's Health Secretary, Jose Cordova, said only 16 of the deaths have been confirmed as the new swine flu strain, and that government laboratories were testing samples from 44 other people who died. At least 943 nationwide were sick from the suspected flu, the health department said.

"We certainly have 60 deaths that we can't be sure are from the same virus, but it is probable," Cordova said, adding that samples were sent to the CDC to look for matches with the virus that infected seven people in Texas and California.

Cordova called it a "new, different strain ... that originally came from pigs."

Epidemiologists are particularly concerned because the only people killed so far were normally less-vulnerable young people and adults. It's possible that more vulnerable populations – infants and the aged — had been vaccinated against other strains, and that those vaccines may be providing some protection.

Dr. Anne Schuchat of the CDC said "at this point, we do not have any confirmations of swine influenza in Mexico" of the kind that sickened seven California and Texas residents. All seven recovered from symptoms that were like those of the regular flu, mostly involving fever, cough and sore throat, though some of the seven also experienced vomiting and diarrhea.

Scientists have long been concerned that a new flu virus could launch a pandemic, a worldwide spread of a killer disease. A new virus could evolve when different flu viruses infect a pig, a person or a bird, mingling their genetic material. The resulting hybrid could spread quickly because people would have no natural defenses against it.

The most notorious flu pandemic is thought to have killed at least 40 million people worldwide in 1918-19. Two other, less deadly flu pandemics struck in 1957 and 1968.

Nobody can predict when pandemics will happen. Scientists had been concerned about swine flu in 1976, for example, and some 40 million Americans were vaccinated. No flu pandemic ever appeared, but thousands of vaccinated people filed claims saying they'd suffered a paralyzing condition and other side effects from the shots.

In recent years, scientists have been particularly concerned about birds. There have been deaths from bird flu, mostly in Asia, but the virus has so far been unable to spread from person to person easily enough to touch off a pandemic.

Closing the schools across the metropolis of 20 million kept 6.1 million students home from day care centers through high schools, and thousands more were affected as colleges and universities closed down. Parents scrambled to juggle work and family concerns due to what local media said was the first citywide schools closure since Mexico City's devastating 1985 earthquake.

Authorities also advised capital residents not to go to work if they felt ill, and to wear surgical masks if they had to move through crowds. A wider shutdown – perhaps including shutting down government offices – was being considered.

"It is very likely that classes will be suspended for several days," Cordova said. "We will have to evaluate, and let's hope this doesn't happen, the need to restrict activity at workplaces."

Mexico's initial response in its overcrowded capital brought to mind other major outbreaks – such as when SARS hit Asia. At its peak in 2003, Beijing was the hardest-hit city in the world. Schools, cinemas and restaurants were shuttered to prevent the spread the deadly respiratory virus, and thousands of people were quarantined at home.

In March 2008, Hong Kong ordered more than a half million young students to stay home for two weeks because of a flu outbreak. It was the first such closure in Hong Kong since the outbreak of SARS, or severe acute respiratory syndrome.

Lillian Molina and other teachers at the Montessori's World preschool scrubbed down their empty classrooms with Clorox, soap and Lysol on Friday between fielding calls from worried parents. While the school has had no known cases among its students, Molina supported the government's decision to shutter classes, especially in preschools.

"It's great they are taking precautions," she said. "I think it's a really good idea."

Still, U.S. health officials said it's not yet a reason for alarm in the United States. The five in California and two in Texas have all recovered, and testing indicates some common antiviral medications seem to work against the virus.

Schuchat of the CDC said officials believe the new strain can spread human-to-human, which is unusual for a swine flu virus. The CDC is checking people who have been in contact with the seven confirmed U.S. cases, who all became ill between late March and mid-April.

The U.S. cases are a growing medical mystery because it's unclear how they caught the virus. The CDC said none of the seven people were in contact with pigs, which is how people usually catch swine flu. And only a few were in contact with each other.

CDC officials described the virus as having a unique combination of gene segments not seen in people or pigs before. The bug contains human virus, avian virus from North America and pig viruses from North America, Europe and Asia.

Health officials have seen mixes of bird, pig and human virus before, but never such an intercontinental combination with more than one pig virus in the mix.

Scientists keep a close eye on flu viruses that emerge from pigs. The animals are considered particularly susceptible to both avian and human viruses and a likely place where the kind of genetic reassortment can take place that might lead to a new form of pandemic flu, said Dr. John Treanor, an infectious disease specialist at the University of Rochester Medical Center.

The virus may be something completely new, or it may have been around for a while but was only detected now because of improved lab testing and disease surveillance, CDC officials said.

The virus was first detected in two children in southern California – a 10-year-old boy in San Diego County and a 9-year-old girl in neighboring Imperial County.

It's not known if the seasonal flu vaccine Americans got this winter protects against this type of virus. People should wash their hands and take other precautions, CDC officials said.

CIDRAP

Lisa Schnirring

Labs confirm same swine flu in deadly Mexican outbreaks

CIDRAP, 24 April 2009
https://www.cidrap.umn.edu/news-perspective/2009/04/labs-confirm-same-swine-flu-deadly-mexican-outbreaks

Apr 24, 2009 (CIDRAP News) – Samples from a deadly respiratory illness outbreak in Mexico match swine influenza isolates from patients in the United States who had milder illnesses, an official from the US Centers for Disease Control and Prevention (CDC) said today, fueling speculation that the World Health Organization (WHO) could be on the verge of raising the global pandemic alert level.

Richard Besser, MD, the CDC's acting director, told reporters today during a press teleconference that the development is worrisome. "Our concern has grown since yesterday, based on what we've learned," he said. "We do not know if this will lead to the next pandemic, but our scientists are monitoring it and take the threat very seriously."

The swine flu A/H1N1 strain has been confirmed in one more US citizen, a child from San Diego who has recovered, raising the total number of US cases to eight, Besser said. The virus contains gene segments from four different influenza types: North American swine, North American avian, human, and Eurasian swine.

The WHO said today that Mexican officials have reported three separate events. In the Federal District, the number of cases rose steadily through April, and as of yesterday, more than 854 cases of pneumonia, 59 of them fatal, had been reported in Mexico City.

The illness outbreak in Mexico City prompted the country's health minister, Jose Cordova, to cancel classes in Mexico City today and advise students and adults to avoid crowded public places and large events, Bloomberg News reported.

Mexican officials also reported 24 cases with 3 deaths from an influenza-like illness in San Luis Potosi, in the central part of the country, and 4 cases with no deaths in Mexicali, near the US border, the WHO reported.

The virus in Mexico has primarily struck otherwise healthy young adults, the WHO said, which is a departure from seasonal influenza, which typically affects the very young and very old.

The CDC's laboratory analyzed 14 samples from severely ill Mexican patients and found that 7 of them had the same swine flu mix as the virus that infected the US patients. However, Besser called the analysis preliminary and said the CDC doesn't yet have enough information to draw conclusions. "We still don't have enough information about the extent of the spread or the illness spectrum."

The WHO said today Canada's national laboratory has confirmed swine flu A/H1N1 in 18 isolates from Mexican patients, of which 12 were genetically identical to the swine flu viruses from California.

The WHO and CDC both said they were sending representatives to Mexico to assist local authorities, and the WHO said it has alerted its Global Alert and Response Network.

Besser said the WHO will likely convene an expert panel to discuss raising the pandemic alert level from 3 (human infection with new influenza subtype with only rare human-to-human spread) to 4 (small clusters with localized human-to-human transmission). He said the experts will consider three factors: the novelty of the virus, disease severity, and how easily transmission of the virus is sustained.

Global health officials might consider a containment strategy such as dispatching antiviral medications to affected parts of Mexico in an attempt to stop the spread of the virus, but Besser said that such a measure might not work, because there are signs that the virus has already spread from human to human over long distances. "A focused, well defined area is not something we've seen here," he said.

CDC officials have said the swine flu A/H1N1 virus is susceptible to the newer antivirals oseltamivir (Tamiflu) and zanamivir (Relenza), but not the older ones, amantadine and rimantadine.

Jeff McLaughlin, a spokesman for GlaxoSmithKline, the maker of Relenza, told CIDRAP News that the company is watching the swine flu developments closely. Terry Hurley, a spokesman for Roche, which produces Tamiflu, said its "rapid response stockpile" is on 24-hour standby, as usual, for deployment to the WHO, which has not yet requested it.

The threat from the swine flu virus serves as a reminder for individuals and businesses to think about their own level of preparedness, Besser said. "This is a time for people to be thinking about that teachable moment."

So far, federal officials have not changed their travel recommendations to California, Texas, or Mexico, though they have issued an advisory about the increased health risk in certain parts of Mexico, urging travelers to take standard precautions such hand washing, staying home when sick, and using good coughing and sneezing hygiene.

Influenza-like illness in the United States and Mexico
2009 – Mexico

Geneva, WHO, 24 April 2009
https://www.who.int/emergencies/disease-outbreak-news/item/2009_04_24-en

24 April 2009 - The United States Government has reported seven confirmed human cases of Swine Influenza A/H1N1 in the USA (five in California and two in Texas) and nine suspect cases. All seven confirmed cases had mild Influenza-Like Illness (ILI), with only one requiring brief hospitalization. No deaths have been reported.

The Government of Mexico has reported three separate events. In the Federal District of Mexico, surveillance began picking up cases of ILI starting 18 March. The number of cases has risen steadily through April and as of 23 April there are now more than 854 cases of pneumonia from the capital. Of those, 59 have died. In San Luis Potosi, in central Mexico, 24 cases of ILI, with three deaths, have been reported. And from Mexicali, near the border with the United States, four cases of ILI, with no deaths, have been reported.

Of the Mexican cases, 18 have been laboratory confirmed in Canada as Swine Influenza A/H1N1, while 12 of those are genetically identical to the Swine Influenza A/H1N1 viruses from California.

The majority of these cases have occurred in otherwise healthy young adults. Influenza normally affects the very young and the very old, but these age groups have not been heavily affected in Mexico.

Because there are human cases associated with an animal influenza virus, and because of the geographical spread of multiple community outbreaks, plus the somewhat unusual age groups affected, these events are of high concern.

The Swine Influenza A/H1N1 viruses characterized in this outbreak have not been previously detected in pigs or humans. The viruses so far characterized have been sensitive to oseltamivir, but resistant to both amantadine and rimantadine.

The World Health Organization has been in constant contact with the health authorities in the United States, Mexico and Canada in order to better understand the risk which these ILI events pose. WHO (and PAHO) is sending missions of experts to Mexico to work with health authorities there. It is helping its Member States to increase field epidemiology activities, laboratory diagnosis and clinical management. Moreover, WHO's partners in the Global Alert and Response Network have been alerted and are ready to assist as requested by the Member States.

WHO acknowledges the United States and Mexico for their proactive reporting and their collaboration with WHO and will continue to work with Member States to further characterize the outbreak.

news.com.au

New flu combines pig, bird, human virus

News Com / Reuters, 24 April 2009, 11:13 am
https://web.archive.org/web/20090427144913/http://www.news.com.au/story/0,27574,25379334-401,00.html

Seven people have been diagnosed with a strange and unusual new kind of swine flu in California and Texas, the US Centers for Disease Control and Prevention reported.

All seven people have recovered but the virus itself is a never-before-seen mixture of viruses typical among pigs, birds and humans, the CDC said.

"We are likely to find more cases," the CDC's Dr Anne Schuchat said.

"We don't think this is time for major concern around the country."

However, some experts fear this strain, or another strain, could spark a pandemic that could kill millions.

Strange mixture

Unusually, the viruses all appear to carry genes from swine flu, avian flu and human flu viruses from North America, Europe and Asia.

"We haven't seen this strain before, but we hadn't been looking as intensively as we have," Dr Schuchat said.

"It's very possible that this is something new that hasn't been happening before."

The CDC reported the new strain of swine flu on Tuesday in two boys from California's two southernmost counties.

Now, five more cases have been seen - all found via normal surveillance for seasonal influenza.

None of the patients, whose symptoms closely resembled seasonal flu, had any direct contact with pigs.

Human-to-human spread

"We believe at this point that human-to-human spread is occurring," Dr Schuchat said.

"That's unusual. We don't know yet how widely it is spreading.

"We are also working with international partners to understand what is occurring in other parts of the world."

Two of the new cases were among 16-year-olds at the same school in San Antonio "and there's a father-daughter pair in California," Dr Schuchat said.

Surveillance for and scrutiny of influenza has been stepped up since 2003, when highly pathogenic H5N1 avian influenza reappeared in Asia.

H5N1 currently only rarely infects people but has killed 257 out of 421 infected in 15 countries since 2003, according to the World Health Organisation.

The influenza strain is an H1N1, the same family as one of the seasonal flu viruses now circulating.

Undetectable at home

Now that the normal influenza season is waning, it may be easier to spot cases of the new swine flu, Dr Schuchat said.

Only one of the seven cases was sick enough to be hospitalised and all have recovered.

"This isn't something that a person could detect at home," she said.

The new cases appear to have somewhat more vomiting and diarrhea than is usually seen in flu, which mostly causes coughing, fever, sore throat and muscle aches.

The CDC is already preparing a vaccine against the new strain. The agency will issue daily updates at http://www.cdc.gov/flu/swine/investigation.htm.

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Richard Besser

CDC Briefing on Public Health Investigation of Human Cases of Swine Influenza

CDC, Press Briefing Transcripts, 24 April 2009, 2:30 p.m. EST
https://www.cdc.gov/media/transcripts/2009/t090424.htm

GLENN (ph): I'm a chief of media relations here at the Center for Disease Control Prevention, and we're here to give an update on human swine food investigation and cases. With us today is Dr. Richard Besser. Dr. Besser is the acting director at the Centers for Disease Control and Prevention, and I will turn the microphone over to Dr. Besser.

Richard Besser, Acting Director, Centers for Disease Control and Prevention:
Thanks very much, Glenn (ph).

I want to welcome you to today's update on the human swine flu situation. As with yesterday, our goal today is to provide an update on what we know as well as some of the important initial public health actions we're taking with respect to the recently identified cases of human infection with swine influenza.

Before I talk about the cases and specific actions, I want to recognize some initial guiding concepts. First I want to recognize that people are concerned about this situation. We hear from the public and from others about their concern, and we are worried, as well. Our concern has grown since yesterday in light of what we've learned since then.

I want to acknowledge the importance of uncertainty. At the early stages of an outbreak, there's much uncertainty, and probably more than everyone would like. Our guidelines and advice our likely to be interim and fluid, subject to change as we learn more. We're moving quickly to learn as much as possible and working with many local state and international partners to do so.

I want to recognize that while we're moving fast, it's very likely that this will be more of a marathon than a sprint. I want to acknowledge change. Our recommendations, advice, approaches will likely change as we learn more about the virus and we learn more about its transmission.

I want to acknowledge that we're likely to see local approaches to controlling the spread of this virus, and that's important; that can be beneficial; that can teach us things that we want to use in other parts of the country and that other people in other places may find useful. Because things are changing, because flu viruses are unpredictable and because there will be local adaptation, it's likely that any given moment there will be confusing – or may be confusing or conflicting information available. We are very committed to minimizing and that where we find that, clearing up any of that misconception.

So on to today's update. The United States Government is working with the World Health Organization and other international partners to ensure early detection and warning and to respond as rapidly as possible to this threat in order to lessen its potential health and socioeconomic impact. We're committed to sharing any new information with our international partners and with the public as it becomes available. We do not know whether this swine flu virus or some other influenza virus will lead to the next pandemic; however, scientists around the world continue to monitor the virus and take its threat seriously. The Government of the United States strongly supports the International Health Regulation, which establish a framework for effective international cooperation in monitoring, reporting, and responding to public health emergencies of international concern.

To on today's update of confirmed cases. Yesterday we reported we had confirmed a total of seven cases in the United States. Today, we've confirmed one additional case in California, bringing the total number of U.S. confirmed cases to eight. The most recently confirmed case involved a child in the San Diego area, who has recovered. Today, Mexico's Minister of Health confirmed that they have cases of swine influenza in people and that they believe some of the people who were infected died from swine influenza.

While we are now working with health officials in Mexico, we're very early on in those efforts. We've only tested a very limited number of samples from Mexico, and we do not have enough information to fully assess the health threat posed by this swine flu virus. We've tested 14 samples from Mexico, and seven of those tested positive. We also only had eight confirmed cases in the United States, which makes it hard to draw conclusions about the full spectrum of the clinical picture. We need more comprehensive laboratory analyses and a better understanding of what's really going on with respect to the number of people who experience influenza-like illness in Mexico. We still do not have enough information to give us any sense of the extent of spread of this virus, and the illness spectrum is not currently known.

I want to go over some of the CDC and other public health agency actions that have been taken. We're working very closely with state and local officials in California, Texas as well as with health officials in Mexico, Canada and the World Health Organization. CDC has sent teams to California and will be sending a team to Texas to assist state and local health officials in identifying people who are potentially infected, contacting people who lived with or were in extended close contact with confirmed cases and helping on laboratory work. CDC expects to send people to Mexico to assist in the public health efforts there.

In terms of our travel recommendations, at this time there are no recommendations for U.S. travelers to change, restrict or alter their travel plans to Texas, California or Mexico. CDC will be issuing today an outbreak notice for American travelers to Central Mexico and Mexico City. A CDC outbreak notice is designed to inform travelers of an increased health risk due to an outbreak in a limited geographic area. Outbreak notices also get reminders about standard or enhanced recommendations for the region. In this case, we're reminding travelers about our standard recommendation. Based on the currently available information, CDC is not recommending any additional precautions for travelers to California, Texas or Mexico. Our standard recommendations, however, do remain in place. Cover your cough or your sneeze, wash your hands frequently and see your doctor if you have fever, cough, sore throat, body aches, headache, chills and fatigue, and we do want people to realize that some people have reported diarrhea and vomiting associated with the swine flu.

Some other specific CDC actions include posting of another MMWR health dispatch. That will be up later this afternoon. This puts forth our latest recommendations, and as we've noted before, these include that clinicians should consider swine flu in the differential diagnosis of patients with febrile respiratory illness who live in San Diego in and Imperial County in California and Guadalupe County in Texas or have traveled to these areas or been in contact with ill persons from these areas on the seven days before their illness onset.

CDC requests that state public health laboratories and all influenza specimens that cannot be subtyped to the CDC Influenza Division (borrows) surveillance and diagnostics branch laboratory. And as a precautionary step, the CDC is working to develop vaccine seed strains specific to these recent swine influenza viruses in humans. This is also something we often initiate when we encounter a new influenza virus that has the potential to cause significant human illness.

We've created a web page with information and updates. We encourage the public and the media to visit this web site for information. It's cdc.gov/flu/swine. But you can get it from our main web site; there's a link there. We also have a CDC information line that's set up, and that's 1-800-CDC-INFO.

I'd now like to open it up to questions. We'll begin with some questions in the room, and then we'll move on to some from the – from the phone bridge.

UNIDENTIFIED PARTICIPANT: Our first question.

UNIDENTIFIED PARTICIPANT: (Inaudible) here in Atlanta you talked a little bit about today you're growing more concerned. Tell us a little bit about why more concerned today.

BESSER: Well, what we've learned from yesterday when we spoke with you and today is that the cluster of cases that we're seeing in Mexico is being attributed to the swine flu virus. What we are seeing here in the United States so far are eight cases of swine flu, primarily mild disease. All have recovered. Only one of the eight has been hospitalized. It's really critically important we learn more about what's going on in Mexico because reports from Mexico are raising concerns about much more severe disease, and in that – in Mexico individuals who have died. We do know or have heard from the health officials in Mexico that there are other influenza viruses that are circling there. They are other viruses – respiratory viruses circulating, and so sorting out what is caused potentially by the swine flu virus, what is caused by other or what could be caused by co-infection, those are important public health questions.

LAURIE DANIEL, NBC NEWS: Hi. Laurie Daniel, NBC News. Can you reconfirm is there a travel domestic restrictions that there is Mexico restrictions?

BESSER: We don't have restrictions for travel domestically or to Mexico. What we've posted is something that we do all the time, and that's an outbreak notice so that individuals who may be traveling to that area will be aware that there is an outbreak of respiratory infection and can decide for themselves whether to travel, and if they travel what precautions to take.

Let me go to the phone for a question, then we'll go back and forth. We'll take the next question from the phone bridge, please.

OPERATOR: The question is from Helen Branswell (ph). Your line is open.

HELEN BRANSWELL (ph): Hi, Dr. Besser. Thanks so much for doing this. I'm wondering if you can tell me, the samples that you've tested from Mexico that tested positive, has any at least preliminary sequencing of the virus isolates been done? Can you say anything about how closely related they are to the isolates you have from the California cases, and also I'm wondering if you are talking to vaccine manufacturers about potentially ceasing production of seasonal flu vaccine for next fall and starting up production of a swine flu vaccine?

BESSER: Thanks, Helen (ph). As I said, the analyses of the – of the virus are preliminary. We've been looking at one part of the virus, and what we're seeing in that part of the virus is similarity. But the more detailed analysis of the whole genome has not taken place.

In terms of the scale up for vaccine, what we have done is created a feed stock for this virus which is something we do whenever we see a new novel strain of influenza that cause disease, and then as part of that we would need to explore with the manufacturers what it would take to be able to scale up vaccine production. At this point we have not made any decisions regarding the need for manufacturing of vaccine, but we thought it was prudent to develop that feed stock.

BRANSWELL (ph): Can I ask a follow-up question?

BESSER: Sure.

BRANSWELL (ph): What pandemic threat level are we actually at today?

BESSER: So far there has not been any change in the pandemic threat level. The World Health Organization will be looking at the situation that's occurring in Mexico and will be convening – most likely convening their group of experts to address that situation. As Dr. Shook (ph) had talked about yesterday, there are really three things we want to look for when we're thinking about whether a virus is causing a new pandemic. One is is it new? In order to cause a pandemic, you need a virus to which the majority of the population does not have protection or immunity. Does it cause severe disease? There are probably new viruses that appear all the time that don't cause severe disease, but with an influenza virus, one of the factors we look at is the severity of disease. And then the third factor is whether it's easily transmissible and sustainable in a population. So those are the three factors that WHO would be considering when they look at the threat level.

In the room. We'll go back to the phone bridge, please.

OPERATOR: The next is from David Brown, Washington Post. Your line is open.

DAVID BROWN, WASHINGTON POST: Yes, thanks. Acknowledging that the investigation is still under way, can you give us some sense of what you have heard about the number of cases and the number of deaths in Mexico, because it's been – there's been some reports of 60 deaths, hundreds of cases, and it would be nice to know what sort of order of magnitude we're talking about.

BESSER: Yes, you know I think that that's a really important question, and we look forward to understanding more about the numbers from Mexico. I'd refer you to the Mexican Government for that as well as the World Health Organization, which will be starting to report on cases reported to them. We're not in a position here to report on the number of cases and severity going on in Mexico. We are offering support to the Mexican Government in terms of epidemiologists and laboratory scientists to help with their investigation.

BROWN: OK, can I ask a follow-up? There's also been a report that their – the attack rate and severity is greater in sort of young adults, you know the kind of 19, 18 picture, young adults, teenagers rather than children and the elderly. Have you heard that also?

BESSER: Yes, I think that exploring the epidemiology, understanding who is getting sick in Mexico is critically important, and it's premature to comment on that, but with a pandemic one of the things that you frequently see is infection in younger adults, a population that usually doesn't get as severe disease from a seasonal flu outbreak.

In the room? Yes.

JOHN CATER (ph), WXI 11 (ph): John Cater (ph) from WXI 11 (ph), a live news out of Atlanta. Just wondering is there a common thread that the patients in the cases that you've seen in the United States and Texas and California that each one of these people had?

BESSER: That's a great question, and that's what we're looking for. So far we've not been able to identify that. We've not been able to identify a common exposure or a common behavior that they've had, and when you're doing an outbreak investigation, that's what you're looking for because that can give you a window into how can you potentially control – how is the virus spread and how can you potentially control the spread. The number of cases we've identified in the United States, eight, is not very many, and so we are doing intensive looking to see are there cases out there that have gone undiagnosed, looking both in the clinic setting as well as in hospitals. Are there patients in hospitals with pneumonia where a diagnosis wasn't made who may, in fact, have this infection. So far we haven't identified any.

Phone line?

OPERATOR: The next is from Rob Spine (ph), Washington Post. Your line is open.

ROB SPINE (ph), Washington Post: Yes, hi. Thanks very much for taking this. I just was hoping you could elaborate a little bit more on the analysis of the strains you've gotten from Mexico. You said you analyzed 14, and 7 tested positive for the swine flu, and you see it looks like there's a match. So are all seven of those who tested positive, did they match the strains in the United States?

BESSER: Yes, all seven isolates were matched based on the genetic component we analyzed it matched the strains that we've seen here in the United States.

UNIDENTIFIED PARTICIPANT: Great, thanks very much. And so do you have any sense of why there is such a difference in illness that it's causing? Mild illness in this country and apparently severe illness in Mexico?

BESSER: That's one of the analysis that both the laboratory will be working on and see are there any factors related to (inaudible) related to various disease that differ between the strains. As well as something that we'll be looking at as part of the epidemiologic investigation to see are there other factors that would give us an answer as to why they're seeing more severe disease in Mexico.

In the room? We'll go back to the phone bridge.

OPERATOR: The next is from Betsy McKay, Wall Street Journal, your line is open.

BETSY MCKAY, WALL STREET JOURNAL: Hi, Dr. Besser. Thank you. Just to follow-up on the previous question about the seven strains do you know who those seven strains are from? In other words are any of these I mean of these seven samples are any of them from people who died in Mexico? That's the first question.

And secondly do you have any information on what links the U.S. cases may have to Mexico or were they Mexican-Americans, have they traveled or been in contact with family who traveled to and from Mexico?

BESSER: Thanks, Betsy, the first question was…?

MCKAY: The seven…

BESSER: Yes…

MCKAY: Are any of them connected – are any of them from people who died?

BESSER: We have not received detailed case information on the seven patients. We do understand that they were taken from individuals with severe disease. But we're looking to get more detailed information about that in terms of their ages and the clinical course.

In terms of your second question, yes…

MCKAY: (INAUDIBLE).

BESSER: We're in the process of working on those case investigations. My understanding is that one of the cases in San Diego had traveled to Mexico. Having lived in San Diego myself traveling to Mexico is a very common behavior and so, you know, it's hard to put any risk on that from what we know so far.

Question in the room? Back to the phone bridge.

OPERATOR: The next is from Daniel DeNoon, WebMD. Your line is open.

DANIEL DENOON, WEBMD: Thanks very much, Dr. Besser so we hope this is going to be limited in Mexico and nothing is going to happen but can you walk me through what the scenario might be that would trigger a higher level of concern?

In other words what might we see happen that would get CDC to move on? And can you tell me if we did move on to a higher level of preparedness what that would look like and how we would proceed exactly?

BESSER: There has been extensive planning across the federal government, across federal, state and local governments within the private sector, in schools. Our communities have been planning for pandemic influenza for many, many years.

We don't know that this strain will develop into a pandemic strain. But the level of planning that has taken place in this country in unprecedented. And I think will allow us to respond in ways that we would not have been able to respond had this occurred 10 years ago.

At this point we don't know what actions will need to be taken. There is a lot of work that's been going on around community control of a pandemic virus and what needs to take place. The type of activities that need to take place depend on the severity of the virus. And, you know, I'd refer you to our Web site on pandemic flu planning to see the detailed guidance around those types of steps.

Again, though in terms of this situation and this swine flu we are not at the point and WHO is not at the point of declaring a pandemic. We are at the point of trying to learn more about this virus and understand the transmission and how to control it.

Another question from the phone bridge?

OPERATOR: Richard Knox, National Public Radio your line is open.

RICHARD KNOX, NATIONAL PUBLIC RADIO: It seems as though from what has been reported that it's likely – more likely than not that the conditions may be met to raise the level of pandemic alert to level four; novel virus, severe disease and fairly efficient or widespread (inaudible) transmission.

When do you think you'll have enough information and WHO is likely to have enough information to make that determination? And I have a follow-up too if I may.

BESSER: You know, we are working very closely with the World Health Organization. We've been in direct contact with the Director General, Dr. Chan and the Deputy Director of PAHO having discussions around those questions as well as general control questions for this particular virus. And they convene an expert panel to look at the conditions to determine whether or not we should elevate the status.

When we look at what actions we take though we look at actions on the ground. And so what you're seeing is a lot of activity around San Diego, a lot of activity in one part of Texas, a lot of activity in certain parts of Mexico. And that's because that's where we're seeing disease occurring. What we expect to be seeing is that people start thinking about their own preparedness.

What would they do if there were a pandemic? What would they do if there were a new disease in their community? It's all about general preparedness and I'd refer you to our Web site to get ideas as to what people could do as part of general preparedness.

There has been a lot of business planning going on around if there were a pandemic what would businesses do? School planning around what would they do. This is the time for people to be thinking about that. And, again, it's not because we have information that this will develop into a pandemic strain but it's a time where there is a teachable moment and people can take some action around preparedness.

KNOX: So, you're not prepared now to say how long it's likely to be before we know whether those conditions will be satisfied or not?

BESSER: No, but, you know, my initial comments that we're moving quickly. That we are being very aggressive in our approach. We are taking this very seriously. That applies not just to our activities here at the Centers for Disease Control and Prevention but that goes for the thinking at the World Health Organization.

So, I expect that each day we're going to be evaluating the situation and making decisions.

UNIDENTIFIED PARTICIPANT: If you went to Mexico would you do exactly the same thing that you would do in Mexico as you're doing here on the ground or would you, you know, be following Mexican officials or…?

BESSER: In terms of assistance? CDC has a long history of providing assistance on outbreak investigations domestically and globally. And so the same sort of things that we are assisting folks in California and Texas, the things that they're doing on the ground, trying to identify who was sick, looking to see who was in contact and whether those individuals get sick.

That gives you an idea as to whether the virus can spread, collecting samples and trying to understand the disease transmission, is there – what did the spectrum of disease look like? Those are very important things to help us determine whether the conditions for a pandemic will be met.

UNIDENTIFIED PARTICIPANT: Other countries like Mexico are usually happy to have you guys come.

BESSER: The CDC has personnel all around the globe and our interactions with Mexico are very strong in this area.

UNIDENTIFIED PARTICIPANT: And should people outside of Texas and California, how concerned should they really be about them?

BESSER: Well, you know, I think that it's very important that people are paying attention to what's going on. The situation has been developing quickly. As I said at the beginning, this is something we are worried about and we are treating very seriously.

I think that's important that people are paying attention to what's going on. At this point, all we have in terms of cases is in those two areas in Texas and in California but it is worth people thinking about this.

On the phone?

OPERATOR: The next is from Maggie Croux (ph) of Reuters. Your line is open.

Maggie Croux: Dr. Besser, you say you got strong interactions with Mexico but are CDC personnel in Mexico and has Mexico officially asked CDC help. And can I ask you if anyone is talking about trying to contain this virus.

BESSER: We are, we have not sent a team to Mexico yet. We're still in discussions with Mexico but we anticipate that we will have folks there very soon. In terms of the issue of containment, you know, there are things that we see that suggest containment is not very likely and that we're seeing cases in Texas and we're seeing cases in San Diego without any connection between them which makes us think that there has been transmission from person to person through several cycles.

You know, the idea of containment with a new infection we think about when it's limited to a focus, a well defined geographic area and that's not something that we have seen here.

UNIDENTIFIED PARTICIPANT: OK. When you talk about spreading from person to person through several cycles, tell me what you mean by that.

BESSER: Yes. Thinking there – if you have an individual who's sick and you have another individual who's sick and you can find no connection between them. So it hasn't gone from one individual to another family member to another person that family member had contact with.

That would in a sense a two step move. Here we're not seeing any linkages at all between the cases in Texas and those in California. But again it's really early in the investigation. As more information comes to light, we could see connections that haven't shown up so far.

CROUX: Is the Canada Mexico connection, why does Canada evaluate Mexico viruses?

BESSER: You know, many countries provide support to other countries through bilateral relations. And just as we provide support and other countries provide support to us. So there is a relationship between Canada and Mexico that lead to that taking place.

On the phone?

OPERATOR: The next is from Mike Stobbe, Associated Press. Your line is open.

Mike Stobbe, Assoicated Press: Hi, doctor. Thanks for taking the question. So, 14 samples from Mexico, seven positive. I'm going to add a fault to this but can we say in a simple statement that it's the same virus in Mexico as in California and Texas?

BESSER: I think that you would be safe in saying that. From everything we know to date, the virus appears to be the same. You know, again, my earlier comments that information is changing and as we find more information, we'll share that with you.

So far, the genetic elements we've looked at are the same.

Stobbe: OK. As a follow-up, what were the other seven that came back? What did they turn out to be. Also you mentioned one person from San Diego had been to Mexico. Which person was that? The 10 -year-old boy?

BESSER: The other samples came up negative and so we can't really say anything about those specimens. And I'm sorry your second question?

Stobbe: One person had been to Mexico, somebody from San Diego. Which individual was that? Was it the 10-year-old boy or the father or was it the teenage daughter or –

BESSER: I'm going to need to refer to the folks in San Diego on that.

Stobbe: OK. Thank you.

BESSER: Yes.

Stobbe: One more question on air travel, maybe in a little bit different kind of context. My understanding is that some of the local authorities in a press conference in Texas suggested that folks who may be suffering flu like symptoms perhaps ought to consider staying off of airplanes type spaces, circulated air.

Is that something that you all would recommend?

BESSER: Well, that's the general recommendation. You know, it's a good idea, if you're sick and you have the flu, you should stay home whether you're planning to go on a plane for travel or you're planning to go to work.

We know that influenza, seasonal flu, is spread person to person. And staying home allows you to rest and recover but it also allows you to not spread your infection to your coworker or the person sitting next to you on a plane.

So that's a general recommendation that we have but if you're sick with fever and aches and flu like symptoms, you shouldn't be getting on a plane.

On the phone?

OPERATOR: The next is from Mike Lees, San Diego Union Tribune. Your line is open.

Mike Lees, San Diego Union Tribune: Thank you and thank you for taking the call. I'm looking for a couple of things here. One is some details on the newest case in San Diego, the City of Residents, whether the patient was hospitalized, and I believe you said the person has recovered.

And then secondly, I'm looking at what the geographic area is that you're asking doctors to test specimens from patients with flu like symptoms?

BESSER: Yes. The newest case in San Diego, I'll need to refer you to the health department there. I don't have those specific details. I know that the child recovered and I believe was not hospitalized.

In terms of the areas that we're looking at, in terms of doctors doing testing, we're looking at patients in the areas where we've seen cases so far, which is in San Diego County and Imperial County and Guadalupe County in Texas.

But it's important that clinicians have a high index of suspicion. As I said at the beginning, we're just starting to learn here about this virus and about transmission and so having a high index of suspicion is a good idea.

Travel histories are useful. If you have a patient who has traveled to Mexico to a part of that country that's been affected, it's really important that you do the proper testing. Other questions in the room. I have time for two more questions. One in the room and one on the phone.

OK, two from the phone.

OPERATOR: The next is from Jeffrey Wise, Dallas Morning News. Your line is open.

Jeffrey Wise, Dallas Morning News: Yes. A clarification and then a question. The clarification, the cases in Mexico, do we know if any of those people had contact with swine and then the question is Dallas is one of many cities where there is a lot of travel between Mexico, Mexico City in particular, and Dallas. Is there anything that local officials should be doing thinking about DFW Airport or at the bus station or other places where people do a lot of travel.

BESSER: At this point we don't know about swine contact with cases in Mexico. We really don't have detailed information on those cases and their exposures. That's one of the important reasons to do a detailed investigation.

In terms of travel screening and at airports or bus stations, there are approximately 400 million crossing at the border between United States and Mexico a year. I think that the best approach is really encourage people who are sick not to travel. So if you have the flu you shouldn't be getting on the bus or getting on the airplane and traveling.

Thank you very much. I appreciate your questions and we will be providing regular updates.

End

Biosurveillance

Swine Flu in Mexico: Timeline of Events

Biosurveillance, 24 April 2009, 09:37 PM

https://web.archive.org/web/20090429005757/http://biosurveillance.typepad.com/biosurveillance/2009/04/swine-flu-in-mexico-timeline-of-events.html

Introduction

At Veratect, we operate two operations centers based in the United States (one in the Washington, DC area and one in Seattle, WA) that provide animal and human infectious disease event detection and tracking globally. Both operations centers are organizationally modeled after our National Weather Service using a distinct methodology inspired by the natural disaster and meteorology communities. Our analysts handle information in the native vernacular language and have been thoroughly trained in their discipline, which include cultural-specific interpretation of the information. We are currently partnered with 14 organizations that provide us with direct ground observations in 238 countries. We are a multi-source, near-real time event detection and tracking organization with years of experience in this discipline.

March 30

Veratect reported that a 47-year-old city attorney for Cornwall was hospitalized in a coma at Ottawa General Hospital following a recent trip to Mexico. Family members reported the individual voluntarily reported to the hospital after gradually feeling ill upon returning from his trip on 22 March. The source stated that the hospital did not know the cause of illness. The case was reportedly on a respirator and awaiting a blood transfusion, but sources did not provide symptoms or a suggested cause of illness. This information was available in our web portal to all clients, including CDC and multiple US state and local public health authorities, however no one had connected this man's illness with a potential crisis in Mexico.

We have learned this case tested negative according to Canadian officials. The only value this event would have had would have been to tip someone to take a closer look at where this individual traveled in Mexico, possibly stumbling on reports of 'unusual respiratory disease – we have absolutely no indication anyone did this, or if they did they found anything to prompt closer scrutiny. We certainly didn't.

April 2

Local media source Imagen del Golfo reported that state health officials recorded a 15% increase in disease over an unspecified period in the highland areas of Veracruz, which includes La Gloria. The increase was primarily due to higher levels of upper respiratory disease and gastroenteritis. Specifically, officials noted an increase in pneumonia and bronchial pneumonia cases. Health officials attributed the increase to seasonal climate changes.

I would like to be clear here – we are aware local media sources apparently reported this on April 2nd, but we ourselves did not nor posted it on April 2nd.

April 6

Veratect reported local health officials declared a health alert due to a respiratory disease outbreak in La Gloria, Perote Municipality, Veracruz State, Mexico. Sources characterized the event as a "strange" outbreak of acute respiratory infection, which led to bronchial pneumonia in some pediatric cases. According to a local resident, symptoms included fever, severe cough, and large amounts of phlegm. Health officials recorded 400 cases that sought medical treatment in the last week in La Gloria, which has a population of 3,000; officials indicated that 60% of the town's population (approximately 1,800 cases) has been affected. No precise timeframe was provided, but sources reported that a local official had been seeking health assistance for the town since February.

Residents claimed that three pediatric cases, all under two years of age, died from the outbreak. However, health officials stated that there was no direct link between the pediatric deaths and the outbreak; they stated the three fatal cases were "isolated" and "not related" to each other.

Residents believed the outbreak had been caused by contamination from pig breeding farms located in the area. They believed that the farms, operated by Granjas Carroll, polluted the atmosphere and local water bodies, which in turn led to the disease outbreak. According to residents, the company denied responsibility for the outbreak and attributed the cases to "flu." However, a municipal health official stated that preliminary investigations indicated that the disease vector was a type of fly that reproduces in pig waste and that the outbreak was linked to the pig farms. It was unclear whether health officials had identified a suspected pathogen responsible for this outbreak.

And to be crystal clear, the way we used this information was to simply flag an event as worthy of closer scrutiny and higher awareness, as there was absolutely no proof of true involvement of this company in the outbreak – a proper epidemiological investigation is required to prove such links.

Local health officials had implemented several control measures in response to the outbreak. A health cordon was established around La Gloria. Officials launched a spraying and cleaning operation that targeted the fly suspected to be the disease vector. State health officials also implemented a vaccination campaign against influenza, although sources noted physicians ruled out influenza as the cause of the outbreak. Finally, officials announced an epidemiological investigation that focused on any cases exhibiting symptoms since 10 March.

This information was available in our web portal to all clients, including CDC and multiple US state and local public health authorities.

We do know, after checking our web site logs, that the Pan American Health Organization, the WHO Regional Office of the Americas, accessed this specific report in our system on April 10th and again on April 11th.

April 16

Veratect reported the Oaxaca Health Department (SSO) indicated that an unspecified number of atypical pneumonia cases were detected at the Hospital Civil Aurelio Valdivieso in Reforma, Oaxaca State, Mexico. No information was provided about symptoms or treatment for the cases. NSS Oaxaca reported that rumors were circulating that human coronavirus was spreading at the hospital; sources did not provide any response to these statements from the hospital or health officials.

Laboratory samples were sent to Mexico City for analysis; results were expected to be released sometime next week. According to NSS Oaxaca, health officials had intensified preventive measures aimed at mitigating further spread of the disease. Sources reported that the SSO also implemented a sanitary cordon around the hospital.

This information was pushed to CDC in an email alert notification provided by Veratect on April 16 and April 17:

16 Apr 2009 4:14 PM GMT Respiratory Disease Detailed Mexico (Reforma, Oaxaca) Reforma: Atypical Pneumonia Cases Reported at Hospital", sent at "April 16, 2009 10:08:06 AM PDT" and again at "April 17, 2009 10:08:06 AM PDT" to CDC and at "April 16, 2009 10:27:13 AM PDT" to the California State Department of Health.

April 20

Veratect was urgently asked to provide access to the VeraSight Global platform on 20 April by a client in the US public health community, and indicated they had received word from their counterparts in Canada that Mexican authorities had requested support. This client speculated whether notification of all southern U.S. border states' public health authorities should be done and were confused as to why the CDC had not issued an advisory. Veratect contacted the CDC Emergency Operations Center to sensitize them about the situation in Mexico. CDC indicated they were already dealing with the crisis of recently detected H1N1 swine influenza in California and possibly Texas.

April 21

Veratect reported the Oaxaca Health Department (SSO) confirmed two adults died from atypical pneumonia at the Hospital Civil Aurelio Valdivieso in Oaxaca, Oaxaca State, Mexico. One of the cases was a 39-year-old female; the other case was an adult male of unspecified age. After the deaths, the hospital established a quarantine in the emergency room due to initial concerns that avian influenza was responsible for the cases. However, the SSO subsequently stated that neither avian influenza nor coronaviruses, including that which causes severe acute respiratory syndrome (SARS), were the source of infection. Additionally, the SSO denied the cases represented an epidemic. According to local sources, the SSO indicated that the atypical pneumonia cases were caused by an unspecified bacterial pathogen and were treatable with antibiotics. Sources indicated a total of 16 additional patients exhibited signs of respiratory infection; none of these patients exhibited complications.

Veratect sources indicated the 39-year-old female was treated at the hospital for five days before dying on 13 April. This case was reportedly immunocompromised; in addition to acute respiratory symptoms, she also had diabetes and diarrhea. The SSO contacted 300 people that had been in contact with the woman; sources stated that between 33-61 contacts exhibited symptoms of respiratory disease, but none showed severe complications. The SSO characterized the incident as an "isolated case;" they noted that over 5,000 cases of pneumonia occur annually in Oaxaca.

Another local source reported the SSO launched surveillance measures in the former residential areas of the two fatal cases and in other targeted geographic areas. No additional information was provided regarding the second fatal case at the hospital.

Veratect reported that the Oaxaca State Congress Permanent Committee on Health had undertaken an investigation into the cases. The committee inspected the Hospital Civil Aurelio Valdivieso on 20 April. The director of the medical school at the University Autónoma "Benito Juárez" de Oaxaca (UABJO), along with other medical academics, publicly requested that national health authorities investigate the cases of atypical pneumonia. No information was provided indicating that national health authorities plan to investigate the matter. The director of the medical school also requested the SSO furnish evidence showing that the cases were negative for avian influenza, SARS, and other severe pathogens; his request was echoed by readers commenting on an online user forum.

Veratect also reported the National Ministry of Health issued a health alert due to a significant increase in influenza cases during the spring season in Mexico. Officials indicated that there have

been 14 influenza outbreaks throughout the country. The most heavily affected states are Baja California, Chihuahua, Distrito Federal (Mexico City), Hidalgo, Tlaxcala, and Veracruz. Local case counts were not provided.

Officials stated that 4,167 probable cases of influenza, 313 of which were confirmed, have been reported throughout the country in 2009. Case counts for suspected and confirmed influenza cases have tripled in 2009 as compared to the equivalent time period in 2008. The National Institute of Respiratory Diseases recorded two fatal cases of influenza in 2009, but specific dates and locations were not provided.

Health officials stated they were unsure precisely why the incidence of influenza had increased. However, they believed the increased presence of influenza B, in combination with influenza A, was a contributing factor. In response, officials advised anyone exhibiting influenza symptoms to avoid self-medication and seek medical care immediately. Officials had also enhanced epidemiological surveillance for influenza. Lastly, health officials had focused efforts on providing antiviral medications and influenza vaccinations to the most vulnerable segments of the population. According to the Mexican Ministry of Health, 44.3% of the national population was vaccinated against influenza in 2005-2006.

Veratect sensitized the International Federation of Red Cross who in turn requested broader access be provided to the Pan-American Disaster Response Unit (PADRU). Veratect moved to notify several US state and local public health authorities, providing the caveat the situation in Mexico remained unclear due to pending laboratory results. Veratect reached out to World Health Organization (WHO) operations, informing them the Veratect team was on an alert posture and available for situational awareness support. They indicated they and their subordinate, the Pan American Health Organization (PAHO) were now aware of the situation but had no further information. Veratect also extended contact to the British Columbia Center for Disease Control and offered assistance in tracking the events in Mexico. All contacts indicated laboratory results were pending.

April 22

Veratect reported the Oaxaca Health Department (SSO) indicated 16 employees at the Hospital Civil Aurelio Valdivieso in Oaxaca, Oaxaca State, Mexico had contracted respiratory disease. However, the SSO denied these cases were connected to the recently identified cases of atypical pneumonia at the hospital. No information was provided indicating how many employees work at the hospital or whether the number of respiratory disease cases was higher than average. The source reported that "fear" persisted among hospital physicians concerning the possible presence of a deadly bacteria or virus circulating in the hospital. One anonymous hospital employee criticized hospital management as "unfair" for not providing clear information regarding the first fatal atypical pneumonia case.

An additional source reported the cause of the atypical pneumonia cases remained unknown; it stated that bacteria or virus could have caused the cases. In contrast, according to an 18 April report, the SSO indicated that the atypical pneumonia cases were caused by an unspecified bacterial pathogen and were treatable with antibiotics. The reason for this discrepancy was unclear at this time.

The Instituto Mexicano del Seguro Social (IMSS), a national health entity, had now joined the SSO in responding to the cases; reports did not indicate the Mexican National Ministry of Health had joined in the response efforts. The IMSS extended the sanitary cordon surrounding the hospital. Patients exhibiting flu-like symptoms would be sent to the hospital's epidemiology department for further study. IMSS instructed physicians to hospitalize respiratory disease patients immediately if they meet certain standards for severity of symptoms. Lastly, the hospital's emergency room would remain closed for an additional 15 days so that cleaning and preventive disinfection could be carried out.

Veratect also reported the Mexican Ministry of Health indicated that an "unusual" outbreak of laboratory-confirmed influenza caused five deaths from 17-19 April 2009 in Mexico City, Mexico. The deaths occurred at the following three hospitals: el Hospital de la Secretaría de Salud (2), el Institute Nacional de Enfermedades Respiratorias (2), and el Hospital Ángeles del Pedregal (1). According to unofficial sources, the fatal case count was higher than that provided by officials. There were currently 120 influenza cases hospitalized throughout Mexico City. National health officials indicated that influenza vaccines were sold out in Mexico City and that they were attempting to acquire additional supplies of the vaccine.

At this point, the Mexican Health Secretary reportedly stated there was an influenza epidemic in Mexico City and throughout the rest of the county. In response to the cases, the official stated health authorities would launch a public awareness and vaccination campaigns. He stated that 400,000 vaccines would be administered, primarily to medical staff; it was unclear whether these efforts would be focused on Mexico City or any other geographic area. Health officials also ordered the provision of special masks, gloves, and gowns for medical personnel that were in contact with influenza cases.

A total of 13 fatal cases of influenza were reported in Mexico City in the past three weeks. However, several other media sources reported that the 13 deaths were recorded since 18 March 2009; the reason for this discrepancy was unclear. Sources reported a total of 20 fatal cases of influenza throughout Mexico over the disputed timeframe. The other cases were located in San Luis Potosí (4), Baja California (2), and Oaxaca (1). The Director of Epidemiology at the National Center for Epidemiological Surveillance and Disease Control characterized the outbreak as "quite unusual."

No information was provided indicating that the strain of influenza itself was unusual. Rather, several sources indicated that it was "unusual" to record this many fatal influenza cases during this time of year. Influenza cases normally peak from October to February, while these cases had occurred during Mexico's spring season.

Canada announced a national alert for travelers returning from Mexico with respiratory disease, beginning a campaign of public media announcements. Potentially ill contacts were identified returning from Mexico and isolated in Canada. Internet blogs begin to spin up. CDC indicates concern about the events unfolding in Mexico. Veratect sensitizes the US community physician social network managed by Ozmosis.

…

World Health Organization

Dr Margaret Chan

First meeting of the IHR Emergency Committee
Swine influenza: Statement by WHO Director-General

Geneva, WHO, 25 April 2009
https://www.who.int/news/item/25-04-2009-first-meeting-of-the-ihr-emergency-committee

In response to cases of swine influenza A(H1N1), reported in Mexico and the United States of America, the Director-General convened a meeting of the Emergency Committee to assess the situation and advise her on appropriate responses.

The establishment of the Committee, which is composed of international experts in a variety of disciplines, is in compliance with the International Health Regulations (2005).

The first meeting of the Emergency Committee was held on Saturday 25 April 2009.

After reviewing available data on the current situation, Committee members identified a number of gaps in knowledge about the clinical features, epidemiology, and virology of reported cases and the appropriate responses.

The Committee advised that answers to several specific questions were needed to facilitate its work.

The Committee nevertheless agreed that the current situation constitutes a public health emergency of international concern.

Based on this advice, the Director-General has determined that the current events constitute a public health emergency of international concern, under the Regulations.

Concerning public health measures, in line with the Regulations the Director-General is recommending, on the advice of the Committee, that all countries intensify surveillance for unusual outbreaks of influenza-like illness and severe pneumonia.

The Committee further agreed that more information is needed before a decision could be made concerning the appropriateness of the current phase 3.

SAINT LUCIA **New Flu Virus (swine flu) with Pandemic Potential**

New Flu Virus (swine flu) with Pandemic Potential

Santa Lucia, Government, 25 April 2009
https://archive.stlucia.gov.lc/pr2009/april/new_flu_virus_swine_flu_with_pandemic_potential.htm

On the evening of Friday April 24, 2009 CAREC (the Caribbean Epidemiological Center) called on Caribbean countries to begin immediate mobilization of key personnel to ensure that the region is ready to deal with possible cases of a new flu virus which has been reported in Mexico and parts of the United States.

The World Health Organization reports that more than 1,000 people have been sickened in Mexico, with over 20 deaths confirmed as being due to a new flu virus, H1N1. Similar reports indicate that 8 people were confirmed by the U.S. Centers for Disease Control and Prevention (CDC) to have swine flu in the United States in California and Texas and more recently Kansas and possibly New York.

This new flu virus is a combination virus. It has components of different types of flu which can affect birds, swine (pig) and humans. It is of concern as it seems to be spread from one infected person to another, in much the same way that the "common cold" is spread.

At this point in time, the World Health Organization cannot say that other countries of the world will be affected, but the possibility exists.

On Saturday April 25, 2009 at 10 am, the Ministry of Health spearheaded a high level gathering of personnel at NEMO's headquarters in Bisee to asses the situation, sensitize key sectors, review the previously formed National Pandemic Influenza Preparedness and Response Plan and mobilize resources in anticipation of this threat.

Presently, there are no known cases of this new flu virus in Saint Lucia. However, according to Senior Medical Officer in the Ministry of Health Dr. Merlene Fredericks, "we should be concerned as this virus has the potential, **if** it enters St. Lucia, to spread from person to person and as a result, we must be on our guard."

Chief Veterinarian in the Ministry of Agriculture Dr. George Joseph notes that "pork and is safe to eat once properly cooked."

Meantime, the Ministry of Health is advising saint Lucians to take the following precautions:

- If you have recently travelled from Mexico, California, Texas or other affected parts of the United States and you are currently suffering from cough, running nose, fever or other flu like symptoms, please seek medical assessment.
- All persons: cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Try to avoid close contact with persons who are suffering from flu like symptoms. Influenza is spread mainly from person-to-person when persons breath in droplets released by others who cough or sneeze.
- If you get sick with cough, running nose, chills and fever, sore throat, vomiting or diarrhoea, , stay away from work or school and limit contact with others to keep from infecting them. Seek medical attention.
- All medical practitioners should remain vigilant for signs of this disease.
- The National Emergency Management Organization in collaboration other government agencies will provide timely updates on this situation.

REUTERS

David Ljunggren, Scott Anderson

Swine flu not as serious as SARS: Ontario

Reuters, 26 April 2009
https://www.reuters.com/article/us-flu-canada-ontario-idUSTRE53N4O920090424

OTTAWA (Reuters) – An outbreak of swine flu in Ontario, Canada's most populous province, would not be as serious as the 2003 SARS epidemic, in part because authorities have been preparing for decades to fight widespread influenza, a senior provincial medical official said on Friday.

Dr. Michael Gardam, director of infectious disease prevention and control at Ontario's public health agency, said in an interview with the Canadian Broadcasting Corporation that the swine flu was sensitive to anti-viral drugs.

A deadly swine flu has broken out in Mexico, killing at least 16 people and raising fears of an epidemic. The virus has been linked to a new kind of swine flu contracted by seven people in California and Texas, which border Mexico.

The Geneva-based U.N. agency WHO said it was in daily contact with U.S., Canadian and Mexican authorities and had activated its command and control center for acute public health events.

Thousands of Canadians take Mexican vacations every year.

A spokesman for the public health authority in Toronto, Ontario -- Canada's largest city – said there had been no reported cases so far.

The 2003 outbreak of severe acute respiratory syndrome, or SARS, killed 44 people in Canada, the highest death toll outside of Asia. Most of those killed lived in Ontario, which is home to about 13 million people.

"Influenza is different from SARS. Unlike SARS, where we really didn't know what we were dealing with, influenza is something that we have spent literally years, if not decades, planning for," Gardam said.

"We've been doing a lot of work in this country preparing people for something like this," he told the CBC.

Preparations included stockpiling anti-viral drugs as well as warning people to wash their hands frequently and to cover their nose and mouth when coughing or sneezing.

"This particular virus is actually sensitive to the anti-viral drugs that people have been stockpiling over the last several years," he said.

Gardam said flu viruses mutated constantly and that the swine flu was another mutation.

"A virus like this might have the potential to spread more widely that the usual flu viruses. It doesn't, however, mean that it will necessarily be more dangerous than your regular flu viruses," he said.

He added: "We're not treating this like SARS at this point, where we're telling people to be quarantined or isolated," he said.

Gardam said that if there were an increase in flu cases in Canada, they would most likely be linked to Mexico and the United States.

РИА НОВОСТИ

Онищенко обещает не допустить проникновения свиного гриппа в Россию

РИА Новости, 26 апреля 2009, 12:37
https://ria.ru/20090426/169274334.html

МОСКВА, 26 апр - РИА Новости. Вспышка свиного гриппа в Мексике, от которого скончались десятки человек, не угрожает России, если будут приняты все необходимые меры безопасности, заявил главный государственный санитарный врач РФ Геннадий Онищенко.

Мексиканские власти официально подтвердили факт смерти 20 человек от заболевания свиным гриппом, еще 48 случаев требуют подтверждения патологоанатомов. Глава Всемирной организации здравоохранения (ВОЗ) Маргарет Чен заявила, что вспышка свиного гриппа в Мексике имеет "потенциал пандемии".

"При спокойном, ответственном отношении мы с вами не допустим какого-либо развития ситуации на территории нашей страны", - сказал Онищенко в эфире телеканала "Вести".

В России создана комиссия по предотвращению гриппа свиней

РИА Новости, 26 апреля 2009, 12:46
https://ria.ru/20090426/169275215.html

МОСКВА, 26 апр - РИА Новости. Премьер-министр РФ Владимир Путин подписал распоряжение о создании правительственной комиссии по предотвращению распространения на территории России так называемого "свиного гриппа", от которого в Мексике скончались десятки человек, сообщил журналистам пресс-секретарь председателя правительства Дмитрий Песков.

Мексиканские власти официально подтвердили факт смерти 20 человек от заболевания "свиным гриппом", еще 48 случаев требуют подтверждения. Глава Всемирной организации здравоохранения (ВОЗ) Маргарет Чен заявила, что вспышка "свиного гриппа" в Мексике имеет "потенциал пандемии".

По словам Пескова, комиссию возглавил первый вице-премьер Виктор Зубков. Его заместителями стали главный государственный санитарный врач РФ Геннадий Онищенко и глава Россельхознадзора Сергей Данкверт. В состав комиссии также вошли представители МИД, пограничной службы и других ведомств.

"Комиссия уже приступила к работе, уже реализуются конкретные меры, направленные на предотвращение проникновения на территорию РФ свиного гриппа и возможности его распространения", - сказал пресс-секретарь.

Главный государственный санитарный врач РФ Геннадий Онищенко заверил ранее, что вспышка "свиного гриппа" в Мексике не угрожает России, если будут приняты все необходимые меры безопасности. По его словам, это заболевание не является смертельно опасным при своевременной диагностике и качественном лечении.

РИА НОВОСТИ

Иммунитета против мексиканского вируса гриппа у людей нет - ученый

РИА Новости, 26 апреля 2009, 13:44
https://ria.ru/20090426/169276969.html

Москва, 26 апреля – РИА Новости. У людей не выявлены признаки иммунитета к вирусу свиного гриппа, поразившего более тысячи человек в Мексике, сообщил РИА Новости в воскресенье директор НИИ гриппа, руководитель Центра по гриппу ВОЗ в Санкт-Петербурге Олег Киселев.

Он отметил, что вирус типа H1N1 циркулирует как в человеческой, так и свиной популяции, однако, по-видимому, Мексика столкнулась с его гибридом. "Идет взаимодействие на уровне генетического аппарата этих вирусов, в результате чего приобретаются новые антигенные свойства, появляется вирус, к которому у нас нет признаков иммунитета, хотя он и относится к подтипу H1N1", – сказал ученый.

Мексиканские власти официально подтвердили факт смерти 20 человек от заболевания свиным гриппом, причина еще 48 летальных исходов пока не установлена. Всего заболели более тысячи человек. Глава Всемирной организации здравоохранения (ВОЗ) Маргарет Чен заявила, что вспышка заболевания в Мексике имеет "потенциал пандемии".

По словам Киселева, новый вирус может "забрать пальму первенства" у вируса гриппа H5N1 ("птичий грипп), который унес жизни уже более 400 человек, в основном, в странах Азии и Африке.

"Этот вирус претендует на место реального пандемического лидера, то есть H5N1 должен уступить место H1N1, который очень патогенный и способен сегодня передаваться от человека к человеку", – сказал Киселев.

По его словам, нет ничего странного в том, что сначала ученые называли наиболее вероятным претендентом на развитие глобальной эпидемии один тип гриппа, а теперь на первый план вышел другой.

"Пандемия так и выглядит на самом деле: сначала выявляется один претендент на пандемический процесс (H5N1), а теперь уже на совсем другом континенте выявляется H1N1", – сказал Киселев.

Киселев отметил, что несмотря на схожесть ситуации с предпосылками, которые привели к эпидемии "испанки" в 1918 году, есть ряд факторов, которые позволяют надеяться на положительный исход. Во-первых, власти Мексики предприняли серьезные противоэпидемические меры: население носит маски, заболевшие изолированы, таким образом, очаг может быть локализован.

Кроме того, напомнил ученый, катализатором глобальной эпидемии на начале XX века стала Первая мировая война. "Слава Богу, сейчас нет никаких глобальных событий, которые вызывали бы огромные миграционные процессы, нет скученности людей в армейских бараках, как было в Первую мировую", – сказал Киселев.

Премьер-министр РФ Владимир Путин подписал распоряжение о создании правительственной комиссии по предотвращению распространения свиного гриппа на территории России.

РИА НОВОСТИ

Мексиканский вирус гриппа подозревают в покушении на человечество

РИА Новости, 26 апреля 2009, 15:04
https://ria.ru/20090426/169279336.html

Москва, 26 апреля – РИА Новости. Вспышка нового вируса гриппа в Мексике с десятками жертв, уже проникшего в США, может угрожать глобальной эпидемией человечеству, не имеющему иммунитета к этому заболеванию, считают ученые. Власти РФ создали правительственную комиссию по предотвращению проникновения вируса в страну и запретили поставки свинины из Мексики и ряда штатов США.

Мексиканские власти официально подтвердили факт смерти 20 человек от свиного гриппа H1N1, причина еще 48 летальных исходов пока точно не установлена. Всего заболели более тысячи человек. Глава Всемирной организации здравоохранения (ВОЗ) Маргарет Чен заявила, что вспышка заболевания в Мексике имеет "потенциал пандемии".

"Этот вирус претендует на место реального пандемического лидера, то есть H5N1 (птичий грипп, унесший жизни более 400 человек в Азии и Африке) должен уступить место H1N1, который очень патогенный и способен сегодня передаваться от человека к человеку", – сказал в интервью РИА Новости директор НИИ гриппа, руководитель Центра по гриппу ВОЗ в Санкт-Петербурге Олег Киселев.

По его словам, вирус типа H1N1 циркулирует как в человеческой, так и свиной популяции, однако, по-видимому, Мексика столкнулась с его гибридом. "Идет взаимодействие на уровне генетического аппарата этих вирусов, в результате чего приобретаются новые антигенные свойства, появляется вирус, к которому у нас нет признаков иммунитета, хотя он и относится к подтипу H1N1", – сообщил Киселев.

"Идет взаимодействие на уровне генетического аппарата этих вирусов, в результате чего приобретаются новые антигенные свойства, появляется вирус, к которому у нас нет признаков иммунитета, хотя он и относится к подтипу H1N1", - сообщил Киселев. Симптомы заболевания схожи с обычным гриппом: температура, насморк, головная и мышечная боль.

Россия выстраивает защиту

Премьер-министр РФ Владимир Путин подписал распоряжение о создании правительственной комиссии по предотвращению распространения вируса свиного гриппа на территории России, сообщил журналистам пресс-секретарь председателя правительства Дмитрий Песков.

По словам Пескова, комиссию возглавил первый вице-премьер Виктор Зубков. Его заместителями стали главный государственный санитарный врач РФ Геннадий Онищенко и глава Россельхознадзора Сергей Данкверт. В состав комиссии также вошли представители МИД, пограничной службы и других ведомств. "Комиссия уже приступила к работе, уже реализуются конкретные меры, направленные на предотвращение проникновения на территорию РФ свиного гриппа и возможности его распространения", - сказал пресс-секретарь.

Россия ввела запрет на поставки сырой свинины из Мексики и ряда штатов США, сообщил РИА Новости замглавы Россельхознадзора Николай Власов. "Это довольно обширный географический регион: от Колумбии до северных границ штата Колорадо и северных границ штата Флорида", - сказал собеседник агентства.

Кроме того, по его словам, Россельхознадзор будет изымать и уничтожать мясную продукцию, в частности свинину, находящуюся в ручной клади пассажиров, прибывающих авиационным и морским транспортом из Мексики и тех штатов США, где зафиксированы случаи свиного гриппа. Запрещено и использование свинины на бортах самолетов, прибывающих из этих регионов.

Отвечая на вопрос РИА Новости Власов сообщил, что живых свиней США и Мексика в Россию не поставляют.

Есть надежда, что "испанка" не повторится

Директор НИИ гриппа Олег Киселев считает, что вспышка нового вируса в Мексике может привести к глобальной эпидемии (пандемии), но в этом году не затронет Россию. "Прогноз позитивный на этот сезон. Я думаю, что России опять повезет, и мы не окажемся на пороге таких испытаний", - сказал Киселев, отвечая на вопрос, насколько возможно проникновение нового вируса и его распространение в России.

Вместе с тем, по мнению ученого, развитие событий в Мексике весьма сходно с тем, которое в 1918 году привело к возникновению глобальной эпидемии гриппа, так называемой "испанки", унесшей миллионы жизней. "Подчеркиваю, что ситуация очень напоминает то, что описывалось американскими учеными при анализе вируса, вызвавшего "испанку" в 1918 году", - сказал Киселев.

Ученый напомнил, что пандемию 1918 года вызвал вирус, который передался от птицы к свинье, потом к человеку. По его словам, Мексика нередко являлась очагом возникновения гриппа среди домашней птицы.

"Испанка" – самая сильная из известных пандемий, унесшая по самым скромным подсчетам более 20 миллионов жизней, произошла в 1918-1920 годах и была вызвана вирусом H1N1. От пандемии серьезно пострадало от 20 до 40% населения Земли, она охватила Испанию, Швейцарию, Португалию, Сербию, Грецию, Англию, Германию, Данию, скандинавские страны, государства северной Африки и другие.

По словам Киселева, несмотря на схожесть ситуации с предпосылками, которые привели к "испанке", есть ряд факторов, которые позволяют надеяться на положительный исход. Во-первых, власти Мексики предприняли серьезные противоэпидемические меры: население носит маски, заболевшие изолированы, таким образом, очаг может быть локализован.

Кроме того, напомнил ученый, катализатором глобальной эпидемии в начале XX века стала Первая мировая война. "Слава Богу, сейчас нет никаких глобальных событий, которые вызывали бы огромные миграционные процессы, нет скученности людей в армейских бараках, как было в Первую мировую", - сказал Киселев.

То, что сначала ученые называли наиболее вероятным претендентом на развитие глобальной эпидемии один тип гриппа (птичий), а теперь на первый план вышел другой, неудивительно, отметил директор НИИ гриппа. "Пандемия так и выглядит на самом деле: сначала выявляется один претендент на пандемический процесс (H5N1), а теперь уже на совсем другом континенте выявляется H1N1", - сказал он.

Поездки в Мексику нежелательны

Главный государственный санитарный врач РФ Геннадий Онищенко считает, что вспышка свиного гриппа в Мексике не угрожает России, если будут приняты все необходимые меры безопасности. "При спокойном, ответственном отношении мы с вами не допустим какого-либо развития ситуации на территории нашей страны", - сказал Онищенко в эфире телеканала "Вести".

В то же время главный государственный санитарный врач рекомендует россиянам воздержаться от поездок в Мексику.

"Я бы хотел обратиться ко всем россиянам. Если у вас нет особой нужды, то лучше воздержаться от поездки, прежде всего, в Мексику", - отметил он.

ВОЗ и США принимают меры

ВОЗ накануне заявила о готовности противостоять распространяющемуся вирусу. Для борьбы с ним организация уже заготавливает специальный препарат – "Тамифлю" (Tamiflu).

Кроме того, ВОЗ сообщила, что в Мексику направляются ее сотрудники, которые помогут местным властям отслеживать распространение болезни и проводить необходимые лабораторные исследования и диагностику.

Власти США устанавливают источник заражения людей на юге страны, сообщил РИА Новости представитель Центра контроля и профилактики заболеваний (Атланта, штат Джорджия) при министерстве здравоохранения США.

"Расследование идет непрерывно. Мы устанавливаем источник заражения, а также проверяем людей, которые могли заразиться", - сказал представитель центра.

По его словам, эпидемиологи подтверждают 11 случаев заражения людей свиным гриппом в США: семь человек заболели в Калифорнии, двое - в Техасе и двое - в Канзасе.

Представитель Центра рассказал, что во всех округах, где были зафиксированы заражения, работают эпидемиологи. США также отправили своих специалистов в Мексику.

World Health Organization

Pandemic influenza preparedness and response:
a WHO guidance document

Geneva, Switzerland, WHO, 26 April 2009
https://www.who.int/publications/i/item/9789241547680
https://web.archive.org/web/20090509051754/http://www.who.int/csr/disease/influenza/PIPGuidance09.pdf
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Pandemic influenza preparedness and response : a WHO ...
26 Apr 2009 — **Pandemic influenza preparedness and response** : a WHO guidance document. Authors: Keiji Fukuda, World Health Organization Global Influenza Programme.

Executive Summary

Influenza pandemics are unpredictable but recurring events that can have severe consequences on human health and economic well being worldwide. Advance planning and preparedness are critical to help mitigate the impact of a global pandemic. This WHO guidance document Pandemic influenza preparedness and response significantly updates and replaces WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics which was published in 2005. (p. 8)

...

Overview of the major changes
The revised Guidance:

1. Retains the six-phase structure but regroups and redefines the phases to more accurately reflect pandemic risk and the epidemiological situation based upon observable phenomena. (8)

...

The WHO pandemic phases

The phases are applicable globally and provide a framework to aid countries in pandemic preparedness and response planning. The use of a six-phased approach has been retained to facilitate incorporation of new recommendations into existing national plans. However, the pandemic phases have been re-defined (Table 1). To facilitate planning at national and global levels, Phases 1-3 and 5-6 have been grouped to include common action points. In addition, the time after the first pandemic wave has been elaborated into post peak and post pandemic periods. When making a change to the global phase, WHO will carefully consider all available information to assess if the criteria for a new phase have been met. (10)

TABLE 1
PANDEMIC PHASE DESCRIPTIONS

	DESCRIPTION
PHASE 1	No animal influenza virus circulating among animals has been reported to cause infection in humans.
PHASE 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
PHASE 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
PHASE 4	Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
PHASE 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
PHASE 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
POST-PEAK PERIOD	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
POSSIBLE NEW WAVE	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
POST-PANDEMIC PERIOD	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

2. Background

Influenza pandemics are unpredictable but recurring events that can have severe consequences on societies worldwide. Since the 16th century, influenza pandemics have been described at intervals ranging between 10 and 50 years4 with varying severity and impact. (13) ...

The precise timing and impact of a future influenza pandemic remains unknown. Developing and sustaining a country's preparedness is challenging, and carries a risk of complacency. (13) ...

While the H5N1 virus is currently the most visible influenza virus with pandemic potential, it is not the only candidate. (14) ...

3.2.2 The designation of the global pandemic phase

The designation of the global pandemic phase will be made by the Director-General of WHO. The designation of a phase will be made consistent with applicable provisions of the IHR (2005) and in consultation with other organizations, institutions, and affected Member States. ...

3.2.5. Providing an early assessment of pandemic severity on health

As soon as possible, WHO will provide an assessment of pandemic severity to help governments determine the level of interventions required as part of their response. As outlined in section 1.1, past influenza pandemics have been associated with varying levels of illness and death. (22) ...

Pandemic severity may be assessed in many ways. One fundamental distinction is an assessment based on direct health effects as opposed to one based upon societal and economic effects. While societal and economic effects may be highly variable from country to country and dependent upon multiple factors (including the effects of the media and the underlying state of preparedness), WHO plans to assess pandemic severity based primarily on observable effects on health. (22) ...

4. The Who Pandemic Phases

The WHO pandemic phases were developed in 1999 and revised in 2005.

The phases are applicable to the entire world and provide a global framework to aid countries in pandemic preparedness and response planning. In this revision, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1-3 correlate with preparedness, including capacity development and response planning activities, while Phases 4-6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities. (24) ...

5. Recommended Actions Before, During and After a Pandemic ...

The use of pharmaceutical interventions to prevent or treat influenza encompasses a range of approaches. Additionally, the successful prevention and treatment of secondary or pre-existing conditions will be a key factor in many settings for reducing the overall burden of illness and death. (28)

World Health Organization

WHO Pandemic Phase Descriptions and Main Actions by Phase (p. 27)

TABLE 3
WHO PANDEMIC PHASE DESCRIPTIONS AND MAIN ACTIONS BY PHASE

	ESTIMATED PROBABILITY OF PANDEMIC	DESCRIPTION	MAIN ACTIONS IN AFFECTED COUNTRIES	MAIN ACTIONS IN NOT-YET-AFFECTED COUNTRIES
PHASE 1	Uncertain	No animal influenza virus circulating among animals has been reported to cause infection in humans.	Producing, implementing, exercising, and harmonizing national pandemic influenza preparedness and response plans with national emergency preparedness and response plans.	
PHASE 2		An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.		
PHASE 3		An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.		
PHASE 4	Medium to high	Human-to-human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.	Rapid containment.	Readiness for pandemic response.
PHASE 5	High to certain	The same identified virus has caused sustained community-level outbreaks in at least two countries in one WHO region.	Pandemic response: each country to implement actions as called for in their national plans.	Readiness for imminent response.
PHASE 6	Pandemic in progress	In addition to the criteria defined in Phase 5, the same virus has caused sustained community-level outbreaks in at least one other country in another WHO region.		
POST-PEAK PERIOD		Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.	Evaluation of response; recovery; preparation for possible second wave.	-
POSSIBLE NEW WAVE		Level of pandemic influenza activity in most countries with adequate surveillance is rising again.	Response	
POST-PANDEMIC PERIOD		Levels of influenza have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.	Evaluation of response; revision of plans; recovery.	

There is a definition of the Pandemic phases, but there is no definition of what 'Pandemic' means

Homeland Security

Press Briefing on Swine Influenza with Department of Homeland Security, Centers for Disease Control and Prevention, and White House

Department of Homeland Security, 26 April 2009
https://www.dhs.gov/news/2009/04/26/press-briefing-swine-influenza

Janet Napolitano, Secretary, Department of Homeland Security
John Brennan, Assistant to the President for Homeland Security and Counterterrorism
Dr. **Richard Besser**, Acting Director, Centers for Disease Control and Prevention
Robert Gibbs, Press Secretary

Mr. Gibbs: Good afternoon, guys. Thank you for taking some time out of your Sunday afternoon. We wanted to bring together many of the people that have the primary governmental responsibility in dealing with the situation and to discuss the government's capacity and capability to discuss the steps the government is taking to address this.

Three people we'll hear from today and then we'll take some questions: First, John Brennan, Assistant to the President for Homeland Security and Counterterrorism; Dr. Richard Besser, the Acting Director of the Centers for Disease Control and Prevention, and Janet Napolitano, the Secretary of Homeland Security.

So with that I'll turn it over to Mr. Brennan.

Mr. Brennan: Thank you, Robert. And thank you, everyone, for coming here today.

Obviously, President Obama is very concerned about the recent cases of swine flu that have been identified in the United States, as well as the outbreak in Mexico. The President's thoughts are with those who have been affected by this illness. He is monitoring the situation very closely and has supported a very active, progressive and coordinated response by his administration.

The President wants Americans to be fully informed of the situation, which is why we have convened this press briefing today. The vast majority of these cases have occurred in Mexico. Building on the close bilateral cooperation that President Obama advanced during his recent visit to Mexico, he has asked me to publicly convey his full support to President Calderón, the Mexican government and the Mexican people in their efforts to contain the outbreak.

Both the U.S. and Mexican governments are taking steps to reduce the potential for further transmission. Our goal is simple: to communicate information quickly and clearly for our citizens, to rapidly address any new cases that emerge, and to have the capacity to effectively limit the spread.

At this point a top priority is to ensure that communication is robust and that medical surveillance efforts are fully activated. This will enable both the rapid identification and broad notification of any new cases that may occur in the U.S., as well as in Mexico.

We believe that our increased surveillance efforts have resulted in the identification of new cases over the last 24 hours. Early identification is vitally important to the overall effort. In the event that additional cases or sites of infection occur within the United States we want to recognize them quickly and then respond rapidly with appropriate guidance for the public health community and the general public in the infected area. We also want to ensure medical surveillance and testing and the provision of medications and medical supplies are distributed where necessary.

I would like to share with you some of the steps the administration has taken to ensure that information about this evolving event is flowing swiftly among federal, state and local partners, between U.S., Mexican, Canadian and other governments and with the World Health Organization.

First, the President is receiving regular updates and briefings on the situation. I updated the President earlier today. The President has reviewed our national capabilities to mitigate the effects of a broader outbreak in the United States and the steps we are taking to support state and local governments and their public health experts.

I am consulting closely with Secretary Napolitano, who is the principal federal official for domestic incident management with responsibility for spearheading our efforts. The Homeland Security Council has convened an interagency body of senior federal experts to facilitate coordination among the federal departments and agencies that have a role in recognizing, responding to, and communicating with domestic and international partners regarding health incidents that have the potential for significant impact to our nation's well-being.

This group has been conferencing daily to share updates and to identify actions we can take now to respond to developments in an accelerated and effective manner. The information and decisions of the group are reported daily to senior leaders in the federal government and throughout the White House. Additional reports are provided as new information of significance becomes available.

While the President and his administration are actively coordinating the overall government response, individual departments and agencies with specific responsibilities as well as unique expertise and experience in dealing with public health risks are leading key elements of the effort.

For example, the Department of Health and Human Services is responsible for the overall effort to coordinate disease surveillance, medical preparedness, and guidance to public health professionals in the event that further cases are detected. The Departments – Centers for Disease Control and Prevention has responsibility for identifying and tracking the spread of the disease and for communicating health-related information to the government, media, and public. To this end, the CDC has held regular public briefings since Friday.

In a moment, Dr. Richard Besser, the Acting Director of the Centers for Disease Control and Prevention, will provide an update on the situation in the United States and Mexico, as well as where health professionals and the public can go for reliable information and guidance on swine influenza.

As I mentioned, Secretary Napolitano and the Department of Homeland Security have the overall lead for coordinating the federal response to an influence epidemic in the United States. The department is closely coordinating with Health and Human Services and CDC to monitor the situation.

After Dr. Besser speaks, you will hear from Secretary Napolitano, who will update you on the department's efforts to coordinate response preparations and actions to date. The Secretary also will describe actions that are underway to ensure communication of timely and accurate information at land borders and at ports of entry as well as to travelers who seek additional information.

Clearly we all have individual responsibility for dealing with this situation. We should all be practicing good hygienic practices, such as hand-washing on a regular basis; if you feel sick, it makes sense to stay home; and then also following the other practices that are common sense when we deal with an outbreak of flu every year.

I would ask that you hold your questions until after Dr. Besser and Secretary Napolitano have finished their remarks.

Dr. Besser: Thank you, Mr. Brennan. First, I want to say that our hearts go out to the people in Mexico and the people in the United States who've been impacted by this outbreak. People around the country and around the globe are concerned with this situation we're seeing, and we're concerned as well. As we look for cases of swine flu, we are seeing more cases of swine flu. We expect to see more cases of swine flu. We're responding and we're responding aggressively to try and learn about this outbreak and to implement measures to control this outbreak.

Let me provide for you an update in terms of where we are today and what kinds of public health actions are being taken here as well as abroad. Today we can confirm that there are 20 cases of swine flu in the United States. We have five affected states: There are eight cases confirmed in New York City, there's one case confirmed in Ohio, two in Kansas, two in Texas, and seven in California.

And again, as we continue to look for cases, I expect that we're going to find them. We've ramped up our surveillance around the country to try and understand better what is the scope, what is the magnitude of this outbreak.

The good news – all of the individuals in this country who have been identified as cases have recovered. Only one individual had to be hospitalized. But I expect as we continue to look for cases, we are going to see a broader spectrum of disease. What we know about this virus is it looks to be the same virus as is causing the situation in Mexico. And given the reports out of Mexico, I would expect that over time we're going to see more severe disease in this country.

There are some things that it's important people understand: Flu viruses are extremely unpredictable and variable; outbreaks of infectious disease are extremely unpredictable and variable. And so over time what we say about this and what we learn will change. Expect changes in terms of the number of cases. We're going to try and give you consistent information and have it on our web site once a day, so that we don't get into the situation where you're hearing different numbers of cases throughout the day – we're going to report that daily.

We expect that we're going to be changing our recommendations over time based on what we learn. And that's an important thing. You'll start to see different activities taking place in different parts of the country, depending on the local outbreak picture – and that's good. You want people to respond based on what the situation is in their community, based on what situations are in particular countries.

Because of this speed in which things are progressing, you will at find – at times find inconsistent information, and we're going to work really hard to make sure that that doesn't stay up for long. But as we're updating recommendations and they're going out through various sources, you may find some inconsistency and we will work to minimize that.

This is moving fast, but I want you to understand that we view this more as a marathon. We do think that this will continue to spread, but we are taking aggressive actions to minimize the impact on people's health.

It's important that people understand that there's a role for everyone to play when there's an outbreak going on. There are things that individuals do, there's things that families do, communities do to try and reduce the impact. At the individual level, it's important people understand how they can prevent respiratory infections. Very frequent hand-washing is something that we talk about time and time again and that is an effective way to reduce transmission of disease. If you're sick, it's very important that people stay at home. If your children are sick, have a fever and flu-like illness, they shouldn't go to school. And if you're ill, you shouldn't get on an airplane or another public transport to travel. Those things are part of personal responsibility in trying to reduce the impact.

It's important that people think about what they would do if this outbreak ramps up in their community. We understand that in New York City there's a cluster of disease in a school and New York City has announced that they're not having those children come back to school on Monday, so that they can understand better about transmission in that school. There's a similar situation in Texas. Those are very smart public health decisions. If there are other communities where we saw cases in a school, we would be recommending that they take those actions as well.

So it's time for people to be thinking – forward-thinking about, well, if it were my child's school, what would I do, how would I be prepared for that kind of an event. We view the public as partners in the efforts to try and control what's going on.

There are a number of sources of information. I want people to know that the CDC web site – www.cdc.gov – has our latest information on swine flu. There's a link from there to very current information and there's a link there to a Spanish language site as well.

So let me talk about some of the public health actions that are going on. We are working very closely with state and local public health on the investigations going on around the country. We're providing both technical support on the epidemiology as well as support on the laboratory in terms of confirming cases.

We're also doing a lot of work with the World Health Organization, the Pan American Health Organization, and the governments of Mexico and Canada on this outbreak. There's a tri-national team that is working in Mexico to try and understand better the spread – why are they seeing more

severe disease in Mexico than we are here? That's a critical question. We're working to assist Mexico in establishing more laboratory capacity in-country. That, again, is very important because when you can define someone as a truly confirmed case, what you understand about how they acquire disease takes on much more meaning.

We issued two days ago an outbreak notice on our web site regarding travel to Mexico. It indicated that if you are traveling to Mexico, that you look at that to see what precautions could you take as an individual to reduce the likelihood that you became ill. We're going to continue to evaluate the situation in Mexico, and if need be we will increase the warnings based on what the situation warrants.

Later today we're going to be putting out some additional community guidance so that public health officials will know what our general recommendations are should they see cases in schools or additional cases in their community.

And I think that the last thing I want to mention is that whenever we see a novel strain of influenza, we begin our work in the event that a vaccine needs to be manufactured. So we've created that seed stock, we've identified that virus, and discussions are underway so that should we decide to work on manufacturing a vaccine, we can work towards that goal very quickly.

Our support to the states and locals will continue. We provide epidemiologic support, laboratory support, and we provide them support in terms of their medications and other material that they need to work on this outbreak.

So thank you very much, and I'll turn it over to the Secretary.

Secretary Napolitano: Thanks, Dr. Besser. A number of things going on and the purpose of today, this briefing, is to give you the most current information about what is happening. And as has been mentioned before, this is a changing picture. And so we intend to conduct these types of briefings daily for a while so that, you know, it can help up communicate to the public what is happening and so that with knowledge people know what kind of issue we're dealing with.

The first thing I want to announce today is that the *Department of Health and Human Services will declare today a public health emergency in the United States*. That sounds more severe than really it is. This is standard operating procedure and allows us to free up federal, state, and local agencies and their resources for prevention and mitigation; it allows us to use medication and diagnostic tests that we might not otherwise be able to use, particularly on very young children; and it releases funds for the acquisition of additional antivirals.

So you'll see those declarations coming out today. And when I say "standard operating procedure," that's exactly what I mean. We issued similar declarations for the recent floods in Minnesota and North Dakota and for the inauguration.

Second, I want to give you some information about where we are with respect to antiviral drugs. These are the kinds of things you would take should you get sick with this strain of flu. *We have 50 million treatment courses of antiviral drugs – Tamiflu and Relenza* – in the strategic national stockpile. We are releasing 25 percent of those courses, making them available to all of the states, but particularly prioritizing the states where we already have confirmed incidents of the flu. In addition, the Department of Defense has procured and strategically prepositioned 7 million treatment courses of Tamiflu.

The United States Department of Agriculture is heavily involved in monitoring and testing to ensure that there is no issue with our food supply, and everything looks fine. I want to underscore that you cannot get the swine flu from eating pork. So that's very important. And we're screening and testing livestock to monitor any developments there.

Next, in the Department of Homeland Security, we have a number of components with direct responsibility here. The CBP is inventorying for every duty station and every employee our resources, personal protective equipment, and so forth, to make sure that we have adequate supplies on hand at the borders themselves.

Secondly, we have implemented passive surveillance protocols to screen individuals who may arrive at our borders. All persons entering the United States from a location of human infection of swine flu will be processed through all appropriate CBP protocols. Right now those are passive. That means that they're looking for people who – and asking about, are you sick, have you been sick, and the like; and if so, then they can be referred over for further examination.

Travelers who do present with symptoms, if and when encountered, will be isolated per established rules. They will be provided both with personal protective equipment and we will continue to emphasize universal health measures like hand-washing and gloves. And if and when the situation develops all CBP sites can implement and we can deploy additional personnel to the borders.

In addition, at the TSA, many of the similar measures are being implemented there with respect to the protection of our TSA workers and also their experience with travelers. To date, the State Department has not issued official travel advisories for particularly Mexico, but again, as I said earlier, these situations are very fluid and so you need to keep up to date on that. In addition to the CDC website, the Department of State has a website that will keep travelers posted on what the situation is not only with our neighboring countries, but with countries around the world.

As I said earlier, our intent is to update you daily on this situation so that you can know what is happening within the federal government. State and local governments obviously now are in the loop. State and local public health authorities obviously are working very hard and will be working hard, because as the doctor said, this will be a marathon, not a sprint, and even if this outbreak is a small one, we can anticipate that we may have a subsequent or follow-on outbreak several months later, which we will be prepared for.

And again, the government can't solve this alone. We need everybody in the United States to take some responsibility here. If you are sick, stay home. Wash your hands, take all of those reasonable measures; that will help us mitigate, contain how many people actually get sick in our country.

Thank you.

Mr. Gibbs: With that, let's take a few questions.

Question: Thanks, Robert. Are there any U.S. clusters that suggest this is easily spread? Have we seen any pockets of suspected cases in the U.S. that suggest this could be on the scale of Mexico? And you say it's a marathon. How long is this marathon going to be?

Dr. Besser: Thanks for those questions. In terms of duration, my comment earlier about every outbreak is unique is really important to remember. And so it's very hard to say. There's one thing in our favor; we're nearing the end of the flu season, we're nearing the end of the season in which flu viruses tend to transmit very easily. And so we would expect to see a decline in cases, just like we're seeing a decline in cases of seasonal flu, at some point.

The issue of clusters is an important one, and New York City earlier talked about their school cluster, and that's important. Some of our early epidemiologic investigations are showing that contacts of people who have been diagnosed have a significant rate of respiratory infection – not confirmed to be this; we only have one documented by viral isolate case in this country of person-to-person spread – and that was an individual who had gone to Mexico and came back, and then there was a spouse who was diagnosed as well, and both are doing well.

Question: Robert, how concerned are you about the potential for this outbreak to set back the hopeful economic recovery both here in the United States and globally? And secondly, what if anything are we meant to read into the fact the President Obama decided to go golfing today? Is this part of your effort to reassure Americans that there's no need to panic?

Mr. Gibbs: I'm not sure I would draw a direct conclusion between the news today and the President's golf. (Laughter.)

I think as Mr. Brennan said, the President has been updated regularly on this and we'll continue to do so as we will continue to regularly update you.

In terms of anything that is affected economically both here and worldwide, I think it's probably far too early to determine whether that will be a case or whether that will have some factor. We just want to ensure that people understand the steps that are being taken both here and throughout government to address the situation, as well as, as each of these speakers have said, understand the individual responsibilities that people have. If you have questions, go to the CDC website at cdc.gov. And as the doctor mentioned, there's also a Spanish version of that site.

Question: First to you, Robert. Why was it necessary to have the President checked this morning?
Mr. Gibbs: The President hasn't been checked this morning.

Question: Ms. Jarrett indicated today on a Sunday morning program that he had been.
Mr. Gibbs: I will double-check. I don't know of any reason why he would have been.

Question: And Dr. Besser –
Mr. Gibbs: Let me expand that a little bit. I think these guys obviously have more medical degrees than I do, but the incubation period for this is a 24-48 hour incubation period. The doctors advised us that the President's health was never in any danger. We've been gone from Mexico for now more than nine days.

Question: Dr. Besser, you mentioned seed stock for vaccines. What is the threshold that you have to meet before you consider developing that vaccine and deploying that vaccine?
Dr. Besser: There are a number of things that we look at going into the decision as to whether to make a vaccine. One is the severity of the strain, its sustainability in the community; do we anticipate that it's a virus that will be here next flu season – so you want to prepare for that. Then there are issues in terms of production. Currently manufacturers are working on seasonal flu vaccine for next season, which has three types of influenza virus – or influenza antigen in it. We have to have discussions to determine could they add a fourth; would it require substituting or changing production in another way?

All of those discussions are underway, so that if there's a decision to move in that direction we'd be ready.

Question: I notice that you're not recommending that people, even if they're ill, become vaccinated. Has the President been vaccinated by Tamiflu or Relenza? And at what level does this have to get before we go from a public health emergency to a federal pandemic plan?
Dr. Besser: I wanted to clarify a couple things you said. Oseltamivir and zanamavir are not vaccines. Those are antiviral drugs that can be used to treat somebody who is ill.

One of the points I didn't make before is that if someone is ill with flu-like symptoms, in particular if they've traveled to an area that's been involved, they need to contact their doctor and determine what type testing and treatment is indicated.

At this point there is not a vaccine for this swine flu strain. It's a new strain of influenza. And so what we're talking about is whether it's warranted at this point to move toward manufacturing a vaccine.

Question: Two questions. First, I want to know if the public health emergency declaration allows the federal government to invoke any kind of quarantine powers. And if so, how would that be used? And second, we've been hearing for years that we could have another 1918-like pandemic. So based on what you know right now, how likely is it that this could be a very, very severe outbreak?
Secretary Napolitano: The public health declaration does not, in and of itself, convey quarantine authority. And most quarantine authority is held at the local and state level, and we're nowhere near that sort of a decision. The decisions that have been made to date are the common-sense ones, the few places where we've had a U.S. outbreak, to close a school here, close a school there. But most quarantine authority is held at the state and local level. And this declaration does not, in and of itself, provide that.

Dr. Besser: The other part of your question had to do with 1918 and what we're seeing here. One of the very important issues that we're looking at is how severe is this outbreak that's taking place. What we're seeing in this country so far is not anywhere near the severity of what we're hearing about in Mexico, and we need to understand that.

It's also important to recognize that there have been enormous efforts going on around the country and around the world for pandemic preparedness and that our detection of this strain in the United States really came out as part of that. There was work going on in San Diego in terms of developing a point of care test kit, something that could be used in doctors' offices, that detected a strain they

couldn't identify, and that was identified in our laboratories as the swine flu strain. And so that – really some of the preparedness activities, the laboratory capability that we have now is not what it was five years ago, let alone in 1918. We understand a lot about how flu should be managed and treated.

Question: And if I could just follow with one other question. Relenza and Tamiflu, how effective are they in treating this particular strain, if at all?

Dr. Besser: At this point, it's premature to talk about how effective they are. Those are some of the studies that we would want to undertake and assist Mexico in undertaking. We do know from seasonal flu that early treatment with antivirals can shorten the course of illness. But in terms of this situation, we know that the strain is susceptible, it's not resistant to those drugs. It is resistant to other drugs, amantadine and rimantadine. But it's not resistant to oseltamivir and zanamavir, which are the drugs that we've been stockpiling.

Secretary Napolitano: I just wanted to clarify – on the declaration of emergency, I wish we could call it declaration of emergency preparedness, because that's really what it is in this context. It's similar to what we do, for example, when we know – when a hurricane may be approaching a site, we will go ahead and issue an emergency declaration that allows us to preposition – frees up money, resources to get pre-positioned, to get ready. A hurricane may not actually hit a particular landfall, but it allows you to undertake a number of preparatory steps. And really that's what we're doing right now, the government. We're leaning forward, we're preparing in an environment where we really don't know ultimately what the size or seriousness of this outbreak is going to be.

Question: Dr. Besser, you said we were likely to see more cases and the CDC's Dr. Ann Schuchat said yesterday, "We do not think we can contain the spread of this virus." What exactly does that mean?

Dr. Besser: In strategies for outbreak control there's a concept of containment where if you can detect it very quickly in one community, that you could swoop in and try and quench it and knock it out so it doesn't go further. We don't think that that's a possibility, but we do think that it's very possible to mitigate or reduce the impact of this infection around the country.

In terms of detection, what we're seeing in this country is mild disease – things that would never have been detected if we weren't ramping up our surveillance. And so my comment there is that by our efforts of asking doctors to culture – we are asking doctors when they see someone who has flu-like illness who has traveled to an affected region to do a culture – take a swab in their nose and send it to the lab so we can see, is it influenza, is it this type. And I expect that as we do that we're going to find cases all – in many different parts.

When I mentioned the states we're seeing cases in right now, they're not all contiguous. The travel patterns of people now are such that we would expect that we're going to see cases in more states.

Question: If I could follow up on that, is it true that it took a week until after Mexico had invoked its own protective measures before the U.S. was notified of this? And is it a significant concern that HHS is in charge of this at a time when it doesn't have a Secretary?

Dr. Besser: In terms of detection and reporting, you know, the confirmation of swine flu from Mexico was shared with us immediately. There was great collaboration between Canada and Mexico on doing that testing. I'm in daily communication with their public health leadership and the collaborations have been absolutely superb. We share information about what we're seeing here and they're sharing information about what they're seeing in Canada and in Mexico.

Question: They sent those tests to Canada rather than the U.S., apparently because of paperwork.

Dr. Besser: Well, we have – there are quite a number of isolates that we've tested here from Mexico as well.

Mr. Gibbs: In terms of a Secretary, I think these guys have given you a pretty good indication of the response mechanisms that are in place and that have been activated relating to this. So I think it's all hands on deck and we're doing fine. I would say we're hopeful that we have a new Secretary very shortly. ... Yes, ma'am.

Question: Secretary Napolitano, I believe Japan and South Korea have both now announced that they're going to begin testing on passengers coming in from the U.S. Why is the U.S. not doing that with passengers coming in from Mexico? And then also, do you have any indications – I know it's still very early yet – but any indications that perhaps this might have been caused by bioterrorism, this new strain of flu?

Secretary Napolitano: I'll let John answer the second part. With respect to that, we're doing, as I said, passive surveillance now. Right now we don't think the facts warrant a more active testing or screening of passengers coming in from Mexico, although obviously we are letting air carriers and our employees at the gates on those flights make sure that they are asking people if they're sick; and if they're sick, that they shouldn't board the plane – you know, that sort of thing, passively.

But again, this is a changing dynamic that we may increase or decrease that as the facts change over the next 24, 48, 72 hours.

Dr. Besser: Yes, the question about the strain that we're seeing here, we analyzed that strain and are continuing to do further analysis of that strain and we expect to see the emergence of new flu strains. That's something that we are continually watching for to ensure that we're ready should a strain emerge that there's not immunity and protection in the community for it. This strain is not unlike other new strains that have emerged. It's an assortment – it's got genetic components from a number of sources, including human, swine, and avian sources. And that's something that you see with new strains.

And so there's nothing that we have seen in our work that would suggest anything but a naturally occurring event.

Question: But from a security perspective, nothing to rule it out either – the possibility of bioterrorism?

Mr. Brennan: We are looking at all different aspects here, but as the doctor said, there is no evidence whatsoever that we have seen. But clearly, in order to make sure that we're doing everything possible, we're looking at all potential explanations here – but no evidence whatsoever on the bioterrorism –

Question: How do the – Madam Secretary, how do the stocks of effective antivirals today compare to previous outbreaks – SARS, for example? And will DOD stocks be available for the public, or are those just for DOD?

Secretary Napolitano: Right now the DOD stocks I believe are for the DOD personnel, but I'll have to confirm that for you later. I believe that to be the case. We have 50 million courses that are in the national stockpile. As I said, we're freeing up a quarter of those for use by the states, in addition to whatever state stockpiles they have, should they need it. Priority will go to the states that have confirmed outbreaks of disease. And I don't have the history on how that compares to what we had on hand for SARS.

Dr. Besser: The strategic national stockpile has considerable assets for treating flu. In addition to the antivirals, there's the supplies should we see hospitalizations that would warrant support. SARS is a different picture in that there were – there was not a medication that people could take to treat it, and so this is a very different situation.

And as part of our planning for a large outbreak this pre-deployment of availability is a leaning-forward step. We know that many states aren't seeing any cases, but it was our belief that having things there ahead of time was the way to go, rather than waiting until it got to a point where people were asking.

Question: Secretary Napolitano, you mentioned the quarantine power and, you know, that's really a state and local issue. What additional authority does the President have, what other powers does he have to contain this, to mitigate it, whatever. What else can he do?

Secretary Napolitano: I don't want to give you a legal brief on that right now, but that's –

Question: Perhaps later? (Laughter.)
Secretary Napolitano: Yes, exactly. (Laughter.)
We want to make sure that it's very precisely explained to you and to the public. So perhaps we could brief that to you later on this week.

Question: But there are additional things? You guys are confident that – measures that you can take, beyond a declaration of emergency – things that you can do at the federal level?
Secretary Napolitano: Yes.

Question: Okay. And Robert, actually, can you follow up on that eco question, on the eco trade. I just want to be clear, you're not at all studying this, measuring what sort of effect this could have economically – you're just not at that level yet?
Mr. Gibbs: I'll check with NEC. I don't know of anything related to that at this point, but we can certainly check. ... Yes, ma'am.

Question: What haven't you banned U.S. travel to Mexico and why haven't you changed the U.S. alert level in the face of this– unless the declaration of public health emergency is doing that?
Dr. Besser: I can comment. We have at CDC posted an outbreak notification regarding Mexico, and we're continuing to watch the situation there and evaluate. And should it be warranted, we would make a change in that regard.
In terms of the stages and phases of pre-pandemic situations, the real important take-away is that we have an outbreak of a new infectious disease that we're approaching aggressively. And it matters much less what you call it. Those things are designed to trigger actions, but we trigger our actions based on what we're seeing here in-country as well as what we see around the globe. And given that this new strain is something we're experiencing here on the ground, we're being very aggressive and addressing that based on what we're seeing in each community.

Question: What has been discovered so far about why people in Mexico have died, but not elsewhere?
Dr. Besser: That's an unanswered question. We have folks on the ground and we haven't been able to find an answer for that. There are a number of different hypotheses and I'm hoping that we'll be able to shed some light on that as these teams get more established and continue their studies.

Question: For Dr. Besser, is there evidence of ongoing transmission in Mexico, or are the cases being picked up there ones that happened in the last couple of weeks and are over? Or are there new chains of transmission being generated?
Dr. Besser: Again, I don't want to comment on the situation on the ground in Mexico. I've not heard that it is stopping. Their overall flu surveillance is only showing a small increase from what they would see annually, which, again, makes it difficult to use some of the surveillance tools to measure the impact of a new strain when you're in the midst of another flu season.

Question: Just to follow up on what the President – for you, Robert – what the President – did you say that he has not been treated with any kind of –
Mr. Gibbs: I said yesterday that he had not been. I will recheck with the doctor. Again, based on the incubation period, neither he, nor anybody that he traveled with, nor anybody in the press corps that I'm aware of would have exhibited any symptoms that would have caused any heightened awareness.

Question: But the doctor didn't check him out –
Mr. Gibbs: No. Again, in the absence of symptoms – I think this probably goes without saying, too – in the absence of symptoms, you shouldn't go get tested. That's going to crowd any sort of either public health or private health infrastructure. If you are sick or you do have symptoms, then you should take precautions. But there's not reason to believe that his – or anybody that traveled with him – health was in any sort of jeopardy.
Question: Just to follow up on the HHS question. Apparently, HHS – CDC, Surgeon General assured there are no –
Mr. Gibbs: I thought he was doing a pretty good job. (Laughter.)

Question: But it raises a political question about how movement there has been stalled because of HHS. I mean, do you have – has the President expressed concern about the fact that you don't have a team in place there, or at the –
Mr. Gibbs: No, because – I want to be very clear here. There is a team in place. The team is – part of it is standing behind me, and part of it is working as we speak to identify exactly what the doctor and others have talked about. I think this notion somehow that if there's not currently a Secretary, that there's not the function that needs to take place in order to prepare for this either this or any other situation is just simply not the case.
Thanks, guys.

The New York Times

Donald G. McNeil Jr.

U.S. Declares Public Health Emergency Over Swine Flu

The New York Times, 26 April 2009
https://web.archive.org/web/20090501212236/http:/www.nytimes.com/2009/04/27/world/27flu.html

Responding to what some health officials feared could be the leading edge of a global pandemic emerging from Mexico, American health officials declared a public health emergency on Sunday as 20 cases of swine flu were confirmed in this country, including eight in New York City.

Other nations imposed travel bans or made plans to quarantine air travelers as confirmed cases also appeared in Mexico and Canada and suspect cases emerged elsewhere.

Top global flu experts struggled to predict how dangerous the new A (H1N1) swine flu strain would be as it became clear that they had too little information about Mexico's outbreak – in particular how many cases had occurred in what is thought to be a month before the outbreak was detected, and whether the virus was mutating to be more lethal, or less.

"We're in a period in which the picture is evolving," said Dr. Keiji Fukuda, deputy director general of the World Health Organization. "We need to know the extent to which it causes mild and serious infections."

Without that knowledge – which is unlikely to emerge soon because only two laboratories, in Atlanta and Winnipeg, Canada, can confirm a case – his agency's panel of experts was unwilling to raise the global pandemic alert level, even though it officially saw the outbreak as a public health emergency and opened its emergency response center.

As a news conference in Washington, Homeland Security Secretary Janet Napolitano called the emergency declaration "standard operating procedure," and said she would rather call it a "declaration of emergency preparedness."

"It's like declaring one for a hurricane," she said. "It means we can release funds and take other measures. The hurricane may not actually hit."

American investigators said they expected more cases here, but noted that virtually all so far had been mild and urged Americans not to panic.

The speed and the scope of the world's response showed the value of preparations made because of the avian flu and SARS scares, public health experts said.

The emergency declaration in the United States lets the government free more money for antiviral drugs and give some previously unapproved tests and drugs to children. One-quarter of the national stockpile of 50 million courses of antiflu drugs will be released.

Border patrols and airport security officers are to begin asking travelers if they have had the flu or a fever; those who appear ill will be stopped, taken aside and given masks while they arrange for medical care.

"This is moving fast and we expect to see more cases," Dr. Richard Besser, acting director of the Centers for Disease Control and Prevention, said at the news conference with Ms. Napolitano. "But we view this as a marathon."

He advised Americans to wash their hands frequently, to cover coughs and sneezes and to stay home if they felt ill; but he stopped short of advice now given in Mexico to wear masks and not kiss

or touch anyone. He praised decisions to close individual schools in New York and Texas but did not call for more widespread closings.

Besides the eight New York cases, officials said they had confirmed seven in California, two in Kansas, two in Texas and one in Ohio. The virus looked identical to the one in Mexico believed to have killed 103 people – including 22 people whose deaths were confirmed to be from swine flu – and sickened about 1,600. As of Sunday night, there were no swine flu deaths in the United States, and one hospitalization.

Other governments tried to contain the infection amid reports of potential new cases including in New Zealand and Spain.

Dr. Fukuda of the W.H.O. said his agency would decide Tuesday whether to raise the pandemic alert level to 4. Such a move would prompt more travel bans, and the agency has been reluctant historically to take actions that hurt member nations.

Canada confirmed six cases, at opposite ends of the country: four in Nova Scotia and two in British Columbia. Canadian health officials said the victims had only mild symptoms and had either recently traveled to Mexico or been in contact with someone who had.

Other governments issued advisories urging citizens not to visit Mexico. China, Japan, Hong Kong and others set up quarantines for anyone possibly infected. Russia and other countries banned pork imports from Mexico, though people cannot get the flu from eating pork.

In the United States, the C.D.C. confirmed that eight students at St. Francis Preparatory School in Fresh Meadows, Queens, had been infected with the new swine flu. At a news conference on Sunday, Mayor Michael R. Bloomberg said that all those cases had been mild and that city hospitals had not seen a surge in severe lung infections.

On the streets of New York, people seemed relatively unconcerned, in sharp contrast to Mexico City, where soldiers handed out masks.

Hong Kong, shaped by lasting scars as an epicenter of the SARS outbreak, announced very tough measures. Officials there urged travelers to avoid Mexico and ordered the immediate detention of anyone arriving with a fever higher than 100.4 degrees Fahrenheit after traveling through any city with a confirmed case, which would include New York.

Everyone stopped will be sent to a hospital for a flu test and held until it is negative. Since Hong Kong has Asia’s busiest airport hub, the policy could severely disrupt international travel.

The central question is how many mild cases Mexico has had, Dr. Martin S. Cetron, director of global migration and quarantine for the Centers for Disease Control, said in an interview.

“We may just be looking at the tip of the iceberg, which would give you a skewed initial estimate of the case fatality rate,” he said, meaning that there might have been tens of thousands of mild infections around the 1,300 cases of serious disease and 80 or more deaths. If that is true, as the flu spreads, it would not be surprising if most cases were mild.

Even in 1918, according to the C.D.C., the virus infected at least 500 million of the world’s 1.5 billion people to kill 50 million. Many would have been saved if antiflu drugs, antibiotics and mechanical ventilators had existed.

Another hypothesis, Dr. Cetron said, is that some other factor in Mexico increased lethality, like co-infection with another microbe or an unwittingly dangerous treatment.

Flu experts would also like to know whether current flu shots give any protection because it will be months before a new vaccine can be made.

There is an H1N1 human strain in this year’s shot, and all H1N1 flus are descendants of the 1918 pandemic strain. But flus pick up many mutations, and there will be no proof of protection until the C.D.C. can test stored blood serum containing flu shot antibodies against the new virus. Those tests are under way, said an expert who sent the C.D.C. his blood samples.

The Ledger

U.S. Declares Public Health Emergency For Swine Flu

The Ledger // The Associated Press, 26 April 2009
https://www.theledger.com/story/news/2009/04/26/u-s-declares-public-health/26012841007/

Washington | Administration officials declared a public health emergency Sunday to deal with the emerging new swine flu, much like the government does to prepare for approaching hurricanes.

Officials reported 20 U.S. cases of swine flu in five states so far, with the latest in Ohio and New York.

Unlike in Mexico where the same strain appears to be killing dozens of people, cases in the United State have been mild – and U.S. health authorities can't yet explain why.

"As we continue to look for cases, we are going to see a broader spectrum of disease," predicted Dr. Richard Besser, acting chief of the Centers for Disease Control and Prevention. "We're going to see more severe disease in this country."

At a White House news conference, Besser and Homeland Security Secretary Janet Napolitano sought to assure Americans that health officials are taking all appropriate steps to minimize the impact of the outbreak.

Top among those is declaring the public health emergency. As part of that, Napolitano said roughly 12 million doses of the drug Tamiflu will be moved from a federal stockpile to places where states can quickly get their share if they decide they need it. Priority will be given to the five states with known cases so far: California, Texas, New York, Ohio and Kansas.

Napolitano called the emergency declaration standard operating procedure – one was declared recently for the inauguration and for flooding. She urged people to think of it as a "declaration of emergency preparedness."

"Really that's what we're doing right now. We're preparing in an environment where we really don't know ultimately what the size of seriousness of this outbreak is going to be."

Meanwhile in New York, the city was dealing with a growing public health threat Sunday after tests confirmed that eight students at a private Catholic high school had contracted swine flu.

Some of the school's students had visited Mexico on a spring break trip two weeks ago.

New York officials previously had said they were eight probable cases, but the Centers for Disease Control and Prevention confirmed that it was swine flu, Mayor Michael Bloomberg said.

About 100 students at St. Francis Preparatory School complained of flu-like symptoms.

Bloomberg stressed the cases were mild and many are recovering, but also said that parents of the students also had flu symptoms, "suggesting it is spreading person to person."

He said that the virus likely came from Mexico, although that has not officially been determined.

"We do know that some of the students from the school had a spring break in Mexico," Bloomberg said, surrounded by top city officials and members of Congress. "It is most likely to be brought back from Mexico, but nobody knows."

Federal health officials said Sunday that 20 cases of swine flu have been reported so far in New York, Ohio, Kansas, Texas and California. Patients have ranged in age from 9 to over 50. At least two were hospitalized. All recovered or are recovering.

In Mexico, health officials say a strain of swine flu has killed up to 81 people and sickened more than 1,000.

New York officials said the flu strain discovered in the patients here is similar to the one in Mexico, but not as severe at this point. They are still conducting tests to investigate the strain in New York.

St. Francis is the largest private Catholic high school in the nation, with 2,700 students. The school canceled classes on Monday and Tuesday in response to the outbreak.

Parent Jackie Casola said Sunday that her son Robert Arifo, a St. Francis sophomore, told her on Thursday that a number of children had been sent home because of illness. On Friday, he said hardly anyone was in school.

Casola said she expected to keep him home from school on Monday, even if it was open. He hasn't shown any symptoms, but some of his friends have, she said, and she has been extra vigilant about his health. "I must have drove him crazy, I kept taking his temperature in the middle of the night," she said.

In Mexico where the outbreak began, churches stood empty Sunday in heavily Roman Catholic Mexico City after services were canceled. Health workers screened airports and bus stations for people sickened by the new strain of swine flu that experts fear could become a global epidemic.

Mayor Marcelo Ebrardo said two more people died of swine flu overnight in the overcrowded capital, and three other deaths are suspected to have been caused by the strain. Another 73 more people were hospitalized with influenza, possible swine flu.

City Health Secretary Armando Ahued said most of the fatalities involve victims who only sought medical help after the disease was well advanced and urged people to seek urgent care.

President Felipe Calderon has assumed new powers to isolate people infected with the deadly swine flu strain that health officials say has killed up to 86 people and likely sickened about 1,400 in the country since April 13.

The flu has spread beyond Mexico's borders with 20 confirmed cases in five U.S. states and suspected cases as far away as New Zealand.

In Mexico, soldiers and health workers patrolled the capital's subway system on Sunday handing out surgical masks and looking for possible flu cases. People were advised to seek medical attention if they suffered from symptoms including a fever of more than 100 degrees, body aches, coughing, a sore throat, respiratory congestion and, in some cases, vomiting and diarrhea.

Hundreds of public events from concerts to sports matches to were called off to keep people from congregating and spreading the virus in crowds. Zoos were closed and visits to juvenile correction centers were suspended.

About a dozen federal police in blue surgical masks stood in front of Mexico City's Metropolitan Cathedral, which was nearly empty after a measure canceling services to avoid large concentrations of people.

Johana Chavez, 22, said she showed up for her confirmation only to find a sign advising that all Masses, baptisms and confirmations were canceled until further notice.

"We are all Catholic so this is a big step, closing the cathedral," she said, cradling a squirming infant in her arms. "The flu must be bad. I guess I'll have to come back later."

Markets and restaurants were nearly empty. And throngs of Mexicans – some with just a fever – rushed to hospitals.

Mexico appears to have lost valuable days or weeks in detecting the new flu strain, a combination of pig, bird and human viruses that humans may have no natural immunity to. Health officials have found cases in 16 Mexican states. Two dozen new suspected cases were reported in the capital on Saturday alone.

The first death was in southern Oaxaca state on April 13, but Mexico didn't send the first of 14 mucus samples to the U.S. Centers for Disease Control and Prevention until April 18, around the same time it dispatched health teams to hospitals looking for patients with severe flu or pnuemonia-like symptoms.

Those teams noticed something strange: The flu was killing people aged 20 to 40. Flu victims are usually either infants or the elderly.

The Spanish flu pandemic, which killed at least 40 million people worldwide in 1918-19, also first struck otherwise healthy young adults.

The World Health Organization on Saturday asked all countries to step up reporting and surveillance of the disease, as airports around the world were screening travelers from Mexico for flu symptoms.

On Sunday, New Zealand reported that 10 students "likely" have swine flu after a school trip to Mexico, though Health Minister Tony Ryall said none of the students was seriously ill and there was no guarantee they had swine flu. Israel's Health Ministry said there is one suspected case in that country and France is investigating four possible cases.

WHO Director-General Margaret Chan said the outbreak of the never-before-seen virus has "pandemic potential." But she said it is still too early to tell if it would become a pandemic – an epidemic that spreads in humans around the world.

Mexican authorities ordered schools closed in the capital and the states of Mexico and San Luis Potosi until May 6.

A team from the CDC was in Mexico to help set up detection testing for the swine flu strain, something Mexico previously lacked.

Health authorities noticed a threefold spike in flu cases in late March and early April, but thought it was a late rebound in the December-February flu season.

Testing at domestic labs did not alert doctors to the new strain. Health Secretary Jose Cordova acknowledged Mexican labs lacked the profiling data needed to detect the previously unknown strain.

Even though U.S. labs detected the swine flu in California and Texas before last weekend, Mexican authorities as recently as Wednesday were referring to it as a late-season flu.

But mid-afternoon Thursday, Mexico City Health Secretary Dr. Armando Ahued said, officials got a call "from the United States and Canada, the most important laboratories in the field, telling us this was a new virus."

Asked why there were so many deaths in Mexico, and none so far among the U.S. cases, Cordova noted that the U.S. cases involved children – who haven't been among the fatal cases in Mexico, either.

"There are immune factors that are giving children some sort of defense, that is the only explanation we have," he said.

Another factor may be that some Mexican patients may have delayed seeking medical help too long, Cordova said. Others are forced to work and leave their homes despite health concerns.

Wearing two dirty, blue surgical masks she says she found and a heavy coat, Daniela Briseno swept garbage early Sunday morning from the streets in Mexico City.

"This chill air must be doing me harm. I should be at home but I have a family to support," the 31-year-old said.

World Health Organization

Dr Margaret Chan

Second meeting of the IHR Emergency Committee
Swine Influenza: Statement by WHO Director-General

WHO, 27 April 2009
https://www.who.int/news/item/27-04-2009-second-meeting-of-the-ihr-emergency-committee

The Emergency Committee, established in compliance with the International Health Regulations (2005), held its second meeting on 27 April 2009.

The Committee considered available data on confirmed outbreaks of A/H1N1 swine influenza in the United States of America, Mexico, and Canada. The Committee also considered reports of possible spread to additional countries.

On the advice of the Committee, the WHO Director-General decided on the following.

– The Director-General has raised the level of influenza pandemic alert from the current phase 3 to phase 4.

The change to a higher phase of pandemic alert indicates that the likelihood of a pandemic has increased, but not that a pandemic is inevitable.

As further information becomes available, WHO may decide to either revert to phase 3 or raise the level of alert to another phase.

This decision was based primarily on epidemiological data demonstrating human-to-human transmission and the ability of the virus to cause community-level outbreaks.

– Given the widespread presence of the virus, the Director-General considered that containment of the outbreak is not feasible. The current focus should be on mitigation measures.

– The Director-General recommended not to close borders and not to restrict international travel. It was considered prudent for people who are ill to delay international travel and for people developing symptoms following international travel to seek medical attention.

– The Director-General considered that production of seasonal influenza vaccine should continue at this time, subject to re-evaluation as the situation evolves. WHO will facilitate the process needed to develop a vaccine effective against A(H1N1) virus.

– The Director-General stressed that all measures should conform with the purpose and scope of the International Health Regulations.

CBS NEWS

Daniel Carty

Obama: Swine Flu "Not A Cause For Alarm"

CBS News, 27 April 2009, 9:27 AM EDT
https://www.cbsnews.com/news/obama-swine-flu-not-a-cause-for-alarm/

The swine flu outbreak responsible for as many as 103 deaths in Mexico and at least 20 confirmed cases in the U.S. is "obviously a cause for concern … but it is not a cause for alarm," President Barack Obama said Tuesday.

Speaking before the National Academy of Sciences, Mr. Obama said he is "closely monitoring" the swine flu situation, getting regular updates from the various public health agencies grappling with the problem – the Centers for Disease Control and the Department of Health and Human Services among them. Mr. Obama said Americans can expect regular updates from these agencies as well.

Mr. Obama also said that the declaration of a public health emergency was a precautionary tool to aid officials in addressing the problem.

So far, there have been 20 cases reported in five states – New York, Texas, California, Ohio and Kansas – but no fatalities. In Mexico, there are 1,600 confirmed infections and Spain reported its first case Monday – the first outside North America. Governments around the world have advised against travel to Mexico and the U.S. China, Taiwan and Russia are considering quarantines of people returning from those affected countries.

TIME

Eben Harrell

How to Deal with Swine Flu: Heeding the Mistakes of 1976

Time, 27 April 2009.
https://web.archive.org/web/20090429201205/http://www.time.com/time/health/article/0,8599,1894129,00.html

In February 1976, an outbreak of swine flu struck Fort Dix Army base in New Jersey, killing a 19-year-old private and infecting hundreds of soldiers. Concerned that the U.S. was on the verge of a devastating epidemic, President Gerald Ford ordered a nationwide vaccination program at a cost of $135 million (some $500 million in today's money). Within weeks, reports surfaced of people developing Guillain-Barré syndrome, a paralyzing nerve disease that can be caused by the vaccine. By April, more than 30 people had died of the condition. Facing protests, federal officials abruptly canceled the program on Dec. 16. The epidemic failed to materialize.

Medical historians and epidemiologists say there are many differences between the relatively benign 1976 outbreak and the current strain of swine flu that is spreading across the globe. But they also say the decisions made in the wake of the '76 outbreak – and the public's response to them – provide a cautionary tale for public health officials, who may soon have to consider whether to institute draconian measures to combat the disease.

"I think 1976 provides an example of how not to handle a flu outbreak, but what's interesting is that it made a good deal of sense at the time," says Hugh Pennington, an emeritus professor of virology at Britain's University of Aberdeen. Pennington points out that conventional wisdom in 1976 held that the 1918 flu pandemic – which started among soldiers and eventually killed as many as 40 million – was the result of swine flu (scientists now know it was in fact a strain of bird flu). Despite modern advances in microbiology, today's health officials still make decisions in a "cloud of uncertainty," Pennington says. "At the moment, our understanding of the current outbreak is similarly limited. For example, we don't yet understand why people are dying in Mexico but not elsewhere."

In a quickly evolving situation, deciding what public health orders to make becomes as much an art as a science, and can often stir debate. On Monday, for example, health officials in Europe advised citizens to cancel all nonessential trips to Mexico and the U.S. The U.S. Centers for Disease Control and Prevention (CDC) said that advisory was too severe. Such decisions, difficult enough to make on purely medical grounds, become even more complicated when they involve politics. In 1976, President Ford's vaccine program came during an election cycle, and some historians believe he was swayed as much by a desire to display strong leadership as by the advice of health experts.

Howard Markel, director of the Center for the History of Medicine at the University of Michigan and a historical consultant to the CDC on flu pandemics, says the most vexing decision facing health officials is when to institute mass vaccination programs. Vaccines carry risks of complications, leading to agonizing ethical dilemmas. In 1976, Ford offered indemnity to the vaccine manufacturers. But according to reports, President George W. Bush decided in 2002 not to administer a nationwide smallpox vaccination program – despite Vice President Dick Cheney's belief that doing so was a prudent counterterrorism step – because it could have resulted in dozens of deaths (the smallpox vaccine kills between 1 and 2 people per million people inoculated).

Markel says the political climate in the U.S. is much less combustible today than in the post-Watergate era, when Ford faced a skeptical public. Even so, he says, citizens still need to trust that the government is working for the greater good. He says, "The good news is that our surveillance, methodology and public health professionals have never been better. But we are human and mistakes may be made – as happened with the 1976 swine flu affair – and we may jump the gun in the hope of preserving life. The current outbreak is a situation in flux. The American public has to be forgiving and patient and do [their] part too."

АРГУМЕНТЫ И ФАКТЫ AIF.RU ФЕДЕРАЛЬНЫЙ АИФ

Александра Матросова

Мир готовится к биологической войне: свиной грипп - только начало

Аргументы и Факты, 27 апреля 2009, 12:29
https://aif.ru/politics/world/10856

Новость об эпидемии свиного гриппа облетела всю планету. Вирус-мутант продолжает убивать людей. Отсчёт жертв вот-вот с десятков перейдёт на сотни. Правительства стран настоятельно рекомендуют населению воздержаться от поездок в Мексику, где предположительно зародилась инфекция. В блогах Рунета снова стали популярны цитаты из пророчеств Ванги о начале Третьей мировой войны.

- Война начнется в ноябре 2010 года и окончится в октябре 2014 года, - не перестают повторять форумисты слова, приписываемые известной провидице, - Начнется, как обычная, затем будет применено сначала ядерное, потом химическое оружие.

О том, какой может быть истинная причина возникновения вируса и может ли свиной грипп иметь отношение к биологическому оружию, в эксклюзивном интервью AIF.RU рассказал **политтехнолог Сергей Маркелов.**

- Есть две достаточно традиционные версии возникновения инфекций, которые распространяются по всему миру. Первая – это естественная мутация некоего вируса, некой болезни, без вмешательства человека. Вторая – это зарождение вируса, которое было привнесено внешним фактором, таким как утечка при разработках секретных лабораторий.

- Как, по вашему мнению, возник свиной грипп?

- Я как доктор по первому образованию и как политолог думаю, что всё-таки в истории со свиным гриппом речь идёт об утечке из лабораторий по производству биооружия.

Скорее всего, появление этого вируса является продуктом неаккуратных действий разработчиков этой инфекции. На сто процентов этого не узнает никто никогда, но лаборатории, создающие такого рода вирусы, могли работать в том числе и над свиным гриппом. Это вполне реальная, живая версия. Другое дело, плохо то, что сейчас это скрывается.

- Что вам известно о разработках биооружия?

- Эти разработки ведутся всё время, о них мы практически ничего не знаем. Предыдущим этапом, как мы помним, была скандальная история с птичьим гриппом в Китае.

- В какой стране могут располагаться лаборатории по производству свиного гриппа?

- Вполне вероятно, что располагаются они именно в Мексике, которая легко может быть полигоном тех же американцев, ЦРУ. Более того: данная страна относится к категории государств Латинской Америки, где давно существует масса лабораторий.

Я сам во время своей бытности врачом был там в командировке. В глубоких зарослях, в километрах двух-трёх от Амазонки есть если не десятки тысяч, то тысячи лабораторий. Добрая половина из них стала небольшими гостиницами. Я сам в такой жил - в бывшей лаборатории по изучению биоресурсов и по разработке инфекций.

Нам показывали, какие исследования проходят в них, при этом непонятно, то ли ученые проводят исследования над имеющимися инфекциями, то ли их создают. По крайней мере, там можно делать и то и то.

- Как выглядят эти строения?

- Снаружи они полностью деревянные. Изнутри – отделаны по последнему слову техники. Строятся такие лаборатории на сваях, которые в высоту достигают 4-5 метров. Возвышение построек над землёй связано с опасностью животных, над которыми проводятся испытания.

Построены они полностью для выживания в условиях Амазонки и джунглей: абсолютно защищены от москитов и диких животных. Внутри там несколько видов помещений: отдельные отсеки для подопытных экземпляров, отдельные – для медикаментов и составления отчётов о проделанной работе. Есть также отсеки для проживания сотрудников.

- Сколько человек может работать в одной такой лаборатории?

- Навскидку – человек 30-40 спокойно. Те испытания, которые показывали нам, были связаны с ядовитыми микроскопическими насекомыми и лягушками. Подозреваю, что в целом испытания проводятся там на тех же животных, которые водятся в стране. То, что туда приводят подопытные экземпляры, маловероятно.

- Может ли распространение информации о вирусе использоваться как отвлекающий от мирового кризиса фактор?

- С точки зрения информационной войны, безусловно. Сейчас идёт главный информационный поток, связанный с кризисом, а также аналогичный по значимости контринформационный поток, связанный со свиным гриппом. Второй как бы перетягивает на себя внимание. Я могу допустить, что информационный повод разжигается, чтобы отойти от «жевания» темы кризиса.

К слову, во всех событиях есть часть рациональная, а есть иррациональная. Если брать рациональную, то да, эта тема будет отвлекать внимание от кризиса. С точки зрения иррационального, это событие могло произойти когда угодно: и в кризис, и вне кризиса. Один процент я всё-таки отдаю на то, что это событие само порождено другой категорией проблем, не информационной.

Я бы всё-таки посмотрел на эту историю с пандемией с точки зрения репетиций других, более конструктивных мер, отработки сценариев для борьбы с такими заболеваниями в планетарном масштабе. Это более полезно для всех, в том числе и для разработчиков биооружия.

На самом деле инфекций создано гораздо больше. Но почему не распространяются все эти изобретения - потому что хочется, чтобы к ним успели создать противоядие. Тогда ценность этого изобретения качественно возрастает. Условно говоря, создавая любое новое оружие, в профессиональной лаборатории создают контроружие. Это уже называется правильной работой.

- Что сейчас могут сделать правительства стран для противостояния этой инфекции, ведь, судя по всему, её утечка произошла до изобретении противоядия?

- У стран сейчас есть только один выход: синхронно работать в рамках сценариев распространения инфекций, научиться управлять инфекционными потоками, которые в данном случае ничем не отличаются от любых других потоков, таких как демографические или денежные потоки.

- Каким будет восприятие этой проблематики в России?

- Как и на любой социальный миф, как и на любую социальную линию, реакция будет разная. Одна будет безразличная (ноль-реакция), кто-то войдёт в категорию людей-фанатов, которые будут помешаны на борьбе с этой инфекцией, кто-то будет постоянно метаться от фобий к безразличию. Отсюда и поступки будут разные.

К слову сказать, это не тот информационный повод, не та ситуация, которая нас напугает. Мы уже пуганые. Вообще трудно представить, что может вывести из равновесия россиян.

РОСБАЛТ

Медведев велел разобраться со свиным гриппом

Росбалт, 27 апреля 2009, 19:05
https://www.rosbalt.ru/main/2009/04/27/636721.html

Москва, 27 апреля. Президент РФ Дмитрий Медведев поручил высшим должностным лицам (руководителям высших исполнительных органов госвласти) субъектов РФ оперативно организовать проведение необходимых мероприятий по предотвращению распространения на территории РФ свиного гриппа, предусмотрев организационное и финансовое обеспечение. Об этом сообщает ИТАР-ТАСС.

Президент также поручил полпредам в округах взять под личный контроль работу по предотвращению распространения на территории России "свиного гриппа".

Медведев установил ежемесячный срок представления докладов.

Напомним, Всемирная организация здравоохранения (ВОЗ) объявила вспышку свиного гриппа в Мексике и США. Количество жителей Мексики, погибших от свиного гриппа, достигло 103 человек. В США в связи с распространением свиного гриппа объявлено о чрезвычайном положении. Здесь подтверждено пока 20 случаев заболевания, причем в пяти находящихся на достаточном удалении друг от друга штатах: Нью-Йорке, Калифорнии, Канзасе, Техасе и Огайо.

В Великобритании с признаками заболевания гриппом госпитализирован член экипажа пассажирского самолета, прибывшего из Мексики.

Минздрав Испании сегодня подтвердил диагноз «свиной грипп» у жителя страны, недавно вернувшегося из Мексики.

Выявленный в Мексике и США вирус H1N1, от которого скончались уже более 60 человек, назвали «Калифорния 04/2009».

NEWSru.com В РОССИИ

Число жертв свиного гриппа в Мексике превысило 100 человек

News.ru, 27 апреля 2009 г., 08:58
https://www.newsru.com/world/27apr2009/flu.html

103 человека скончались от свиного гриппа по состоянию на вечер воскресенья, 1614 госпитализированы с симптомами болезни, сообщил мексиканский министр здравоохранения Хосе Анхель Кордова. Эти данные передает РИА "Новости".

Ранее подтверждался факт смерти 22 человек от свиного гриппа H1N1, причина других 65 летальных исходов была точно не установлена. Наиболее примечательные цитаты на эту тему из российских газет приводит сайт Заголовки.Ru.
https://web.archive.org/web/20090430094505/http://zagolovki.ru/daytheme/virys/27Apr2009

До последнего времени были известны лишь единичные случаи заражения людей свиным гриппом. Этот вирус считался видоспецифичным - то есть не передающимся от животных к человеку в обычных условиях, у людей отсутствует иммунитет к этому вирусу.

Свиной грипп уронил фондовые рынки

Власти Мексики заявляли о необходимости строго соблюдать все введенные противоэпидемические меры, включающие отмену всех зрелищных и массовых мероприятий в Мехико, рекомендации избегать людных мест, чаще мыть руки и пользоваться марлевыми лицевыми повязками.

Как передает Sky News, из-за вспышки заболевания столица Мексики превратилась в "город призраков". Посольство США приостановило выдачу виз, сообщает РИА "Новости". В США заразились 20 человек. Мексиканец с подозрением на свиной грипп был госпитализирован в Бразилии. В Испании выявлено восемь случаев возможного заражения свиным гриппом. По данным ИТАР-ТАСС, вирус свиного гриппа выявлен у шести граждан Канады.

В Новой Зеландии, возможно, заразились свиным гриппом подростки, побывавшие в Мексике в составе двух независимых групп, передает AP. 40 человек добровольно остаются на домашнем карантине. Два австралийца, также побывавших в Мексике, в понедельник госпитализированы в больницу штата Квинсленд с признаками заболевания. Сообщается о возможных случаях заражения в Израиле, Франции и Великобритании.

Вспышка свиного гриппа в Мексике имеет "потенциал пандемии"

Глава Всемирной организации здравоохранения (ВОЗ) Маргарет Чен заявила, что вспышка заболевания в Мексике имеет "потенциал пандемии". ВОЗ предупреждает, что вирус свиного гриппа может в результате мутации превратиться в более опасный вирус.

По данным организации, мировое сообщество лучше готово к возможной пандемии нового вируса гриппа, чем пять лет назад, когда возникла необходимость бороться с птичьим гриппом. ВОЗ уже начала предварительную работу по подготовке лабораторий к выпуску вакцины, которая может понадобиться в случае разрастания вспышки заболевания у свиней.

Меры по предотвращению распространения свиного гриппа ввели Доминиканская Республика, Боливия, Бразилия, Китай, Япония, Малайзия, Индонезия, Сингапур, Таиланд и Филип-

пины, передает ИТАР-ТАСС. В России создана правительственная комиссия по предотвращению распространения заболевания на территории страны. Об этом пишет газета "Коммерсант" в понедельник.

Как передает AP, власти различных стран мира прикладывают усилия, чтобы избежать истерии, связанной с выявлением новых случаев возможного заражения свиным гриппом. Вашингтон заявляет, что сейчас не время паниковать.

Всемирный банк выделил Мексике 205 млн долларов на борьбу со свиным гриппом. У правительства Мексики "достаточно ресурсов для того, чтобы контролировать ситуацию в связи со свиным гриппом", заявлял в Вашингтоне министр финансов Мексики Агустин Карстенс, возглавляющий Комитет по развитию Всемирного банка и Международного валютного фонда.

Президент Мексики Фелипе Кальдерон призвал сограждан действовать быстро, но не терять при этом спокойствия. Болезнь, вызванная мутировавшим вирусом, хорошо поддается лечению известными лекарствами, и Мексика располагает ими в достаточном количестве, подчеркивал глава государства.

Свиной грипп - высокозаразное острое респираторное заболевание, открыто в 1931 году американским ученым Ричардом Шоупом. По официальной классификации, он относится к типу А - наиболее распространенному типу гриппа, вызывающему наиболее масштабные эпидемии. Самый распространенный подтип свиного гриппа - H1N1, реже встречаются подтипы H1N2, H3N1 и H3N2. Распространяется воздушно-капельным путем. Симптомы - высокая температура, жар, лихорадка.

Смертность от болезни у животных низка и обычно не превышает 4% от числа заболевших особей. Ряд ученых указывали на возможность мутации данного вируса с его "адаптацией" к человеческому организму, что может грозить возникновением эпидемии планетарного масштаба – пандемии, пишет "Коммерсант".

Вспышка свиного гриппа может превратиться в глобальную эпидемию

Amic, 28 апреля 2009, 08:58
https://www.amic.ru/news/proisshestviya/vspyshka-svinogo-grippa-mozhet-prevratitsya-v-globalnuyu-epidemiyu

Вспышка свиного гриппа может превратиться в глобальную эпидемию: Дмитрий Медведев поручил руководителям российских регионов оперативно принять меры по предотвращению распространения на территории страны свиного гриппа. Об этом сообщается на официальном сайте Президента РФ.

Между тем, известно, что термодатчик в аэропорту "Шереметьево" зафиксировал повышенную температуру у 29-летней пассажирки, прилетевший в московский аэропорт рейсом из Мехико с пересадкой в Париже. Накануне вечером, 27 апреля, она была госпитализирована в одну из московских инфекционных больниц, - подробности сообщает программа "Вести".

Больной поставлен предварительный диагноз: острое респираторное заболевание. Как уточнил собеседник ИА "Интерфакс", "оснований для паники никаких нет, скорее всего, это обычное ОРЗ", поэтому все остальные пассажиры данного авиарейса были отпущены по домам. "Госпитализированной девушке к утру будут сделаны все анализы, после этого можно будет сделать выводы об окончательном диагнозе", - отметили в Роспотребнадзоре.

Также известно, что два человека с подозрением на свиной грипп госпитализированы в Праге, - об этом сообщает чешское информагентство ЧТК.

Как уже сообщало ИА "Амител", выявленный в Мексике и США вирус H1N1 назвали "Калифорния 04/2009". Вспышка свиного гриппа, возможно, уже унесла жизни 149 человек в Мексике, сообщил министр здравоохранения этой страны Хосе Анхель Кордова. Он пояснил, что речь идет лишь о предварительной оценке: в подавляющем большинстве случаев причины смерти точно еще не определены.

"Что касается возможности заноса, то, к счастью, пока наша страна не имеет тесных туристических, экономических, деловых связей, как, например, с Турцией или Египтом. Это, конечно, нас оберегает", - сказал Онищенко в интервью "Вестям". По его словам, на руку и то, что нет прямого авиасообщения между российскими и мексиканскими аэропортами.

"Зато у нас очень тесные связи с Соединенными Штатами Америки", -заявил Онищенко, отметив, что, по официальной информации, американские власти контролируют ситуацию. Главный санитарный врач России напомнил, что дал распоряжение обследовать пассажиров всех самолетов, прилетающих в Россию из Северной и Южной Америки.

Между тем, чрезвычайный комитет Всемирной организации здравоохранения (ВОЗ) распространил накануне заявление, в котором говорится, что степень угрозы пандемии свиного гриппа может быть повышена до 4-го или 5-го уровня, поскольку признаков замедления распространения инфекции пока не наблюдается.

Как отметили представители властей Мексики, до объявления полномасштабной пандемии осталось 2 уровня. Они уточнили, что вирус начал передаваться от человека к человеку, - сообщает Associated Press.

Министерство здравоохранения США рекомендует для лечения и профилактики инфекции, содержащей вирусы свиного гриппа, применять лекарственные средства Занамивир и Озельтамивир, указывая на чувствительность к ним вируса А H1N1, - об этом сообщает РИА "Новости" со ссылкой на сайт Департамента здравоохранения Нью-Йорка, где врачи подтвердили восемь случаев заболевания свиным гриппом.

Президент РФ также дал поручение полномочным представителям Президента в федеральных округах взять под личный контроль работу по предотвращению распространения заболевания на территории Российской Федерации.

The New York Times

Marc Lacey
Donald G. McNeil Jr. contributed reporting from New York, and
Elisabeth Malkin and Antonio Betancourt from Mexico City.

From Édgar, 5, Coughs Heard Round the World

The New York Times, 28 April 2009
https://www.nytimes.com/2009/04/29/world/americas/29mexico.html

LA GLORIA, Mexico – Édgar Hernández can rattle off the fierce flu symptoms he suffered a few weeks back, like a boy far beyond his five years: His head was hot. He coughed until his belly and his throat were sore. He did not want to eat, which was strange for him, someone who gobbles up everything he can.

Édgar Hernández of La Gloria, Mexico, may have had the first case of swine flu this year
Credit...Adriana Zehbrauskas for The New York Times

"I was very bad," he said Tuesday, with his worried parents looking on.
"I feel good now," he said later, flashing a smile.

The government has identified Édgar as the first person in Mexico to have become infected with a virulent strain of swine flu, a notoriety that could raise questions about how Mexican officials reacted or failed to react to the early stages of what might become a global epidemic.

Édgar was one of hundreds of people in La Gloria who came down with flulike symptoms in an outbreak that federal officials say began March 9.

Local residents accuse public health officials of discounting the outbreak at the time, reassuring them that it was nothing grave.

Federal officials said they did respond quickly, though they acknowledged that they took the matter more seriously after the virus infected people in another part of the country, which was at least a week after Édgar developed symptoms.

Among the many unknowns about the flu that struck Édgar are whether it could have set off more alarms early on, and whether it could have been contained if it had.

La Gloria may not, in the end, be found to be the source of anything. The village has many immigrants in the United States. Mexican epidemiologists say one theory is that someone who had been in the United States brought the virus back to the community.

Before Édgar fell ill, another person in San Diego may have been affected, said Dr. Miguel Ángel Lezana, Mexico's chief government epidemiologist.

Even now, Édgar's mother, María del Carmen Hernández, said she received conflicting accounts of the exact illness that kept her son in bed for three days. No one has explained what she should be doing to keep him and the rest of the family healthy, she said, signs that Mexico's response effort may be spotty, especially in rural areas.

"Some people are saying my boy is to blame for everyone else in the country getting sick," said Mrs. Hernández, 34, a blank stare on her face as she recounted the family's ordeal. "I don't believe that. I don't know what to think."

There was a modest increase on Tuesday in new cases of swine flu reported around the world.

In the United States, the number of confirmed cases rose to 64, from Monday's count of 50, according to a news briefing by Dr. Richard E. Besser, acting director of the Centers for Disease Control and Prevention. The total includes 45 cases in New York State. There have been no deaths from the disease in the United States, but five people have been hospitalized for treatment.

Mexico remains the hardest hit. Late Tuesday, the Health Ministry put the number of suspected cases at 2,498, and the suspected number of deaths at 159.

In La Gloria, a town that has a major pig farming industry, two children died of the flu in March and early April, though the authorities said they had yet to determine whether it was the same strain that infected Édgar and spread widely to other locales. That and other questions have left residents here unnerved and confused.

Each knock on the door brings a surprise to the Hernándezes: fumigators who sprayed her home but did not tell her for what; scientists who asked to take a swab of Édgar's throat; even the governor of Veracruz, who arrived by helicopter on Monday with an entourage in tow and left Édgar with a soccer ball and a baseball cap.

Patients leaving the emergency room of the Naval hospital in Mexico City on Tuesday. Doctors wore protective gear.Credit...Eduardo Verdugo/Associated Press

On Monday, the local physician who treated Mrs. Hernández told her that her son had influenza, but that it was not the swine flu virus, she said. But a few hours before, Gov. Fidel Herrera Beltrán walked right into her home to check on Édgar. He had said publicly over the weekend that Édgar had tested positive for swine flu, and Health Secretary José Ángel Córdova had confirmed on Monday that a boy from La Gloria, whom he refused to identify, had tested positive and then recovered.

"Shouldn't they tell the mother first?" Mrs. Hernández asked as her younger son, Jonathan, 3, let out a cough of his own.

In fact, it was not Édgar's case that tipped off health officials to the emergency. It was the case of a 39-year-old woman, who went into a hospital in Oaxaca with an unusual viral infection, that prompted Mexico's epidemiologists to act.

The woman, María Gutiérrez, had gone to the hospital after initially falling ill days before and visiting several doctors without getting help. After tests revealed an unusual illness, medical personnel isolated her and notified state and federal officials.

She died April 13. A week later, the Centers for Disease Control in Atlanta notified Mexican officials that swine flu cases had turned up in Southern California, and they sent samples from Ms. Gutiérrez, Édgar and a patient in Mexico City to a Canadian lab for testing.

The results came back last Thursday afternoon, and both Ms. Gutiérrez and Édgar were found to have tested positive for a new strain of virus.

“The situation changed dramatically,” Dr. Lezana said.

A crisis meeting was called at the office of President Felipe Calderón. By that evening, officials announced the closing of schools in and around the capital, where the bulk of the cases were seen. Now, as the cases continue to come in, all of Mexico’s schools are closed.

“My impression — as an external observer, and that’s what I am now — is that the response has been quite competent,” said Dr. Julio Frenk, a former Mexican health minister who is now dean of Harvard’s School of Public Health. “Not perfect,” he continued, “but quite competent.”

Mexico has acted swiftly since the new flu strain was confirmed.

But officials acknowledge that the country lacks enough health workers to do as much outreach as they would like, and that the country has been unable to even test for the new strain of virus.

It was only this week that two laboratories, one in Mexico City and one in Veracruz, obtained the reagents to do their own checks on the new virus, rather than having to rely solely on epidemiologists in the United States and Canada.

“We never had this kind of epidemic in the world,” Mr. Córdova, the health secretary, responded testily to reporters this week when questioned about the handling of the crisis.

Epidemiologists are likely to have many leads to follow in determining how and where the flu originated.

La Gloria was not alone in experiencing a fierce outbreak in recent weeks. Public health officials in other parts of Mexico said they had noticed an unusual spike in cases in the beginning of April, when the normal flu season would usually be ending.

More than a month before the government confirmed the outbreak of swine flu, Verónica Ramos already knew something was amiss in La Gloria, where she is a teacher at the elementary school.

First, she said, a fourth-grade girl became sick; then more than half of that class had symptoms. The girl’s sister came down with fever, a cough and aches. Soon, one-third of the school’s 300 students were ill.

“Children get sick, I know that,” Ms. Ramos said. “And they infect each other. But it’s not common for so many to get sick so fast.”

CDC Web Archive

Richard Besser

CDC Briefing on Public Health Investigation of Human Cases of Swine Influenza

CDC, 28 April 2009, 2:30 p.m. EST
https://www.cdc.gov/media/transcripts/2009/t090428.htm
https://web.archive.org/web/20090429191748/https://www.cdc.gov/media/transcripts/2009/t090428.htm

Glen: Before I start, I wanted to call the media's attention to three new e-mail addresses that we have brought online today to help us manage, as you can imagine, a relatively high volume of media requests. And so we have tried to structure this. And again, we've never done this before, so it's going to be a learning experience for us as well. We're hopeful this will help us help serve your needs as well. So we have established three new media websites. Or e-mail addresses. The first one is mediaswineflu@cdc.gov. If you work or for print media, we encourage that one. If you work in radio, use radioswineflu@cdc.gov. Television, use tvswineflu@cdc.gov. We have people assigned to each of those different e-mail boxes. That's how we were trying to manage this from a media relations perspective. This afternoon it will be led by the acting director of disease control and prevention. I will turn it over to Dr. Besser.

Richard Besser: Thanks very much, Glen. Thank you for being with me today for this update on the swine flu outbreak. As I've been saying over the past couple days, this is a situation that is rapidly changing. We continue to respond aggressively based on what we know and trying to stay ahead of the outbreak. Our goal remains to minimize the impact of the outbreak on people's health. So where are we today? I wanted to start with the case update. This is on our website. There are 64 confirmed cases in the United States in five states. 45 in New York, one in Ohio, two in Kansas, six in Texas and ten in California. As I've been saying, numbers when it comes to an outbreak like this will change. And through the day you'll hear different numbers or newer numbers from states. We will continue to update our numbers once a day for consistency. But you will find with that that some of our numbers may lag behind what you're hearing from a particular state. If you want information about cases in a particular state, the best place to turn for that information is to that state because they're on the ground. They're the ones who are working to investigate and implement control measures. There are five – there have now been five hospitalized cases. As I've been saying, as we continue to look for cases, as this flu virus infects individuals, we will be seeing a broader spectrum of disease.

What we see in the United States, or have been seeing so far, has been milder, has been less severe than what has been reported out of Mexico. And as we continue to look, we will continue to monitor that. So there are five hospitalized cases, three in California and two in Texas. The median age is 16 years to 64 years. We expect to see more cases and will continue to report on those. As we move forward, we may start to move away from specific case numbers and more on to describing states and clusters. The incubation period in the United States appears to be about two to seven days, which is typical for what you see with an influenza virus.

I want to take a moment and put this into context with seasonal flu. Many of you are well schooled in influenza and have been covering seasonal flu. But what we see with seasonal flu is that it can be unpredictable. On average, in the United States, each year from seasonal flu, we see approximately 36,000 deaths. And so influenza is a severe infection. It affects different people differently based on their own immunity, their ability to fight infection and factors around the virus. Preventive measures,

as we've been talking about, can help reduce spread and help protect individuals from getting the infection.

Yesterday I talked about the World Health Organization changing the phase from three to four. And I talked about what that means. And from our perspective here in the United States, it has very little meaning. What we do means a lot more than what it is called. And what we're doing is being very aggressive, looking at what's going on at the community level and adjusting and adapting our guidance and our actions based on what's taking place on the ground.

Let me review some of the many actions that CDC is involved in around the country. We continue to work with state and local health departments. We have teams on the ground in Texas and in California. We continue to work with the World Health Organization, the Pan-American health organization, Canada and Mexico. Yesterday we issued a travel advisory to Mexico. That is recommending that nonessential travel to Mexico be postponed. For individuals who must travel to Mexico, we posted guidance on things individuals can do to reduce their risk of infection while they are there. We have posted new treatment guidelines. These were developed in conjunction with the infectious diseases society of America and the advisory committee on immunization practices. Those groups have provided us with excellent guidance for treating individuals who have swine flu. It's important to remember with the guidance documents, because there are a lot on the web, there's more than a dozen guidance documents that we have put up on the web, and we continue to generate more guidance, guidance is interim. We change our guidance as we have more information. And we're going to continue to do so. That's very important. As we learn something, as it could impact on what public health is doing in the community or what individuals can do, we're going to change the guidance so that people have the most current information right away.

We continue to deploy material from the strategic national stockpile. And I talked about this yesterday. It includes antiviral drugs. It includes gowns and masks and things that could be used in hospitals to take care of patients. And this is a forward-leaning step. There are certain states that have cases, and there are many – most of the states have not yet reported cases. But every state has requested their portion of the strategic national stockpile, and we're in the process of delivering that. And why are we taking this action? We're doing so because with any new infectious disease, with any emerging infection, you really can't predict the course. And so this is to ensure that if these drugs are needed, states have them on hand, and they don't have to wait. There won't be a delay between the time that they need those drugs and request them and their delivery.

People are concerned, and we're concerned. And concern is a good thing. Concern is especially good if it drives planning and it drives action. And that's what we're encouraging people to do. At the personal level. People are concerned, and they say, what can we do to make ourselves safe? What can we do to protect our family? And there's a lot people can do. Simple things to prevent respiratory infection. Hand washing. We say it every day. People will get tired of hearing it because we are always going to say that. Hand washing, use of alcohol hand gels can reduce the spread of viruses. And if people take that step, that can reduce the risk that they're going to get an infection. Covering your cough. Not with your hand, but with your arm or your shoulder. That can reduce the likelihood that you are going to transmit a virus. And it's very important that people follow what we call home isolation practices. What that means is if you're sick, if you have a fever and you have flulike illness, stay home. Don't go to school. Don't send your children to school. Don't go to work. Stay home. So that you can get better, and you're going to be less likely to spread the infection to somebody else. We're asking in areas where there's confirmed cases -- if you are a confirmed case of swine flu, that not only you stay home, but that the rest of the family think about staying home as well. Not because they are sick or definitively know that they're sick, but because there's a chance that they could be brewing the infection. And by not spending as much time in the community, they, too, can help reduce the likelihood of transmission. We're going to see different actions taken in different communities. And people are going to question that and say, is that a good thing? It is a good thing. We expect and we hope that public health professionals are going to tailor their actions based on what's going on in their particular communities. We are in contact with communities that

have had cases. We are working with them and providing our recommendations. But what you're going to find is that the people on the ground in a community know that community best and are in the best position to help tailor the recommendations and the actions that are taken.

So in summary, as we move forward, I want to stress that the label of what we call this means a lot less than what we do. And we continue to be very aggressive. No single action that somebody takes, whether it be the government, a community, a family or an individual, will halt this. But the combined actions that we all take together will reduce the impact on our communities and on our health. It's a shared responsibility, the things that all of us can do, individuals, families, communities and government. And I want to thank all of you for covering this story and getting the message right. I see time and time again those messages of what people can do. Those are empowering. And at a time where there's a lot of uncertainty and a lot of concern, empowering people with those messages of what can you do is really an incredible public service. And so I want to thank you for that. And I want to stop now and take your questions. We'll start here in the room and then we'll take a couple here.

Hi, Doctor. **Fox News**. Can you report on the Los Angeles coroner's office is investigating two deaths to see if they might have been caused by swine flu?

Besser: That is not something I've heard. But as I continued to say, as this moves forward, I fully expect that we will see deaths from this infection. They're seeing many deaths in Mexico, and we're trying to learn more about that and why the situation in Mexico is different from here. And as we continue to investigate cases here, I expect that we will see deaths in this country. But I don't have any information on that situation.

Fox News: Okay. My second question is I see the state of Indiana is reporting that they have a confirmed case of swine flu which is not included in your total. Are you guys – how does that work? Are you coordinating with the states?

Besser: We are. And that kind of gets back to the numbers game that I was dealing with earlier. You know, it depends when that case was confirmed and reported. If it has been a confirmed case and it's been reported and it was after our deadline for our reporting, you'll see it on our site tomorrow. So I'd recommend that you go to Indiana on that.

Fox News: Are you involved in confirming?

Besser: Right now we're involved in confirming each case. But, you know, the good news is that test kits are coming to states so that confirmation will be able to take place at the state level. The FDA has been very proactive in forward moving in approving test kits for testing for swine flu. That's going to lead to more rapid confirmation. There's been a tremendous investment around the country in preparedness. And a large part of that was on the laboratory systems and state health departments. And so we're quite pleased that the state health department lab system is going to be able to serve that important function.

A.P.: Thanks. Mike from the A.P. Hi, Doctor. Can you tell me more about the five hospitalizations? Like how old were they? Did any of them have underlying conditions? Were there co-infections involved? Why were these people hospitalized? What do we know about that?

Besser: No, for that I'm going to need to steer you to the folks in California and Texas for information about individual cases. They're doing those investigations and can provide you with the most up-to-date information. I can't comment on that. I wouldn't want to misspeak. It is – you know, one of the critical parts of investigating a new outbreak is looking at cases in the spectrum of disease and trying to see if you can understand why some people have more of a severe course than others. And so there will be a lot of attention, and there is a lot of attention being made to hospitalized cases. But I don't have information on the specific cases that were occurring in those states. And they can provide that for you.

The Washington Post: Thank you, Cece Connolly from "The Washington Post." Can you tell us on if you have working hypotheses why the cases in Mexico have been so much severe. What do we know about either the sequencing there or the medical facilities or the underlying health of the population? Can you give us some of your working hypotheses?

Besser: You're hitting on them right there. And at this point we haven't been able to rule out or rule in any hypothesis. When you're looking at variation and impact of an infectious agent, you look at the host and see, okay, could there be host differences and why some people in Mexico are getting sicker than people here? You look at the pathogen, and you look at the virus itself and say, has the pathogen, has that virus changed as it's infected people in Mexico and is now infecting people here? And then you'll often look at the environment and the context in which the infection is occurring and seeing, has that had some modification on the impact? We're looking at all those things. So in terms of the host, you'll look at the immune status of individuals. You'll look at the age. You'll look at the gender and see if there's anything there that can shed some light. You look at the treatment practices and see is there a difference in either how these individuals self-treated when they had an infection, how long people took to seek care, and whether there was a longer delay to seeking treatment. What type of treatment was received when they came initially to the hospital? Was flu something they thought of? Did they quickly get an antiviral? Were there other treatments that were given alongside of that that could account for the differences? So those are some of the theories we're looking at. Looking at the virus and, you know, the idea that perhaps there's been a change in the virus would be a very comforting thing if we were able to find that to see that the virus was changing and becoming less virulent, less severe. Right now it's premature. We don't have any evidence of that, but that's one of the things that will be looked at. You'll look at the virus as it has - what's called serial transmission. So if someone has that infection, they pass it on to somebody else, and somebody else. If you get viruses along the way and can look at those, that can give you a sense as to whether -- as it moves from person to person, it's changing, becoming less severe, more severe, or no change at all. And that is all very important information in trying to help us predict the course and guide the interventions that are undertaken. Some questions from the phone.

(Glen) Thank you. Again, on the phone lines to ask a question, please press star one. As a reminder, due to the high interest in today's topic, please limit yourself to one question. Alice Park from "Time" Magazine, please go ahead.

Time: Yes, thank you for taking the call. My question is about the vaccine. Could you please update us on exactly where the process is? I think you mentioned you were preparing it. Has that been finalized? And secondly, can you address how things might be done differently in preparing a vaccine this time around than had been done in '76, the last time we tried to create a swine flu vaccine?

Besser: Thanks for that question. So when you think about a new strain of flu, one of the things that we look at is how is the best way to control for that right now, and how -- what is the best way moving into the future? Right now we don't have a vaccine that can treat this strain of flu. The seasonal flu vaccine is a great vaccine. But it doesn't protect against the strain of flu that was not circulating at that time. And at this point we don't see that there was protective value from that vaccine for this new strain. Moving forward, though, into the future, vaccine is something that we are looking at very intently. And as I said before, we're growing up that seed stock of virus so that if we decide to manufacture a vaccine, we are ready to do so. And that's moving forward. We're moving forward aggressively so that if a decision is made that we need to rev up production to make that vaccine, we would be ready to do so. And so there's active discussions going on about that. We're mapping out the decision points. And we are right in line in terms of the steps we're taking. It will be a matter of us deciding not to make a vaccine rather than deciding to move forward. What we're doing now is very proactive in terms of growing up the seed stocks for a vaccine. And so if there's a decision that, yes, we want to turn production towards making this, we'll be ready to move with that, and we'll implement that. Another question from the phone?

(Glen) Thank you. Elizabeth Weise, "USA Today," please go ahead.

USA Today: Thanks for taking my call. A quick follow-up on the vaccine production. Have you given some of that seed stock to vaccine companies at this point?

Besser: Let me get back to you tomorrow with more details on that. I think that the seed stock is still currently in our control. But I need to look and see more information on that. I know it's being grown up, but I can get back to you in terms of where we are with that stock. Question here in the room.

CBS news: Hi. Daniel Steinberger with CBS news. First question, school closings. Do you guys have numbers on that, and is that something you're looking at or guarding against, you're concerned about?

Besser: One of the recommendations we have on our website in terms of community mitigation, community control, is that if you have a case of swine flu in a school, that you dismiss the students until you have a better handle on transmission in that community and control efforts. I can't tell you how many schools have been closed. That's a fluid number. I can tell you that New York City undertook that with the cluster that they're dealing with, and in Texas with the cluster they were dealing with, they closed schools as well. I'm not aware of which other areas have closed schools.

CBS news: Also, you talk a lot about being concerned and acting aggressively and giving tips to people. At what point do you move beyond concern? What will it take for the CDC, for the World Health Organization, to move beyond concerned and be afraid or be, you know, very concerned or whatever word you would classify that?

Besser: I would say I'm very concerned. You know, we are – we are dealing with a new strain of influenza. We're dealing with a strain of influenza that appears to be moving through our community. We have this documented in five states. We're very concerned. And because of that, we're acting very aggressively. And as we learn more, and if we determine that there are other steps that we could take to help further control that, we're going to take those steps. With a new infectious agent, you don't sit back and wait and hope for the best. You take bold steps, and then you pull back if you need to. We are in a pre-pandemic period. And, you know, that gets to the what do you call this? And that isn't very relevant to us since we are an affected country. That terminology is much more relevant if you're seeing a cluster of infection somewhere else in the world, and you're wondering, is this something that's going to spread from country to country? When I first started out at CDC as an epidemic intelligence service officer, it was during the cholera pandemic back in the early '90s. And we were using the term "pandemic" very readily, and we were looking to see that that strain of bacteria was spreading from country to country. And it was a pandemic, but it wasn't in the United States. And so our approach at that point was there's a cholera pandemic going on. What can we do to control it at our border from coming in here? And I spent time on the border doing education around here's what you look for for this. This is a very different situation. And it's different because this virus is here in the United States. And so it changes our control strategies, and it changes our approach.

Fox 5 News: Hi, Beth Galvin with Fox 5 News. I was wondering worldwide, do we have an idea of the extent of this virus, and do we have a better idea of how it seems to be moving from person to person, not including people who were in Mexico, moving beyond that.

Besser: Right. You know, two questions. One, the global picture. I know that Canada is reporting cases. I'd refer you to the World Health Organization site to see which country, in particular, are reporting cases. But we're hearing through the media of confirmed reports, and we are getting information from World Health Organization. But again, I'd rather not comment on the data coming from another country. It does appear that more and more countries are reporting suspect cases. And as they do that testing, I would expect that we're going to see that this virus is in many different countries.

[*Inaudible*]

Besser: Right. What you do as part of a case investigation when you have a case of flu is you look for any signs of transmission within families or close contacts and circles. And the information that we're seeing from the states and locals who are doing that is that this appears to be acting like a normal flu virus which has a fairly high rate of transmission in families. So they're seeing people who have either colds or respiratory infections or flulike symptoms. But the only case in the United States where we have confirmed with virus, person-to-person transmission, was one situation in Kansas. But that's not reassuring in my mind. That's just a reflection of what testing has been done. I expect that we are seeing transmission within families, and that is consistent with why we put out the guidance we did about trying to limit transmission within a family to try and prevent that from going further in the community. More questions from the phone?

(Glen) Thank you. Maggie Fox, Reuters. Please go ahead.

Reuters: Hi, can you characterize how far back in the past we're looking at when the latest onset was? And has there been in blips in pulse net giving us an idea of increased respiratory disease?

Besser: Maggie, you're going to have to hit me with that once more. Are you looking for when was the first case?

Reuters: No, when's the last case. I'm trying to get a grip on how far back in the past. I don't think you guys have any indication of whether it's actively spreading still, right? These are past cases that are being investigated. When was the last onset of illness that you've got, and has there been any blip in the surveillance for new hospitalizations for respiratory disease?

Besser: Yeah, I'll need to get back to you with onset dates. You know, we are seeing active investigations going on in states that are not all retrospective investigations. What we're hearing about from state and locals is ongoing respiratory illness that is consistent with swine flu. And so it's very important that people understand the signs and symptoms of swine flu. And if they have those, if they have fever, if they have respiratory symptoms and muscle aches, some may have diarrhea or nausea, that they contact their doctors and be properly evaluated. In particular, if they're either connected to a group of other cases or if they've traveled to an affected area, in particular, Mexico. Another question from the phone?

(Glen) Thank you. Steven Smith, "Boston Globe." Please go ahead.

Boston Globe: Hi, Dr. Besser, thanks for taking the questions. A quick point regarding flu or flu vaccine against the swine flu. Are you thinking in terms when you talk about revving up production that this would be a vaccine specifically for this strain of H1 or N1, or would there be some way to combine protection against this strain in the seasonal flu that's already under production in the strains that were selected in February? And a second question. When you were talking about some of the major questions still hanging on transmissibility, virulence, can you describe how CDC is going about its hunt for answers to those questions, those in the United States and abroad?

Besser: Sure. Your first question had to do with vaccine and vaccine strategies. And there are a couple different approaches. One would be to look to see, can you add another strain of flu to the seasonal flu vaccine? And that's an attractive approach in that you would have one vaccine that is covering not just seasonal flu but this new strain that's circulating. If that's possible, that would be great. We do know, though, that seasonal flu vaccine production is moving forward. And we don't want to do anything that would delay production of vaccine for that season. But that is something under consideration. We're also looking at the production of what we would call a monoval, or single vaccine, against in particular strain. And that would not impact on the current production activity around seasonal flu, but at some point, we would need to rev up that production. And we're laying out those time lines to see when would we need to make that decision, get that into production to have it here for next flu season. There are a number of different courses that we could

see with this outbreak. As many have reported in some situations where there has been a pandemic, they've seen an early way that was not very -- was not very aggressive. You've seen that go away, and then the next flu season, they've seen it come back. And so that's something we are keeping in mind. And that will factor into our decisions as to whether to manufacture a vaccine for controlling this outbreak. Your question about studies, there are long lists of studies. And scientists around the country and around the globe are determining what are the most relevant and appropriate studies. There's an incredible amount of collaboration in terms of sharing of the strain of flu and sharing ideas around investigations. We are participating as part of a tri-national team, looking at disease, looking at transmission in Mexico. We're also very engaged with state and local public health here in defining what particular studies could we do, should we be doing in these early cases and early clusters to help inform our future decisions? You know, we'll be looking very closely to see how effective is school dismissal in halting transmission? Is that an effective strategy? Each of the things that we're doing, we're trying to evaluate as we go so that when other communities are faced with the same situation, they'll have more information on which to make their decision. Another question from the phone?

(Glen) Thank you. Yuki Noguchi, National Public Radio, please go ahead.

National Public Radio: Yeah, I wanted to ask you about the outreach efforts. It seems like the social media, your social media has really taken off. And I'm wondering what kind of response you're getting from that and what you're learning from that experience.

Besser: That's a great question, and I hope to be able to give you a little more on that tomorrow. Communication around this, this outbreak, is so important. It's important that people have information. They know where to turn for information. Our CDC website, www.cdc.gov/swineflu has current information on the outbreak. It has case counts. It has links to World Health Organization, all of our guidance information, information for the public. We have a Spanish language website. We are putting up and have put up podcasts so that that's another way to get information on this outbreak. But use of the blogosphere and the rest of the new media is also a very important part of communicating nowadays. And I want to get back to you tomorrow with more information on what we're doing in that domain.

WSB: Hi, Diana Davis from WSB here in Atlanta. Other than the signs and symptoms that you gave a few moments ago, is there any one thing at this early stage that stands out that can help either adults or parents of young children differentiate whether or not they need to see a physician? Fever? Onset? Degree of fever? Anything at this early stage?

Besser: One – one positive aspect in terms of timing is that we are – we are at the end stages of our seasonal flu period. If this outbreak had occurred in January or February, it would have been very difficult to detect because of all of the flu activity that's normally going on. And so to say to every single person who had flu, they should see their doctor, would mean that a lot of people who have seasonal flu would be flooding doctors' offices and other points of care. There isn't anything that we've identified that distinguishes this type of flu from seasonal flu. And so those signs and symptoms, in particular, in individuals who have traveled since we do have an association with the outbreak in Mexico, that can be helpful. But I wouldn't limit it to that because it's really a minority of cases to date that we've been able to identify that travel history. And that, again, is information that makes us think that this is traveling from person to person and not just everyone that's gone to a spot where this is taking place.Two more questions from the phone?

(Glen) Thank you. Rob Stein, "The Washington Post," please go ahead.

The Washington Post: Thank you for taking my question. Yesterday the WHO was talking about mitigation. I was wondering if you could explain a little bit about what's meant by that, and what exactly are you doing or would you do to mitigate the impact of this virus?

Besser: Thank you. When we look at global pandemic planning – and again, we're in pre-pandemic phase four – in global pandemic planning, the initial concept is if you could identify an outbreak in its first spot, where it was first kicking off, you could send in teams and try and quench it, try and contain it, try and knock it out. And that's been a lot of our strategy around avian influenza, with surveillance, trying to look and investigate every cluster that's been taking place around the globe. That is not a feasible strategy here. And it's not a feasible strategy because by the time this is identified, we're already seeing this in a very diffuse, very wide geographic area. We're hearing of cases from many different parts of Mexico. We have five states with confirmed cases here. And we're hearing of many countries around the globe that have suspect cases. And so the idea of containment, meaning keeping it to one little place, is not feasible. This is a virus that spreads easily, person to person. Influenza viruses, in general, again, we're learning more about this virus, but they spread easily from person to person. And in general, they can spread before a person is symptomatic. Again, here we need to look at the transmission with this particular virus. I wanted to give answers to two questions that I received earlier. The earliest onset date for a case here was March 28th. The latest onset date for a confirmed case in the United States is April 24th. But, again, there's ongoing work, and we don't have any evidence that there's not been transmission since April 24th. If we're looking at an incubation period of about two days, there's a lag time before cases will present. And then the question about vaccine feed, it has not gone to the manufacturers at this point.

(Glen) One more question.
(Glen) One more question from the phone, and then the last question here in the room.
(Glen) Thank you. Lauren Neergard of the Associated Press, please go ahead.

Associated Press: Yes, can I ask if you are abandoning the term "swine flu"?

Besser: You know, there's a lot of discussion around what to call this. In the public, we've been seeing a fair amount of misconception, that by calling it swine flu, there could be transmission from pork products. And that's not helpful. That's not helpful to pork producers. That's not helpful to people who eat pork. It's not helpful to people who are wondering, how can they get this infection? When they hear that term, some people think this is transmitted that way. And so we're discussing, is there a better way to describe this that would not lead to inappropriate actions on people's part? So I don't know what decision will be made on that. But any information you can share that this – when it's described as swine flu, that's the origin of the strain or one of the components of the strain. And not a reflection on how the disease is spread currently. Last question here in the room?

Associated Press: I understand that President Obama has requested $1.5 billion in emergency supplemental funding for swine flu. Do you know if that's all destined for CDC? Did you make that request up the food chain? Do you know what it's for?

Besser: I hadn't heard that, but whenever there's a public health emergency, there are requests in terms of emergency supplemental funding to support all the activities that are going on. And so each of the departments will look to see what activities are they undertaking? What will they need and put in requests. So I hadn't heard that. Thank you very much.

(Glen) Thank you. And this does conclude today's conference call. We thank you for your participation. You may now disconnect your lines.

CNN Health

Dr. Sanjay Gupta
in La Gloria, Mexico

Earliest case of swine flu tucked away in Mexico, officials say

CNN, Health, 28 April 2009
https://edition.cnn.com/2009/HEALTH/04/28/swine.flu/index.html

Tucked away in this small mountain village, off a dusty road flanked by pig farms, is where the earliest case of swine flu – a virus spreading globally – was confirmed.

Meet the child known as "patient zero" by his doctors -- 5-year-old **Edgar Hernandez**, who survived the earliest documented case of swine flu in an outbreak that, officials say, has now spread across four continents.

His family lives in the 3,000-population village of La Gloria in the state of Veracruz, where a flu outbreak was reported on April 2. State officials arrived and took samples from dozens of people.

Lab tests confirmed that Edgar was the only patient in Veracruz to test positive for the swine flu virus; the others had contracted a common flu. Health officials had returned to Edgar's sample only after cases of the new flu strain were spotted around the country.

"In this case, there's a patient who turned out to be positive for the swine-flu virus, with the exception that at that time in no region of the world it had been established as an etiological, epidemic cause," said Mexico Health Secretary Jose Angel Cordova.

Edgar has managed to bounce back from his symptoms and playfully credits ice cream for helping him feel better.

His mother blamed the virus on a huge pig farm in the neighborhood. Officials have conducted tests at the farm owned by U.S. company Smithfield Foods, and those tests came back negative.

Meanwhile, Mexican health officials suspect the swine flu outbreak has caused more than 159 deaths and roughly 2,500 illnesses.

The World Health Organization says at least 105 cases have been confirmed worldwide, including 64 in the United States; 26 in Mexico; six in Canada; three in New Zealand; and two each in Spain, the United Kingdom and Israel. WHO has confirmed deaths only in Mexico, where seven people have died from swine flu.

The deadly outbreak in Mexico prompted authorities to order about 35,000 public venues in Mexico City to close or serve only take-out meals as health officials tried to contain the virus.

Officials on Friday closed schools in the city and Monday extended that order nationwide until at least May 6.

"I'm pretty nervous of this whole virus thing," Berta Hernandez said as she touched up her eyeliner inside a packed and humid subway car in Mexico City. She did not dare lift her surgical mask to put on lip gloss.

"I'm nervous of the people who aren't wearing masks. Maybe they will suddenly sneeze or cough," she said.

Governments around the world scrambled to prevent further outbreak.

Some, like China and Russia, banned pork imports from the United States and Mexico, even though the World Health Organization said the disease "has not been shown to be transmissible to people through eating properly handled and prepared pork (pig meat) or other products derived from pigs." Several others, such as Japan and Indonesia, used thermographic devices to test the temperature of passengers arriving from Mexico.

The Philippines' health department urged people to avoid kissing and hugging in public. Argentina announced a five-day ban on flights from Mexico. Four cruise lines -- Holland America, Royal Caribbean, Norwegian and Princess -- canceled upcoming calls to Mexican ports.

President Obama said the outbreak is a cause for concern, not for alarm. The government urged travelers to avoid nonessential travel to Mexico.

The U.S. Food and Drug Administration issued emergency authorization for the use of two of the most common antiviral drugs, Tamiflu and Relenza. The authorization allows the distribution of the drugs by a broader range of health-care workers and loosens age limits for their use.

In Mexico City, however, there is a shortage of such medication. It also became impossible to find protective surgical masks, which the government had handed out to one out of every five residents.

Worried citizens continue to flood in night and day at hospitals, only to be turned around by armed guards.

"I was looking for a mask at my local pharmacy, but they sold out," supermarket worker Rafael Martinez said as he rode the subway. "I know it's a risk, but I can't find one."

Swine influenza, or flu, is a contagious respiratory disease that affects pigs.

When the flu spreads person-to-person, instead of from animals to humans, it can continue to mutate, making it harder to treat or fight, because people have no natural immunity.

Symptoms include fever, runny nose, sore throat, nausea, vomiting and diarrhea.

Common seasonal flu kills 250,000 to 500,000 people every year worldwide, far more than the current outbreak of swine flu.

But there is no vaccine for the new disease, and little natural immunity, an expert said.

"I think the reason to be concerned is ... we had a vaccine for regular flu," said Dr. Carlos del Rio of the Emory University School of Medicine in Atlanta, Georgia. "This is a totally new virus. ... You have a virus to which there's no pre-vaccination, there's no prior immunity. And, therefore, the mortality rate may be higher than other influenza viruses.

Researchers do not know how the virus is jumping relatively easily from person to person, or why it's affecting what should be society's healthiest demographic.

Meanwhile, Mexico's largest city saw the the government close universities, postpone sporting events and cancel church services in an effort to try to stem the spread of the virus.

"I don't think it's feasible or advisable to shut down the city," said Jose Luis Suarez, a newspaper vendor. "People would try and get out somehow, and that would make a bad situation worse."

The Telegraph

Swine flu: US considers changing name of virus

The Telegraph, 29 April 2009, 3:32 am
https://www.telegraph.co.uk/news/health/swine-flu/5240008/Swine-flu-US-considers-changing-name-of-virus.html

American officials have said they might abandon the term swine flu, because it is confusing people into thinking they could catch the deadly virus from pork.

"We're discussing, is there a better way to describe this that would not lead to inappropriate actions on people's part?" said Richard Besser, acting director of the Centre for Disease Control and Prevention. "In the public, we've been seeing a fair amount of misconception ... and that's not helpful."

CDC scientists discovered the strain of influenza, a mix of pig, human and bird viruses. While it is scientifically known as part of the Type A/H1N1 family of influenza, they shortened the name to swine flu.

Immediately, US officials rushed to assure people that it is impossible to get pig strains of influenza from food. But by last weekend, China, Russia and Ukraine were banning imports of pork from Mexico and certain US states, and other governments were increasing screening of pork imports.

Then came name complaints from abroad. Israeli officials suggested renaming it Mexican flu, saying the reference to pigs was offensive to Muslim and Jewish sensitivities over pork. While the biggest outbreak and most serious illness so far is in Mexico, scientists don't yet have proof that's where the new virus originated.

But what to call the novel swine flu now? Mr Besser said that the government hasn't decided yet. But a Department of Homeland Security notice suggested the boring scientific route: "The current influenza situation should be referred to as H1N1 Flu Outbreak."

For the pork purveyors and hog farmers who make up the nation's $15 billion pork industry, the flu's name has been a disaster. Hog prices are already dropping as financial markets worry people will have second thoughts about buying pork.

"It's killing our markets," said Francis Gilmore, 72, who runs a 600-hog operation in Perry, outside Des Moines, Iowa, and worries his small business could be ruined by the crisis. "Where they got the name, I just don't know."

Probable deaths from swine flu have climbed to 159 in Mexico.

CBS NEWS

Have Doctors Found Swine "Patient Zero?"

CBS News, 29 April 2009 / 7:05 AM / CBS
https://www.cbsnews.com/news/have-doctors-found-swine-patient-zero/

"Patient zero" - the first person to contract swine flu - may be a four-year-old boy in a small, rural town in the Mexican state of Veracruz.

Edgar Hernandez, officials say, tested positive for swine flu in early April, CBS News correspondent John Blackstone reported on The Early Show Wednesday. But, it's unclear if Hernandez is indeed the first case of the new flu spreading around the world.

For months, Blackstone said, residents of the mountain community had been complaining about pollution from a local pig farm, but it's not known if his virus originated from pigs.

"It's impossible to know whether this boy got infected from a pig, and whether this boy was the index case for this particular outbreak," said Dr. Jeffrey Kahn, a Yale University pediatric infectious disease specialist.

Hernandez has recovered, but the community is still on high alert.

Blackstone added that officials are investigating how swine flu could have spread from rural Veracruz, throughout Mexico, and around the world -- if Veracruz is really its starting point.

One factor may be increased travel across the Catholic country during the Easter holiday.

Another culprit may be widespread poverty. While officials urge frequent hand-washing, shortages have left some Mexico City neighborhoods with no running water.

Blackstone wondered whether that could be the reason that at least 159 people have died from swine flu in Mexico, but the virus seems much milder in the United States.

"Until we know how many people were infected in Mexico," Kahn said, "we will not be able to determine the case fatality rate due to this virus."

Over 1,300 people are currently being treated in Mexican hospitals for the virus.

NEWS

Olga R. Rodriguez

Patient zero? Mom of first confirmed case talks

NBC News, 29 April 2009, 9:11 AM +08
https://www.nbcnews.com/health/health-news/patient-zero-mom-first-confirmed-case-talks-flna1c9464375

Everyone told Maria del Carmen Hernandez that her kindergartner's illness was just a regular cold. But it seemed like the whole town of 3,000 was getting sick.

As early as February, neighbors all around her were coming down with unusually strong flu symptoms – and the caseload kept growing. When state health workers came to investigate March 23, some 1,300 people sought their medical help. About 450 were diagnosed with acute respiratory infections and sent home with antibiotics and surgical masks.

Five-year-old Edgar Hernandez was still healthy then. Hernandez wanted to keep him home from school so he wouldn't get sick, but her husband said, "We can't be afraid of what might or might not happen."

Then he came home with a fever and a headache so bad his eyes hurt. She took him to a clinic, and after a few days of antibiotics, he, too, recovered.

No one told Hernandez that her son had become Mexico's earliest confirmed case of swine flu until the Veracruz governor helicoptered in on Monday. But Edgar's case confirmed for residents what they already believed: Their hillside town is ground zero in the epidemic.

Local health officials and Federal Health Secretary Jose Angel Cordova downplay claims that the swine flu epidemic could have started in La Gloria, noting that of 35 mucous samples taken from respiratory patients there, only Edgar's came back positive.

'How will we ever know?'

Confirmation that the boy was infected with H1N1 – a strange new mix of pig, bird and human flu virus that has killed as many as 152 people in Mexico and now spread across the world – wasn't made until last week, when signs of the outbreak elsewhere prompted a second look at his sample.

Hernandez said doctors came from Jalapa, the state capital, and Veracruz city to see Edgar in the weeks after he was tested. But they said nothing, "they just wanted to see him." A team came again last weekend, after federal officials confirmed the swine flu cases late Thursday and started closing schools and canceling events in Mexico City.

Again, they left without saying anything, she said.

Cordova insists the rest of the community had suffered from H2N3, a common flu, based on other 34 samples. While Mexican authorities haven't determined how or where the swine flu outbreak began, Gov. Fidel Herrera said Tuesday that "there is not a single indicator" suggesting it started in La Gloria.

'This is what we had'

But Jose Luis Martinez, a 34-year-old resident of the town, made the swine flu connection the minute he heard a description of the symptoms on the news: fever, coughing, joint aches, severe headache and, in some cases, vomiting and diarrhea.

"When we saw it on the television, we said to ourselves, 'This is what we had,' " he said Monday. "It all came from here. ... The symptoms they are suffering are the same that we had here."

Two infants died of pneumonia during the La Gloria outbreak. They were buried without testing.

Granjas Carroll de Mexico, half-owned by Virginia-based Smithfield Foods, Inc., has 72 farms in the surrounding area. Smithfield spokeswoman Keira Ullrich said the company has found no clinical signs or symptoms of the presence of swine influenza in its herd or its employees working at its joint ventures anywhere in Mexico.

Animal health expert Peter Roeder, a consultant to the UN's Food and Agriculture Organization, said many possibilities exist for how the virus first jumped to humans, and that it could have happened months or even a year ago.

Roeder said it's possible someone tending the pigs could have passed a human influenza virus to a pig already infected with another type of swine flu, and then that pig could have also come into contact with a bird virus. Then, the new H1N1 virus formed could have been transmitted back to the workers.

But that's just a theory – and no one has any evidence that it happened in La Gloria.

But residents say they have been bothered for years by the fetid smell of the farms. Local health workers intervened in early April, sealing off the town of La Gloria and spraying to kill flies people said were swarming around their homes.

When Associated Press journalists on Monday entered a Granjas Carroll farm that has been the focus of community complaints, the cars were sprayed with water. Victor Ochoa, the general director, required the visitors to shower and don white overalls, rubber boots, goggles and masks and step through disinfectant before entering any of the 18 warehouses where 15,000 pigs are kept.

Ochoa showed the journalists a black plastic lid that covered a swimming pool-size cement container of pig feces to prevent exposure to the outside air.

"All of our pigs have been adequately vaccinated and they are all taken care of according to current sanitation rules," Ochoa said. "What happened in La Gloria was an unfortunate coincidence with a big and serious problem that is happening now with this new flu virus."

Mexican Agriculture Department inspectors found no sign of swine flu among pigs around the farm in Veracruz, and say that no infected pigs have been found yet anywhere in Mexico.

Martinez and Bertha Crisostomo, a liaison between the villagers and the municipal government of Perote to which La Gloria belongs, say half of the people from the town live and work in Mexico City most of the week, and could easily have spread the swine flu in the capital, where most of the swine flu cases have been confirmed.

Edgar, however, has never left the Perote valley. The family doesn't own pigs or work near them. Edgar's father, a bricklayer also named Edgar, only works in the area – not Mexico City.

'He's with the Virgin now'

Residents here are certain Edgar was not the only swine flu victim in their town.

Juan Rodriguez died of pneumonia Feb. 9 at age 7 months. His grandmother, Josefina Mendoza, 71, said doctors have come to interview the infant's parents.

Irene Bonilla, 23, said her 2-month-old boy, Yovanni Apolinar, died March 12. No one has interviewed her but reporters.

Neither family wants the children's bodies exhumed for testing.

"Why?" Mendoza said. "It's been months since he died. The child has made his peace with God. He's with the Virgin now."

World Health Organization

Swine influenza
Statement by WHO Director-General, Dr Margaret Chan

Geneva, WHO, 29 April 2009

https://web.archive.org/web/20090430234300/http://www.who.int/mediacentre/news/statements/2009/h1n1_20090429/en/index.html

Ladies and gentlemen,

Based on assessment of all available information, and following several expert consultations, I have decided to raise the current level of influenza pandemic alert from phase 4 to phase 5.

Influenza pandemics must be taken seriously precisely because of their capacity to spread rapidly to every country in the world. On the positive side, the world is better prepared for an influenza pandemic than at any time in history. Preparedness measures undertaken because of the threat from H5N1 avian influenza were an investment, and we are now benefitting from this investment.

For the first time in history, we can track the evolution of a pandemic in real-time. I thank countries who are making the results of their investigations publicly available. This helps us understand the disease. I am impressed by the work being done by affected countries as they deal with the current outbreaks. I also want to thank the governments of the USA and Canada for their support to WHO, and to Mexico.

Let me remind you. New diseases are, by definition, poorly understood. Influenza viruses are notorious for their rapid mutation and unpredictable behaviour.

WHO and health authorities in affected countries will not have all the answers immediately, but we will get them. WHO will be tracking the pandemic at the epidemiological, clinical, and virological levels. The results of these ongoing assessments will be issued as public health advice, and made publicly available.

All countries should immediately activate their pandemic preparedness plans. Countries should remain on high alert for unusual outbreaks of influenza-like illness and severe pneumonia. At this stage, effective and essential measures include heightened surveillance, early detection and treatment of cases, and infection control in all health facilities.

This change to a higher phase of alert is a signal to governments, to ministries of health and other ministries, to the pharmaceutical industry and the business community that certain actions should now be undertaken with increased urgency, and at an accelerated pace.

I have reached out to donor countries, to UNITAID, to the GAVI Alliance, the World Bank and others to mobilize resources. I have reached out to companies manufacturing antiviral drugs to assess capacity and all options for ramping up production. I have also reached out to influenza vaccine manufacturers that can contribute to the production of a pandemic vaccine. The biggest question, right now, is this: how severe will the pandemic be, especially now at the start?

It is possible that the full clinical spectrum of this disease goes from mild illness to severe disease. We need to continue to monitor the evolution of the situation to get the specific information and data we need to answer this question. From past experience, we also know that influenza may cause mild disease in affluent countries, but more severe disease, with higher mortality, in developing countries. No matter what the situation is, the international community should treat this as a window of opportunity to ramp up preparedness and response.

Above all, this is an opportunity for global solidarity as we look for responses and solutions that benefit all countries, all of humanity. After all, it really is all of humanity that is under threat during a pandemic.

As I have said, we do not have all the answers right now, but we will get them.

Thank you.

РИА НОВОСТИ

Подтверждено 49 случаев заболевания свиным гриппом в Мексике

РИА, 29 апреля 2009

https://ria.ru/20090429/169593383.html?ria=hqjv9iiojfdvepd672qau5k38avq8a6i

"После того, как утром в среду мы получили результаты лабораторных анализов, были дополнительно подтверждены 23 случая заболевания свиным гриппом", - говорится в заявлении министерства здравоохранения Мексики.

Москва, - РИА Новости. Количество официально подтвержденных случаев заболевания свиным гриппом в Мексике выросло на 23 человека - до 49 больных, сообщает агентство Франс Пресс со ссылкой на заявление Минздрава.

"После того, как утром в среду мы получили результаты лабораторных анализов, были дополнительно подтверждены 23 случая заболевания свиным гриппом", - говорится в заявлении министерства здравоохранения Мексики.

Согласно данным, обнародованным в среду Всемирной организацией здравоохранения (ВОЗ), в США зарегистрировано самое большое количество больных свиным гриппом - 64 человека. Власти США сообщают о 65 подтвержденных случаях заболевания. Один из этих больных, двухлетний мальчик, прибывший в США из Мексики, скончался в госпитале Хьюстона несмотря на интенсивное лечение

По данным ВОЗ, непосредственно в Мексике от свиного гриппа скончались семь человек.

В Европе подтверждены 13 случаев заболевания свиным гриппом - пять в Великобритании, три в Германии, четыре в Испании и один в Австрии. Трое заболевших свиным гриппом проживают в Новой Зеландии, двое - в Израиле.

Вирус H1N1 представляет значительную опасность в эпидемиологическом отношении, поскольку способен к быстрому генетическому изменению. У заболевших повышается температура, появляются кашель, насморк, головная и мышечная боль, в некоторых случаях отмечается рвота и диарея.

ВОЗ 27 апреля повысила уровень угрозы пандемии свиного гриппа с третьего до четвертого по шестибалльной шкале.

МИХАИЛ СУПОТНИЦКИЙ

Михаил Супотницкий

Заметки на полях свиного гриппа

Supotnitskiy.ru, 29 апреля 2009
https://www.supotnitskiy.ru/stat/stat51.htm#zametki

Вот оперативная информация по вспышке (CDC):
21.04.09 => https://web.archive.org/web/20090426212017/http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5815a5.htm
28.04.09 => https://web.archive.org/web/20090428013920/http://www.cdc.gov/swineflu/
All dates => https://web.archive.org/web/20230000000000*/http://www.cdc.gov/swineflu/

Вирус не является производным от птичьего, человеческого и свиного - кошмара минувших выходных. - Цитата:

"The viruses are similar to each other, and the majority of their genes, including the hemagglutinin (HA) gene, are similar to those of swine influenza viruses that have circulated among U.S. pigs since approximately 1999; however, two genes coding for the neuraminidase (NA) and matrix (M) proteins are similar to corresponding genes of swine influenza viruses of the Eurasian lineage (1). This particular genetic combination of swine influenza virus segments has not been recognized previously among swine or human isolates in the United States, or elsewhere based on analyses of influenza genomic sequences available on GenBank. Viruses with this combination of genes are not known to be circulating among swine in the United States; however, no formal national surveillance system exists to determine what viruses are prevalent in the U.S. swine population."*

https://web.archive.org/web/20090426212017/http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5815a5.htm

Странные противоречия в подсчете количества жертв свиного гриппа в Мексике.

"По последним данным, 103 человека скончались от свиного гриппа в Мексике, 1614 госпитализированы с симптомами болезни"

https://www.newsru.com/world/27apr2009/flu.html

"В Мексике количество официально подтвержденных случаев заболевания свиным гриппом выросло на 23 человека до 49 больных".

https://ria.ru/20090429/169593383.html?ria=hqjv9iiojfdvepd672qau5k38avq8a6i

Откуда тогда взялись "по последним данным ...", которыми запугивали нас 26-27 апреля, обваливали биржи и т. п.?

Академик Львов 28.04.09 г. заявил, что "предвидел" все, что происходит сегодня с гриппом. Читаем его "предвидение": "По мнению ученого, при смешении вирусов гриппа птицы и человека может возникнуть новый опасный гибрид..." - https://regnum.ru/news/215451.html

И еще:

"По мнению Львова, пандемия гриппа скорее всего будет вызвана мутацией вируса так называемого "птичьего" гриппа (H3N2), сообщает ИТАР-ТАСС.

https://www.newsru.com/russia/28oct2004/pandemonia.html

"Существует стопроцентная гарантия, что вирус пандемического гриппа появится в мире не в этом, так в следующем или в ближайшие годы", - сказал Львов. "Как это бывало и в прошлом, из уже существующих вирусов гриппа обязательно генерируется новый, который и вызовет пандемию. Осталось полшага до пандемической катастрофы в мире", - добавил ученый.

Мне нравится, как "предвидели" гадальщики на бухарском базаре: "Один самаркандец предлагает мне восемнадцать кип шерсти. Будет ли выгодной для меня эта сделка? – спрашивал купец?

Гадальщик по торговым делам начал считать крысиные кости, раскидывать бобы, затем с видом сурового глубокомыслия отвечал: "Покупай, но следи, чтобы во время уплаты около тебя на сто локтей вокруг не было ни одного плешивца".

Л. Соловьев. "Повесть о Ходже Насреддине", 1954.

Вот еще один "предвидец", это уже рекордсмен по предвидениям: "Ничего нового в этом нет, утверждает академик Киселев. Все пандемии гриппа были пандемиями птичьего гриппа".

И он же своих героических усилиях: "С 1997 года мы имеем постоянные вспышки, но пандемии взрывного характера у нас пока нет, поэтому у нас есть время к ней подготовиться. Но то, что пандемия будет – это точно", – подчеркнул директор института."

https://www.newsru.com/russia/27dec2005/vakcina.html

И пример цинизма:"Ситуация с H5N1 (вирус гриппа птиц) неактуальна сегодня. Он другой уже, он уже не способен убить человека, не способен ввергаться в организм человека", сказал Дроздов на пресс-конференции в Новосибирске во вторник. По его словам, вирус изменился и мутировал"

https://www.km.ru/news/ptichij_gripp_bolshe_ne_opasen_d

С птичьим гриппом, все! Завязали по причине "мутирования" вируса. Взял и мутировал за пару дней! Кстати, мутировал он не один, а вместе с деньгами на вакцину.

Заметки на полях свиного гриппа

"Заметки на полях свиного гриппа 1" от 29.04.09 г https://www.supotnitskiy.ru/stat/stat51.htm#zametki

=> Пандемия «испанки» 1918-1920 гг. в контексте других гриппозных пандемий и «птичьего гриппа»

"Заметки на полях свиного гриппа 2" от 05.05.09 г https://malchish-org.livejournal.com/65892.html

"Заметки на полях свиного гриппа 3" от 05.08.09 г https://www.supotnitskiy.ru/stat/stat61.htm

"Заметки на полях свиного гриппа 4" от 24.09.09 г => Зачем разводят большое свинство вокруг свинного гриппа - https://www.supotnitskiy.ru/stat/stat63.htm

"Заметки на полях свиного гриппа 5" от 11.11.09 г https://www.supotnitskiy.ru/stat/stat69.htm

"Заметки на полях свиного гриппа 6" от 10.06.10 г => Как нас обманывали ужастиком свинной грипп - https://www.supotnitskiy.ru/stat/stat71.htm

СТАВРОПОЛЬСКАЯ ПРАВДА

Ольга Неретина

Свиной грипп: очень опасно!

Ставропольская Правада, 29 апреля 2009.
https://stapravda.ru/20090429/svinoy_gripp_ochen_opasno_37289.html

Самое страшное в том, что вирус-мутант остро заразен и быстро распространяется. Больные с признаками свиного гриппа уже появились в пяти штатах США, в Канаде, Франции, Англии, Испании, даже в Новой Зеландии и Израиле.

Специалисты Всемирной организации здравоохранения (ВОЗ) считают, что свиной грипп может перейти в глобальную эпидемию, потому что он передается от человека к человеку. ВОЗ призвала все страны предпринять экстренные меры, чтобы предотвратить крупномасштабные заболевания взрослых и детей.

В Мексике уже объявлено чрезвычайное санитарное положение: закрыты школы, театры, музеи, рестораны, отменены все массовые зрелищные мероприятия, людям на улицах и в метро раздают марлевые повязки. Жителям советуют без острой необходимости не покидать свои дома, не посещать общественные места.

Спешные меры предосторожности принимаются и в соседних американских государствах: США, Канаде, Никарагуа, Гондурасе, Венесуэле и других. Усилен санитарный контроль также в аэропортах Японии, Евросоюза и России.

В нашей стране по распоряжению В. Путина создана специальная правительственная комиссия по предотвращению проникновения на территорию РФ свиного гриппа, которую возглавил первый вице-премьер В. Зубков. Россельхознадзор ввел запрет на импорт животноводческой продукции из Мексики, США и стран Карибского бассейна.

Главный государственный санитарный врач РФ Г. Онищенко заявил, что у нас пока нет случаев заболевания свиным гриппом, но его завоз не исключен. Он призвал россиян воздержаться от поездок в Мексику и США, а санитарные службы в аэропортах обязал внимательно осматривать всех пассажиров, прилетающих из Северной Америки, и в сомнительных случаях их временно изолировать.

Специалисты управления Роспотребнадзора по Ставропольскому краю сообщают, что свиной грипп передается воздушно-капельным и контактным путем. Инкубационный период продолжается 5-10 дней. Болезнь заявляет о себе головной болью, повышением температуры, кашлем, насморком, ангиной, иногда – рвотой и диареей. При первых признаках недомогания следует сразу обратиться к врачу.

В настоящее время в крае, как и в других регионах РФ, проводится комплекс мероприятий, направленных на предотвращение ввоза из неблагополучных стран высокопатогенного вируса и распространение его среди населения Ставрополья.

WHO calls new strain of H1N1 "Mexican flu"

Radio Netherlands, 29 April 2009, 17:32 UTC // 30 April 2009 06:48 UTC
https://web.archive.org/web/20090502101456/http://www.radionetherlands.nl/news/international/6280110/WHOs-call-new-strain-of-H1N1-Mexican-flu

The World Health Organization (WHO) has said that the most recent research on swine flu has shown that the virus is not caused by pigs. The disease is now being referred to as Mexican flu or "2009 H1N1 flu". The WHO has moved the pandemic alert from four to five, the second highest. The first case of what was called swine flu was reported in Mexico and its first fatality was confirmed there two weeks ago.

The 23-month-old infant who died in the US state of Texas, in the first fatal case from the swine flu outbreak in the United States, was also Mexican. The child came from Mexico to Houston for medical treatment, officials said.

In Europe, new cases of swine flu have been confirmed in five countries. Germany has officially reported three cases, Austria one and Croatia has confirmed some people are infected with the virus. Earlier, Great Britain and Spain had reported cases of swine flu but some new cases have since been officially diagnosed.

There are multiple cases in Mexico and the United States; diagnoses have also been made in Canada, Costa Rica, New Zealand, and Israel. All those found to be suffering from the virus have recently been to Mexico. After further testing, Mexico lowered the official number of those killed by the virus from 20 to seven.

France says it will ask the European Union to ban all flights to Mexico in an attempt to prevent the virus from spreading. Brussels say that the European Commission does not have the authority to implement such a ban. Transport Commissioner Antonie Tajani said the EU should wait for the outcome of the health ministers' meeting in Luxembourg on Thursday before taking action that "would create panic ... detrimental to the economy and tourism".

KM.RU ЗДОРОВЬЕ

В Мексике свиным гриппом заражены уже 49 человек

KM.ru, 29 апреля 2009, 18:35
https://www.km.ru/news/v_meksike_svinym_grippom_zarazhe

В Мексике количество официально подтвержденных случаев заболевания свиным гриппом выросло на 23 человека - до 49 больных. Об этом, по данным РИА Новости, сообщает агентство Франс Пресс со ссылкой на заявление Минздрава.

«После того, как утром в среду мы получили результаты лабораторных анализов, были дополнительно подтверждены 23 случая заболевания свиным гриппом», - говорится в заявлении министерства здравоохранения Мексики.

Согласно данным, обнародованным в среду Всемирной организацией здравоохранения (ВОЗ), в США зарегистрировано самое большое количество больных свиным гриппом - 64 человека. Власти США сообщают о 65 подтвержденных случаях заболевания. Один из этих больных, двухлетний мальчик, прибывший в США из Мексики, скончался в госпитале Хьюстона несмотря на интенсивное лечение.

По данным ВОЗ, непосредственно в Мексике от свиного гриппа скончались семь человек. В Европе подтверждены 13 случаев заболевания свиным гриппом - пять в Великобритании, три в Германии, четыре в Испании и один в Австрии. Трое заболевших свиным гриппом проживают в Новой Зеландии, двое - в Израиле.

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ВОЗ 27 апреля повысила уровень угрозы пандемии свиного гриппа с третьего до четвертого по шестибалльной шкале.

The Telegraph

Rebecca Smith, Nick Britten and Lucy Cockcroft

Swine flu: NHS orders 32m face masks

The Telegraph, 29 April 2009, 6:30AM BST
https://web.archive.org/web/20100116120438/http://www.telegraph.co.uk/health/swine-flu/5239353/Swine-flu-NHS-orders-32m-face-masks.html

The disclosure came as:

- Thousands of Britons were preparing to cut short their holidays in Mexico, where the disease has killed more than 150 people, and thousands more had their travel plans thrown into chaos after major tour operators cancelled flights to the country.
- Dozens of people in Britain were tested for the swine flu virus after two cases were confirmed.
- Leaflets are to be sent to every house in Britain containing information about the swine flu outbreak and preventative measures.

The millions of masks being ordered by the Department of Health are mainly for health care professionals. A spokesman said it already had a "substantial number" in stock.

Advice from the Health Protection Agency is that health care staff dealing with suspected swine flu cases should wear a disposable mask, gown and gloves and the patient should also be asked to wear a mask.

Experts have said that the masks do little to prevent the spread of swine flu among the general public.

Holiday plans were left in disarray yesterday when travel firms cancelled flights to Mexico.

Thomas Cook has cancelled six Thomas Cook and Airtours flights to the Mexican resort of Cancun for the next week.

TUI Travel, which owns Thomson and First Choice, cancelled 14 flights to Cancun and Cozumel up until May 8.

Virgin has cancelled package holidays to Mexico until May 5, as has the travel operator Kuoni until May 3.

British Airways said that it was continuing to fly as normal.

The cancellations left more than 7,000 holidaymakers stranded at home. Many of the 7,000 British tourists in Mexico are expected to take up the offer of an early return.

Tour operators said that flights leaving the country were operating as normal, there were currently spaces on them and no plans were in place to put on extra planes.

Thomas Cook, Virgin, Kuoni and TUI said that anyone booked on cancelled flights could re-book to another destination, delay their holidays or receive a full refund.

The first British holidaymakers to arrive home since the crisis began said Mexico City had become a "ghost town".

Karen Whitehouse, 22, and her boyfriend Alex Henney, 31, paid £1,300 each for a flight from Mexico City to Heathrow, landing yesterday afternoon, having cut short their two-week holiday after just five days.

Mr Henney, a stockbroker from Clapham, said: "The people in Mexico were panic-stricken.

"People were getting sick but ambulance crews were too terrified to take them to hospital."

Travellers were urged to check their insurance before changing holiday plans. Nick Starling, of the Association of British Insurers, said that while policies vary, some companies would only cover the cost of the holiday if the Government advised against travelling.

The Department of Health said that the leaflets would be sent out next week to the country’s 25 million households.

Andrew Quinn

Obama seeks $1.5 bln for swine flu as cases jump

Reuters, 29 April 2009
https://www.reuters.com/article/idUSN28350228

Washington, April 28 (Reuters) – President Barack Obama asked Congress on Tuesday for an additional $1.5 billion to fight swine flu as the confirmed caseload jumped to 65 people across six states in what doctors fear may become a pandemic.

Lawmakers convened an emergency hearing on Capitol Hill to assess the government's preparedness for a more severe outbreak.

"With a new infectious agent you don't sit back and wait and hope for the best. You take bold steps, and then you pull back if you need to," Dr. Richard Besser, acting director of the Centers for Disease Control and Prevention, told a news briefing.

The CDC total included 10 cases in California, 2 in Kansas, 45 in New York, one in Ohio and 6 in Texas. An additional case was reported by Indiana state authorities.

While the new flu strain has killed up to 149 people in Mexico, cases seen in the United States and elsewhere have been mild. CDC officials said only five U.S. cases have required hospitalization, but they have said they expect more serious cases – and possibly deaths – as surveillance expands.

California Gov. Arnold Schwarzenegger declared a state of emergency over the outbreak [nN28344841], enabling deployment of funds and personnel to fight the disease. Federal officials declared a national public health emergency on Sunday.

Worldwide, 79 cases have been confirmed in laboratories recognized by the World Health Organization.

Maximum Flexibility

Obama, in a letter to Congress, said the additional $1.5 billion would give the government "maximum flexibility" as it fights the disease, supplementing antiviral stockpiles, adding medical equipment and starting preparations for a vaccine.

As public health headlines gripped the country, senators prepared to approve the last of Obama's Cabinet nominees -- Kansas Gov. Kathleen Sebelius as Health and Human Services secretary.

While Republican critics had delayed confirming Sebelius because of her stance on abortion, Senate Democrats said they believed they had the 60 votes necessary to push her through.

On Capitol Hill, health officials told an emergency hearing the funding would be crucial if the flu virus spreads.

"In the face of these cutbacks and layoffs and vacancies, we don't even have the workforce we had two years ago," said Dr. Paul Jarris, executive director of the Association of State and Territorial Health Officials.

In California, Texas and New York City, authorities have ordered schools shut where students have tested positive for the swine flu virus.

In New York, most confirmed cases of infection were at a Queens private school where the virus has sickened at least 28 students. Officials had said earlier as many as 100 students might have been ill, but Mayor Michael Bloomberg said on Tuesday officials have stopped testing more people because the symptoms are mild, with only two people going to the hospital.

"This is following the pattern of normal, seasonal influenza," Bloomberg told reporters at City Hall. "So far, nothing about the spread of swine flu has surprised us."

There were few signs of panic across the country -- although sales of flu medication and items like face masks – were up in some places close to where cases have been confirmed.

"Everyone's a little leery of anyone coughing. Even though the news makes it seem really, really bad, it doesn't seem like it's actually that much of a concern," said Aaron Armelin, 33, a telecommunications technician in Los Angeles. [nN2832125]

U.S. stocks rose as traders shook off some of the more immediate flu fears that hit the market on Monday [nN28334784].

Despite advice that no pigs have been affected by the virus, Ecuador joined a long list of countries putting bans on imports of some U.S. pigs and pork products, further worrying pork producers.

BU Today

Chris Berdik

Discussing the Scary Word 'Pandemic': Public Health prof. David Ozonoff is keeping cool, but yes, he's worried

Boston University Today, 29 April 2009
https://www.bu.edu/articles/2009/discussing-the-scary-word-pandemic/

As swine flu continues to spread, the World Health Organization yesterday raised its alert level to Phase 4, indicating that "the likelihood of a pandemic has increased, but not that a pandemic is inevitable." Phase 6 would mean that a global pandemic is under way.

Cases of swine flu (the H1N1 virus) are now confirmed in seven nations, although nearly all of the fatalities (about 150 as of yesterday afternoon) have been in Mexico, where the outbreak began and 1,600 cases have been reported. Still, governments and public health agencies around the globe have been taking precautions. On Monday, the U.S. State Department issued a travel advisory discouraging all nonessential travel to and from Mexico. Authorities at airports and border crossings are pulling aside travelers who show flu symptoms, subjecting them to tests and in some cases quarantine. Some countries are even banning pork products from the United States and Canada (although the virus, despite its name, isn't spread by eating pork). Meanwhile, face masks and hand sanitizer have been flying off the shelves around the world.

This morning, two elementary school boys from Lowell, Massachusetts who had recently returned from a trip to Mexico were confirmed to have swine flu. They are the state's first confirmed cases. About 200,000 doses of antiviral medications are being shipped to the state from the national stockpile.

All schools and universities in Mexico have been closed, canceling classes for 13 Boston University students currently in the Guadalajara Engineering Program until at least May 6 (just before finals were scheduled to take place). The study-abroad program officially ends on May 21. Joseph Finkhouse, director of institutional relations for BU International Programs, says that while BU is not encouraging students in Mexico to leave early, the University is offering to help those who wish to do so with travel agent services and by "working with them to make sure they're not penalized academically."

Reached by e-mail yesterday afternoon, several students in the Guadalajara program said that they were hoping to leave by week's end. David McBride, director of Student Health Services, recommends that any students returning from Mexico not come to campus immediately, but "go directly home if at all possible" and remain there for a week to ensure that they are flu-free.

For insights into the swine flu scare, ***BU Today*** put some questions to epidemiologist David Ozonoff, a School of Public Health professor of environmental health. ...

***BU Today*: What is swine flu and is this the first time it's been transmitted from human to human?**

Ozonoff: Influenza is actually a group of viruses, and most infect animals. A few infect humans. Pigs get the flu and have for a long time. It has been true that there have been times when swine influenza has passed to human beings. In fact, the current strain, H1N1, was at one point thought to be the source of the 1918 pandemic. But more recent thinking is that it was likely the other way around – that we gave it to pigs in 1918, and that we likely got it from an avian source.

Pigs infected with H1N1 get sick, but it usually doesn't pass to humans. Every year, the CDC gets a report of one or two cases of people infected with swine flu, but in recent years it's been a

couple or three. And there have been instances – in 1976 and 1988 – when there was a small outbreak with human-to-human transmission, but it burned itself out after one generation. The current situation seems to be different. It's probable that several generations of this virus have been passed through human-to-human transmission, and it seems to be more easily transmissible.

Don't thousands of people die every year from "normal" flu? Why is swine flu more dangerous?

So far, it seems to look a lot like seasonal influenza. But the difference is that it's a type of flu to which humans have never, or very rarely, been exposed. We have a globe's worth of immunologically naïve people. So any flu virus for which there's basically no natural immune response is a recipe for a pandemic virus, which means a sustained human-to-human transmission happening in many places in the world. Now, "pandemic" is *a scary word, because it's applied to the 1918 flu*, but it's also applied to other things that aren't as deadly, like head lice. It really isn't a reflection of the severity of the disease, but that a lot of people are getting the disease in a lot of places at once.

How concerned should we be?

There are three broad possibilities. First, it could just burn itself out and go away and we'll never see it again. That's the best scenario. The other two scenarios are more likely. This could develop into a full-fledged pandemic, and we'd be off to the races. The third possibility has lots more uncertainty, but may be the most likely, and that is that we don't have too much flu around in the summertime in the northern hemisphere. We don't know where it goes really. But then it comes back again in late summer or early fall. That's sort of what happened in 1918. There was a relatively mild outbreak in the spring, and when it poked its head up again in August, it was a full-fledged monster.

There's an old saying about a lot of things: if you've seen one, you've seen them all. That's not true with influenza. This is an incredibly unpredictable, tricky virus.

Our surge capacity, the reserve of staffed beds in our inpatient facilities, is less than it was a few decades ago, because we've been trying to cut the cost of health care by eliminating unnecessary hospitalization. The system is much more brittle today. In the summer, Boston's city emergency rooms will be on diversion, meaning an ambulance will pull up and they'll divert it to another place because they're full. A bad flu overwhelms things; a pandemic would really be bad.

Why has the flu been so much more virulent in Mexico than in the United States and other countries?

The United States has done very aggressive and intensive case finding, including looking at people who haven't been seeking medical care or who weren't terribly ill. The Mexicans were looking only at seriously ill people in the hospital. So, the apparent difference in severity may be just that, apparent. As time goes on and there are more cases here and the Mexicans start looking at nonhospitalized people, we may find that the spectrum of illness is not very different.

How would you rate the response of global public health authorities to this outbreak?

I think the United States is doing quite well. Mexico did poorly. The WHO is tardy. But I think the pretty proactive and fairly aggressive stance that the CDC is taking is right.

What exactly is being done in the United States?

The federal government develops scientific information, sending a team to help Mexico collect data we need to figure out what's going on. You'll find all sorts of advice for ordinary people, for doctors, and for hospitals on the CDC Web site. It also has a strategic national stockpile of 50 million courses of antiviral medication. Over the weekend, 25 percent was released.

But most public health work in the United States is done at the state and local level. And we're going to hear a lot about suspect cases. Most of them are probably not swine flu. State and local authorities are also involved in thinking ahead and planning.

Are we prepared if things get worse?

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The New York Times

Dense Grady

World Health Organization Raises Swine Flu Alert Level

The New York Times, 29 April 2009
https://web.archive.org/web/20090507003720/https://www.nytimes.com/2009/04/30/health/30flu.html
https://www.heraldtribune.com/story/news/2009/05/01/mexico-limits-many-activities-as-flu-alerts-are-increased/28709650007/

The global spread of swine flu, a pandemic, is highly likely, the World Health Organization said on Wednesday and raised its alert level to Phase 5, the next-to-highest level in the worldwide warning system.

Phase 5 had never been declared since the warning system was introduced in 2005 in response to the avian influenza crisis. Phase 6 means a pandemic is under way.

The health organization said its decision was based on the continuing spread of swine flu in the United States and Mexico, particularly the increasing numbers of unexplained cases among people not exposed to travelers or to institutions like schools or hospitals where many people have close contact with one another and high rates of transmission might be expected.

"All countries should immediately activate their pandemic preparedness plans," Dr. Margaret Chan, director general of the organization, said at a news conference in Geneva. "Countries should remain on high alert for unusual outbreaks of influenza-like illness and severe pneumonia."

The first death from swine flu in this country – of a 23-month-old child from Mexico who was being treated in Houston – was reported on Wednesday, along with more infections and hospitalizations.

The Centers for Disease Control and Prevention reported 91 confirmed cases from 10 states, up from 64 cases in 5 states on Tuesday.

Dr. Chan emphasized the need for calm, but at times spoke as if a pandemic had already begun, saying, for instance, "W.H.O. will be tracking the pandemic." She also emphasized that developing countries tended to have more severe flu epidemics than rich ones, and said her organization and others would need to make special efforts to help poorer nations.

She called for global solidarity, saying, "After all, it really is all of humanity that is under threat during a pandemic."

President Obama, terming the outbreak "cause for deep concern but not panic," took the unusual step of using a prime-time televised news conference, convened to mark his 100th day in office, to deliver a public health message to the American people.

"Wash your hands when you shake hands, cover your mouth when you cough," he said from the East Room of the White House. "It sounds trivial, but it makes a huge difference. If you are sick, stay home. If your child is sick, take them out of school. If you are feeling certain flu symptoms, don't get on an airplane."

With public health officials recommending that schools close if there are more confirmed or suspected cases, Mr. Obama urged parents and businesses to "think about contingency plans" in case of such closings.

He said he was calling on Congress to authorize an immediate $1.5 billion to "support our ability to monitor and track this virus" and to build the supply of antiviral drugs.

"The more recent illnesses and the reported death suggest that a pattern of more severe illness associated with this virus may be emerging in the U.S.," the C.D.C. said on its Web site. More hospitalizations and deaths are expected, the site said, because the virus is new and most people have no immunity to it.

Dr. Chan said that government preparedness plans could include steps like ensuring that laboratories can test for the disease and that health systems can identify and treat cases, track an outbreak and

prevent the virus from spreading in hospitals and clinics. She said governments should also decide on measures like closing schools and discouraging or banning public gatherings.

Mexico, for instance, has prohibited people from eating in restaurants and ordered most stores and other businesses to close for several days starting Friday, a move apparently intended to keep people at home during what is traditionally a long holiday weekend.

At a news conference in Mexico City on Wednesday night, Mexico's secretary of health, José Ángel Córdova, also announced that the national government would close all but essential offices during the same time period. The government did not suspend mass transportation or close airports and asked that supermarkets and pharmacies remain open.

In the United States, Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, said the outbreak had caused such concern because officials had never seen this particular strain of the flu passing among humans.

"There is no background immunity in the population, and it is spreading from human to human – all of which has the potential for a pandemic," Dr. Fauci said.

Dr. Richard Besser, acting director of the Centers for Disease Control and Prevention, said that officials had no way of predicting whether the outbreak would become more serious.

"You don't know if this is a virus that will fizzle in a couple of weeks or one that will become more or less virulent or severe in the diseases it causes," Dr. Besser said.

He said officials must follow government plans for a pandemic because of that unpredictability.

"If we could see into the future, it would be wonderful so that we could tailor all our responses specifically to what is occurring," Dr. Besser said.

The disease centers' count of 91 confirmed cases in the United States did not include some later reports by states that confirmed cases after the C.D.C. tally was posted. In addition, there were suspected cases in Louisiana and Delaware. Kits being provided to the states and other countries will allow them to test for the virus on their own and obtain results within a few hours.

New York City added five new confirmed cases, bringing its total to 49. All have links to Mexico or St. Francis Preparatory School in Queens, where the virus first surfaced in New York, health officials said. The city identified five more probable cases.

The total in Canada rose to 19, from 16. In Mexico, more than 150 people are suspected to have died from the flu, and almost 2,500 are thought to have been infected.

Kathleen Sebelius focused on the outbreak on Wednesday during her first news conference as the secretary of health and human services.

"We're determined to fight this outbreak and do everything we can to protect the health of every American," Ms. Sebelius said.

She noted that the Centers for Disease Control and Prevention had recommended that schools close only if a student is found to be infected. More aggressive steps are under discussion, Ms. Sebelius said, but officials realize that school closings can cause problems for families.

"What happens to parents? Where do children go?" she asked.

Dr. Besser, who joined the news conference via a video feed, said the most recent cases included patients of a broad range of ages, with two-thirds of all cases occurring in people under 18.

"There have been five hospitalizations so far, including the child who died. But we have a number of suspect cases that have been hospitalized and we expect that number to go up," Dr. Besser said.

Dr. Besser said that a quarter of the nation's stockpile of 50 million treatments of antiviral medicines would be distributed to states by Sunday.

The United States has no plans to close international borders because, Dr. Besser said, such closings are not effective in slowing pandemics. When Hong Kong was hit with severe acute respiratory syndrome, or SARS, "increased border screening on entry and exit was not an effective way of identifying cases or preventing transmission," he said.

Nonetheless, Customs and Border Protection agents have stepped up efforts to spot sick travelers and are passing out travel health advisories.

Some elected officials have begun to question the decision to leave the borders open. Homeland Security Secretary Janet Napolitano was grilled by senators on Wednesday who asked whether her agency was doing enough to stop the virus from spreading from Mexico. The senators, including John McCain of Arizona and Joseph I. Lieberman of Connecticut, asked several times why the administration had decided against closing the border and banning travel to Mexico.

The Guardian

Simon Jenkins

Swine flu? A panic stoked in order to posture and spend

The Guardian, 29 April 2009
https://web.archive.org/web/20090827001405/http://www.guardian.co.uk/commentisfree/2009/apr/29/swine-flu-mexico-uk-media1

Despite the hysteria, the risk to Britons' health is tiny - but that news won't sell papers or drugs, or justify the WHO's budget.

We have gone demented. Two Britons are or were (not very) ill from flu. "This could really explode," intones a reporter for BBC News. "London warned: it's here," cries the Evening Standard. Fear is said to be spreading "like a Mexican wave". It "could affect" three-quarters of a million Britons. It "could cost" three trillion dollars. The "danger", according to the radio, is that workers who are not ill will be "worried" (perhaps by the reporter) and fail to turn up at power stations and hospitals.

Appropriately panicked, on Monday ministers plunged into their Cobra bunker beneath Whitehall to prepare for the worst. Had Tony Blair been about they would have worn germ warfare suits. British government is barking mad.

What is swine flu? It is flu, a mutation of the H1N1 virus of the sort that often occurs. It is not a pandemic, despite the media prefix, not yet. The BBC calls it a "potentially terrible virus", but any viral infection is potentially terrible. Flu makes you feel ill. You should take medicine and rest. You will then get well again, unless you are very unlucky or have some complicating condition. It is best to avoid close contact with other people, as applies to a common cold.

In Mexico, 2,000 people have been diagnosed as suffering swine flu. Some 150 of them have died, though there is said to be no pathological indication of all these deaths being linked to the new flu strain. People die all the time after catching flu, especially if not medicated.

Nobody anywhere else in the world has died from this infection and only a handful have the new strain confirmed, most in America and almost all after returning from Mexico. A couple from Airdrie who caught the flu on holiday in Cancun are getting better. That tends to happen to people who get flu, however much it may disappoint editors.

We appear to have lost all ability to judge risk. The cause may lie in the national curriculum, the decline of "news" or the rise of blogs and concomitant, unmediated hysteria, but people seem helpless in navigating the gulf that separates public information from their daily round. They cannot set a statistic in context. They cannot relate bad news from Mexico to the risk that inevitably surrounds their lives. The risk of catching swine flu must be millions to one.

Health scares are like terrorist ones. Someone somewhere has an interest in it. We depend on others with specialist knowledge to advise and warn us and assume they offer advice on a dispassionate basis, using their expertise to assess danger and communicating it in measured English. Words such

as possibly, potentially, could or might should be avoided. They are unspecific qualifiers and open to exaggeration.

The World Health Organisation, always eager to push itself into the spotlight, loves to talk of the world being "ready" for a flu pandemic, apparently on the grounds that none has occurred for some time. There is no obvious justification for this scaremongering. I suppose the world is "ready" for another atomic explosion or another 9/11.

Professional expertise is now overwhelmed by professional log-rolling. Risk aversion has trounced risk judgment. An obligation on public officials not to scare people or lead them to needless expense is overridden by the yearning for a higher budget or more profit. Health scares enable media-hungry doctors, public health officials and drugs companies to benefit by manipulating fright.

On Monday the EU health commissioner, Androulla Vassiliou, advised travellers not to go to north or central America "unless it's very urgent". The British Foreign Office warned against "all but essential" travel to Mexico because of the danger of catching flu. This was outrageous. It would make more sense to proffer such a warning against the American crime rate. Yet such health-and-safety hysteria wiped millions from travel company shares.

During the BSE scare of 1995-7, grown men with medical degrees predicted doom, terrifying ministers into mad politician disease. The scientists' hysteria, that BSE "has the potential to infect up to 10 million Britons", led to tens of thousands of cattle being fed into power stations and £5bn spent on farmers' compensation. A year later, the scientists tried to maintain that BSE "might" spread to sheep because, according to one government scientist, "the absence of evidence is not evidence of absence". The meat industry was wrecked and an absurd ongoing cost was imposed on stock farmers with the closure and concentration of abattoirs.

This science-based insanity was repeated during the Sars outbreak of 2003, asserted by Dr Patrick Dixon, formerly of the London Business School, to have "a 25% chance of killing tens of millions". The press duly headlined a plague "worse than Aids". Not one Briton died.

The same lunacy occurred in 2006 with avian flu, erupting after a scientist named John Oxford declared that "it will be the first pandemic of the 21st century". The WHO issued a statement that "one in four Britons could die".

Epidemiologists love the word "could" because it can always assure them of a headline. During the avian flu mania, Canada geese were treated like Goering's bombers. RSPB workers were issued with protective headgear.The media went berserk, with interviewers asking why the government did not close all schools "to prevent up to 50,000 deaths". The Today programme's John Humphrys became frantic when a dead goose flopped down on an isolated Scottish beach and a hapless local official refused to confirm the BBC's hysteria. The bird might pose no threat to Scotland, but how dare he deny London journalists a good panic?

Meanwhile a real pestilence, MRSA and C difficile, was taking hold in hospitals. It was suppressed by the medical profession because it appeared that they themselves might be to blame. These diseases have played a role in thousands of deaths in British hospitals - the former a reported 1,652 and the latter 8,324 in 2007 alone. Like deaths from alcoholism, we have come to regard hospital-induced infection as an accident of life, a hazard to which we have subconsciously adjusted.

MRSA and C difficile are not like swine flu, an opportunity for public figures to scare and posture and spend money. They are diseases for which the government is to blame. They claim no headlines and no Cobra priority. Their sufferers must crawl away and die in silence.

ZEIT ONLINE

Ulrich Bahnsen

Out of Mexico

Die ZEIT, 30 April 2009 Nr. 19
https://www.zeit.de/2009/19/Schweinegrippe

Ein Grippevirus breitet sich über den Planeten aus. Auch Deutschland rüstet sich für eine Pandemie. Im Ernstfall werden Bürgerrechte außer Kraft gesetzt

Als man den heiligen Christo de la Salud am vergangenen Sonntag aus der Hauptkathedrale von Mexiko Stadt trug, war klar: Die Lage ist ernst. Mit Mundschutz folgten die Gläubigen der Prozession rund um das Gotteshaus. »Man benutzt ihn nur, wenn ein großes Unglück die Stadt bedroht und viele Menschenleben in Gefahr sind«, erklärt Padre Cuauhtémoc Islas. Erst dreimal habe die Statue des Gekreuzigten die Kirche verlassen – zuletzt Anno 1691. Da wüteten die Pocken in der Stadt.

Steht der mittelamerikanische Staat nun vor einem ähnlichen Notstand? Wer die Fernsehbilder sah, konnte diesen Eindruck gewinnen. Nach dem Ausbruch des neuen Grippevirus AH1N1 wurden Punktspiele der mexikanischen Fußballliga vor menschenleeren Rängen ausgetragen, Schulen geschlossen, die Gotteshäuser blieben leer. Auch im Rest der Welt wächst seit dem vergangenen Wochenende das Unbehagen: Auf japanischen Flughäfen werden die Ankömmlinge mit Wärme-detektoren auf Fieber kontrolliert.

Tatsächlich sind beunruhigende Parallelen zu früheren Seuchezügen zu verzeichnen: Die als »Schweinegrippe« bekannt gewordene Influenza ist vom selben Typus wie die vernichtende Spanische Grippe von 1918/1919, die am Ende des Ersten Weltkriegs 20 bis 50 Millionen Menschen dahinraffte. Und ebenso wie damals scheinen der Influenza bevorzugt junge Erwachsene zum Opfer zu fallen. Die Situation sei riskant, erklärte WHO-Generalsekretärin Margaret Chan, »das Virus besitzt Pandemie-Potenzial«.

Vereinzelt und zunächst fast unbemerkt hatte der neue Erreger in den vergangenen Wochen zugeschlagen. Vermutlich schwelt die Infektion bereits seit März in der mexikanischen Bevölkerung. Erste Fälle der Schweinegrippe registrierten die mexikanischen Behörden offiziell am 2. April in Las Glorias, einem kleinen Dorf im Küstenstaat Veracruz. In der Nähe befinden sich große Schwein-ezuchtbetriebe der US-Firma Smithfield Foods. Dort soll ein vierjähriger Junge am neuen Virus erkrankt sein – er überlebte. Schon zuvor war es zu einer ungewöhnlichen Häufung schwerer Influenza in der Region gekommen. Dasselbe Virus wie in Las Glorias stellte man bei der Regierungsangestellten Adela María Gutiérrez Cruz fest. Die Frau war am 9. April im 250 Kilometer entfernten Oaxaca mit einer schweren Lungenentzündung ins Krankenhaus eingeliefert worden und starb vier Tage später. Zu diesem Zeitpunkt gab es bereits Verdachtsfälle in einem halben Dutzend Bundesstaaten Mexikos.

In Lateinamerika wütet die Grippe aggressiver als in den USA

Inzwischen steigt die Zahl der Opfer dort rasant. Die Behörden des Landes meldeten bis Diens-tagabend fast 2000 Grippekranke und mehr als 150 Tote, bei mindestens zwanzig von ihnen wurde die Infektion mit dem neuen Virus vom Typ AH1N1 durch Labortests bestätigt. Und der Erreger breitet sich immer weiter aus. Zunächst kam er im Nachbarland USA an; in Kalifornien rief am Dienstag Gouverneur Arnold Schwarzenegger den Notstand aus.

In Europa wurde das Virus zuerst in Spanien identifiziert, bei einem jungen Mann, der kürzlich aus Mexiko heimkehrte. Darauf folgten nahezu im Stundentakt Meldungen aus immer mehr Ländern: Infektionsfälle mit dem AH1N1-Erreger wurden in Schottland, Israel, Neuseeland nachgewiesen, Frankreich, Irland, Schweden, Dänemark, Tschechien und die Schweiz meldeten verdächtige Krankheitsfälle. Und auch in Deutschland stehen seit Anfang der Woche Rückkehrer aus Mexiko, die eine erhöhte Temperatur und andere Grippesymptome zeigen, unter Beobachtung.

Da war es nur eine Frage der Zeit, bis die Weltgesundheitsorganisation WHO schließlich die Pandemie-Risikostufe 4 in Kraft setzte. Sie wird ausgelöst, wenn es zu anhaltenden Mensch-zu-Mensch-Infektionen und örtlichen Grippeausbrüchen kommt, und bedeutet erhöhte Alarmbereitschaft für Mediziner und Gesundheitsbehörden. Richtig ernst wird die Sache allerdings erst von der nächsthöheren Stufe 5 an. Wird diese ausgerufen, heißt das: Die Fachleute sind der Ansicht, dass ein globaler Seuchenzug unmittelbar bevorsteht. Das wäre bereits der Fall, wenn sich die neue Grippe in mindestens zwei Staaten zu einem Flächenbrand auswüchse. Sobald die Seuche in mehreren Weltregionen großflächig grassiert, ist Stufe sechs erreicht – der Pandemiefall.

Wie schlimm steht es also? Müssen wir uns auf eine Grippewelle mit womöglich Millionen Toten einstellen? Die Aussage von WHO-Generaldirektor Keiji Fukuda, eine vollständige Eindämmung des Erregers sei bereits jetzt nicht mehr möglich, klingt bedrohlich. Und auch Fukudas Nachsatz, eine Pandemie sei »nicht unabwendbar« ist nicht unbedingt beruhigend. Jedenfalls hat die WHO – wie schon zuvor die EU – inzwischen eine Reisewarnung für die von den Ausbrüchen betroffenen Regionen ausgerufen; von Reisen in die USA und nach Mexiko wird abgeraten. Rund 9000 deutsche Touristen halten sich derzeit in Mexiko auf Urlaubsreise auf, vielleicht sind es sogar wegen der freien Tage zu Ostern und um den ersten Mai deutlich mehr. Und Urlauber, die sich am letzten Ferientag angesteckt haben, spüren infolge der Inkubationszeit erst eine halbe Woche später die ersten Symptome. Das macht die Übersicht nicht gerade leicht.

Wie gefährlich der neue Erreger tatsächlich ist, bleibt bislang unklar. Warum etwa, so rätseln die Experten, zeigen die angesteckten Opfer in den USA vergleichsweise milde Verläufe, während die neue Grippevariante in Mexiko augenscheinlich sehr viel aggressiver wütet? Vielleicht, so lautet eine Vermutung, waren viele der Todesopfer in Mexiko durch eine normale saisonale Grippe-Infektion bereits geschwächt. Unklar ist auch, wie gefährlich das Virus noch werden kann. Zufällige Mutationen in seinen Genen können es jederzeit verändern; möglicherweise zeigt es seine ganze Aggressivität daher erst in einer zweiten Infektionswelle. Angesichts solch offener Fragen lässt sich nur schwer vorhersagen, ob sich der Erreger weltweit ausbreiten wird und wenn ja, wie schnell.

Klar ist nur, dass jetzt offenbar das passiert ist, was die Influenza-Experten seit Jahren prophezeien: Ein eigentlich auf Tiere spezialisiertes Grippevirus ist zu einem humanpathogenen Erreger mutiert, der zudem von Mensch zu Mensch übertragbar ist. Schon lange weiß man, dass sich Influenza-Viren durch Genmutationen ständig verändern. Ebenfalls bekannt ist, dass Schweine eine Art perfektes Mischgefäß darstellen. Denn sie können sich nicht nur mit Erregern der Schweine-Influenza, sondern auch mit menschlichen und Vogelgrippe-Viren anstecken. Auf diese Weise können in ihrem Körper durch genetische Kombination des viralen Erbmaterials völlig neuartige Viren entstehen.

Anders als 1918 haben wir wirksame Medikamente gegen die Seuche

Zu diesen sogenannten reassortierten Erregern gehört offenbar auch das neue Virus AH1N1 – es enthält Gene von Schweine-, Vogel- und Menschen-Viren. Daher ist der Name »Schweinegrippe« irreführend: Ob das Virus Schweine überhaupt noch infizieren kann, ist unklar. Die jetzt in Mexiko aufgetretene Variante ist in Tieren noch nicht isoliert worden. Und anders als etwa bei den Fällen der asiatischen Vogelgrippe bedarf es auch keines engen Kontakts zu infizierten Tieren, um sich anzustecken; denn das neue Virus springt von Mensch zu Mensch.

Darauf weist auch Thomas Mettenleiter, Präsident des Friedrich-Loeffler-Instituts für Tiergesundheit auf der Insel Riems, immer wieder hin: Die Vogelgrippe sei eine reine Tierseuche, die nur

gelegentlich und bei intensivem Kontakt zu den Tieren auf den Menschen übergehe. »Die AH1N1-Variante aus Mexiko ist dagegen ein humaner Grippe-Erreger«, sagt Mettenleiter. Nur im Erbgut von AH1N1 sind Spuren von Viren enthalten, die auch Schweine und Vögel befallen. Wissenschaftler sprechen deshalb nicht von der Schweine-, sondern von der »Amerikanischen Grippe«.

Dass nun ein Horrorszenario Realität wird, wie es bei der Spanischen Grippe von 1918/1919 geschah, ist gleichwohl unwahrscheinlich. Damals fand ein hochaggressiver Erreger optimale Bedingungen vor: Kriegswirren, eine kaum vorimmunisierte und teils durch Hunger geschwächte Bevölkerung sowie schlechte Hygiene. Von Impfstoffen oder antiviralen Medikamenten war damals keine Rede. Vor allem in den Truppentransportern, auf denen Hunderttausende amerikanische Soldaten nach Europa verschifft wurden, fand das Grippevirus schnell zahlreiche Opfer. Die Amerikaner verloren im Ersten Weltkrieg mehr Soldaten durch die Spanische Grippe als durch Kampfhandlungen.

Heute aber ist die Ausgangslage völlig verändert. So stehen zum einen überall Grippemedikamente bereit. Die Befürchtung, der neue Erreger könnte gegen diese sogenannten Neuraminidasehemmer resistent sein, hat sich nach Labortests des US-Center for Disease Control (CDC) glücklicherweise als ungerechtfertigt herausgestellt. Und zum anderen hat die Staatengemeinschaft die Lektion aus den Grippepandemien des 20. Jahrhunderts gelernt.

Nach dem Ausbruch der Vogelgrippe 2003 erstellten fast alle der über 150 WHO-Länder nationale Pandemiepläne, die einen Maßnahmenkatalog für den Ernstfall bereithalten. Auch in Deutschland wähnen sich die Behörden gut vorbereitet. Für die deutsche Bevölkerung bestehe keine »unmittelbare Gefährdung«, sagte der Sprecher des Bundesgesundheitsministeriums, Klaus Vater, am Montag.

Zum ersten öffentlichen Abwehrkämpfer gegen den heranrollenden Seuchenzug hat das Virus inzwischen Jörg Hacker gemacht. Der Präsident des Robert-Koch-Instituts taugt auf den ersten Blick nicht recht als medienwirksamer Frontmann. Der Scheitel verrutscht, die Augen starr nach vorn gerichtet, sieht der schlacksige Professor bei Auftritten anfangs aus wie einer der nur eingesprungen ist, weil der Hauptredner noch im Stau steht. Doch wenn der vielfach ausgezeichnete Bakteriologe die Lage schildert (»besorgniserregend, aber wir sind auf alles gut vorbereitet«), gelingt ihm der Balanceakt, in verständlichen Worten weder zu verharmlosen noch Panik zu schüren.

Hacker hatte vergangenen Freitag in Bonn von dem Ausbruch der Seuche gehört und war umgehend nach Berlin zurückgeflogen, um das Räderwerk der Krisenmaschinerie in Gang zu setzen, die seit 2004 nach dem Ausbruch der Vogelgrippe aufgebaut worden war. Schon zwei Tage nach den ersten Nachrichten zum neuen Virus tagten Expertenrunden von Bund, Ländern und zuständigen Ministerien. Beim RKI wurde, wie im Nationalen Pandemieplan vorgeschrieben, ein eigenes Influenza-Lagezentrum geschaffen.

Sollte sich die Lage verschärfen, wird der dreiteilige »Nationale Influenzapandemieplan zur Grundlage des Behördenhandelns in Deutschland« umgesetzt. Er enthält die Konzepte für eine Vorbereitung und den Aktionsplan im Fall einer Pandemie. Die erlaubten Maßnahmen haben durchaus Notstandscharakter – Beschränkung der Grundrechte von tatsächlich oder vermutlich infizierten Bürgern inklusive. Das heißt: Die Versammlungsfreiheit kann eingeschränkt werden, Briefe und Päckchen dürfen ungefragt geöffnet und Wohnungen durchsucht werden. Sogar die »Absonderung in einer geeigneten Einrichtung« kann von den Behörden angeordnet und mit Zwangsmaßnahmen durchgesetzt werden. Auch über die Verteilung von antiviralen Medikamenten und – sobald vorhanden – Impfdosen muss dann entschieden werden. Wer bekommt die rettenden Mittel zuerst? Polizei, Feuerwehr und medizinisches Personal? Politiker oder Kinder?

Während die Medikamentenvorräte – Grippekranke können mit den rezeptpflichtigen antiviralen Mitteln Oseltamivir (Tamiflu) und Zanamivir (Relenza) behandelt werden – fürs Erste wohl ausreichen, arbeiten Gesundheitsinstitute und Pharmaunternehmen auch hierzulande fieberhaft an der Vorbereitung der Impfstoffproduktion. Zwar ist das neue AH1N1-Virus bereits isoliert worden, es muss jedoch noch modifiziert werden, damit es zur Impfstoffherstellung in Hühnereiern oder Zellkulturen verwendet

werden kann. Erst dann kann die WHO die sogenannten Saatviren über ihre Referenzlabore an die verschiedenen Hersteller schicken.

Man könne mit der Entwicklung eines Impfstoffs gegen den Erreger aus Mexiko sofort beginnen, sagt Florian Martius, Pressesprecher von GlaxoSmithKline Deutschland. Allerdings stünde das Pharmaunternehmen damit vor einem Dilemma: »Wir müssten dann die Produktion des normalen Grippe-Impfstoffs für die Wintersaison 2009/2010 im Werk in Dresden stoppen.« Das wäre eine folgenschwere Entscheidung, schließlich sterben auch an einer »normalen« Grippe jedes Jahr mehrere Tausend Bundesbürger.

Derzeit wird an der Entwicklung von Influenza-Impfstoffen in Deutschland an verschiedenen Einrichtungen gearbeitet, darunter sind die Universitäten Marburg und Würzburg, das Paul-Ehrlich-Institut und das RKI. Zudem habe die Bundesregierung Produktionsabkommen mit zwei Pharmaherstellern abgeschlossen, sagt RKI-Chef Hacker. Bis eine neue Vakzine gegen die Amerikanische Grippe in größeren Mengen produziert werden kann, dürften nach Ansicht der Fachleute drei bis sechs Monate ins Land gehen. »Bis uns das Referenzvirus vorliegt, können bis zu zwölf Wochen vergehen«, sagte Anke Helten, Biologin und Referentin für Impfstoffe bei GlaxoSmithKline.

Besorgten Bürgern können die Experten im Moment wenig raten: Konsequentes Händewaschen dürfte die effektivste Maßnahme des Infektionsschutzes sein. Die Atemschutzmasken hingegen, mit denen die Teilnehmer der Christo-Prozession in Mexiko durch die Straßen marschierten, vermitteln eher eine gefühlte Sicherheit. Die Schutzwirkung sei nicht sehr hoch, urteilt Hacker: »Wir empfehlen es nicht aktiv.«

Herald-Tribune

Mark Mcdonald, Denise Grady

Mexico Limits Many Activities as Flu Alerts are Increased

(This article is almost similar to the previous one)

Herald –Tribune, 30 April 2009, 5:16 a.m. ET
https://www.heraldtribune.com/story/news/2009/05/01/mexico-limits-many-activities-as-flu-alerts-are-increased/28709650007/

The Mexican government moved aggressively to restrict public gatherings and commercial activities in an attempt to slow the alarming spread of swine flu in the country, as President Felipe Calderón addressed the crisis in a nationally televised speech Wednesday night.

The president said a shutdown of a broad range of public services and activities would start Friday and continue through Tuesday, encompassing the long Cinco de Mayo holiday weekend. Most federal offices will be closed; restaurants, schools and museums will remain shuttered; and spectators will be barred from all professional soccer matches.

Churches are expected to be nearly empty on Sunday.

The measures came as the World Health Organization raised its alert level on swine flu to Phase 5 on Wednesday, based on the flu's continuing spread in the United States and Mexico. Phase 5, the next-to-highest level in the worldwide warning system, has never been declared since the system was introduced in 2005 in response to the avian influenza crisis. Phase 6 means a pandemic is under way.

Worldwide, at least 10 countries have confirmed cases of swine flu.

"All countries should immediately activate their pandemic preparedness plans," Dr. Margaret Chan, the W.H.O. director general, said at a news conference in Geneva. While she emphasized the need for calm, at times she spoke as if a pandemic had already begun, saying, for instance, "W.H.O. will be tracking the pandemic."

In his address, Mr. Calderón urged people to stay inside their homes during the holiday hiatus, and he said the shutdown and restrictions could possibly be extended further into next week.

The Mexican minister of health, Jose Cordova, said all nonessential federal services will shut down, and Mexico City extended the federal ban to include health clubs, gyms, museums and movie theaters.

Police stations, airports, bus stations and the capital's subway system were to remain open under the federal plan, along with banks, food stores, pharmacies and gasoline stations.

Some 2,500 Mexicans have been sickened since the swine flu outbreak began last week in the town of La Gloria, 110 miles east of Mexico City. Mexico has reported just 99 confirmed cases of swine flu to the W.H.O., along with eight deaths, although as many as 168 people are suspected to have died from the disease there.

The only death from swine flu outside Mexico was reported Wednesday in the United States – a 23-month-old child from Mexico who was being treated in Houston.

The Centers for Disease Control and Prevention reported 91 confirmed cases from 10 states, up from 64 cases in 5 states on Tuesday. The number of confirmed cases was almost certain to grow as laboratories completed further tests on cases now termed "likely" or "probable."

The first infection in Switzerland was confirmed Thursday morning as health ministers from the European Union gathered in Luxembourg to coordinate efforts in how to manage the flu outbreak on the continent. Cases of swine flu have already been confirmed in Germany, Spain, Britain and Austria, and some of the ministers expected the flu to spread in the coming days.

Dr. Chan, in her remarks, emphasized that flu epidemics tended to take much higher death tolls in poor countries than in rich ones, and said her organization and others would need to make special efforts to help poorer nations.

She called for global solidarity, saying, "After all, it really is all of humanity that is under threat during a pandemic."

President Obama, terming the outbreak "cause for deep concern but not panic," took the unusual step Wednesday of using a prime-time televised news conference, convened to mark his 100th day in office, to deliver a public health message to the American people.

"Wash your hands when you shake hands, cover your mouth when you cough," he said from the East Room of the White House. "It sounds trivial, but it makes a huge difference. If you are sick, stay home. If your child is sick, take them out of school. If you are feeling certain flu symptoms, don't get on an airplane."

With public health officials recommending that schools close if there are more confirmed or suspected cases, Mr. Obama urged parents and businesses to "think about contingency plans" in case of such closings. Government preparedness plans may include steps like ensuring that laboratories can test for the disease and that health systems can identify and treat cases, track an outbreak and prevent the virus from spreading in hospitals and clinics. Governments should also decide on measures similar to those already taken in Mexico, such as closing schools and discouraging or banning public gatherings.

"The more recent illnesses and the reported death suggest that a pattern of more severe illness associated with this virus may be emerging in the U.S.," the C.D.C. said on its Web site. More hospitalizations and deaths are expected, the site said, because the virus is new and most people have no immunity to it.

The outbreak has caused such concern because officials have never seen this particular strain of the flu passing among humans before, said Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases.

"There is no background immunity in the population, and it is spreading from human to human – all of which has the potential for a pandemic," Dr. Fauci said.

The disease centers' count of 91 confirmed cases in the United States did not include some later reports by states that confirmed cases after the C.D.C. tally was posted. In addition, there were suspected cases in Louisiana and Delaware. Kits being provided to the states and other countries will allow them to test for the virus on their own and obtain results within a few hours.

New York City added five new confirmed cases, bringing its total to 49. All have links to Mexico or St. Francis Preparatory School in Queens, where the virus first surfaced in New York, health officials said. The city identified five more probable cases.

The total in Canada rose to 19, from 16. In Mexico, more than 150 people are suspected to have died from the flu, and almost 2,500 are thought to have been infected.

Kathleen Sebelius focused on the outbreak on Wednesday during her first news conference as the secretary of health and human services.

"We're determined to fight this outbreak and do everything we can to protect the health of every American," Ms. Sebelius said.

She noted that the Centers for Disease Control and Prevention had recommended that schools close only if a student is found to be infected. More aggressive steps are under discussion, Ms. Sebelius said, but officials realize that school closings can cause problems for families.

"What happens to parents? Where do children go?" she asked.

Dr. Besser, who joined the news conference via a video feed, said the most recent cases included patients of a broad range of ages, with two-thirds of all cases occurring in people under 18.

"There have been five hospitalizations so far, including the child who died. But we have a number of suspect cases that have been hospitalized and we expect that number to go up," Dr. Besser said.

Dr. Besser said that a quarter of the nation's stockpile of 50 million treatments of antiviral medicines would be distributed to states by Sunday.

The United States has no plans to close international borders because, Dr. Besser said, such closings are not effective in slowing pandemics. When Hong Kong was hit with severe acute respiratory syndrome, or SARS, "increased border screening on entry and exit was not an effective way of identifying cases or preventing transmission," he said.

Nonetheless, Customs and Border Protection agents have stepped up efforts to spot sick travelers and are passing out travel health advisories.

Some elected officials have begun to question the decision to leave the borders open. Homeland Security Secretary Janet Napolitano was grilled by senators on Wednesday who asked whether her agency was doing enough to stop the virus from spreading from Mexico. The senators, including John McCain of Arizona and Joseph I. Lieberman of Connecticut, asked several times why the administration had decided against closing the border and banning travel to Mexico.

Senator Susan Collins of Maine urged that customs officials inspect more thoroughly and that the agency consider using heat sensors that allow agents to detect fevers among travelers entering the country.

URA.RU
Информационное агентство

Свиной грипп официально признан пандемией
«Вирус угрожает всему миру. А запасов медикаментов явно недостаточно»

URA.ru, 30 апреля 2009, 10:36
https://ura.news/news/1052096430

Всемирная организация здравоохранения (ВОЗ) подняла уровень пандемической угрозы вируса свиного гриппа до пятой, предпоследней степени. Это означает, что вирус официально признан пандемией, сообщает «Интерфакс». Данное решение было принято после того, как в США зарегистрировали первый летальный исход, вызванный свиным гриппом. Об этом было объявлено в среду вечером на экстренном заседании ВОЗ в Женеве.

Как сообщают «Вести», мировому сообществу необходимо активизировать подготовку к борьбе с пандемией свиного гриппа. По словам генерального директора ВОЗ Маргарет Чен, фармацевтические компании должны «увеличить выпуск эффективных противогриппозных средств, запасов которых сейчас явно недостаточно». «Сейчас пандемия действительно угрожает всему миру», - отметила Чен.

Как сообщалось, вспышка свиного гриппа началась в Мексике. Сейчас случаи заболевания зарегистрированы в США, Канаде, Европе. В числе погибших от свиного гриппа уже около 160 человек. Список пополнился после того, как стало известно о гибели двухлетнего ребёнка в США. Это был первый смертельный случай за пределами Мексики.

Россельхознадзор России считает, что, несмотря на принимаемые меры, вряд ли удастся избежать заноса вируса свиного гриппа в Россию. Президент РФ Дмитрий Медведев отправил главам регионов и своим полномочным представителям в федеральных округах директиву принять все меры по недопущению проникновения на подведомственную им территорию вируса свиного гриппа.

Специалисты ВОЗ полагают, что пострадать от свиного гриппа в случае, если вспышка этого заболевания перерастет в пандемию, могут до 1,5 млрд. человек, 7 млн. из них могут умереть, сообщает «Интерфакс». Эксперты полагают, что при пандемии вирус в течение 18-24 месяцев будет распространяться от города к городу, затрагивая более трети населения.

Подпишитесь на URA.RU в Telegram! Наш канал следит за всем миром и рассказывает, что пишут о России за рубежом. Наши подписчики узнают о мировых сенсациях первыми!

MED НОВОСТИ

Голикова пока не считает свиной грипп реальной угрозой для россиян

MedPortal, 30 апреля 2009, 12:00
https://medportal.ru/mednovosti/golikova-poka-ne-schitaet-svinoy-gripp-realnoy-ugrozoy-dlya-rossiyan/

В настоящее время свиной грипп не является реальной угрозой для российских граждан, полагает Татьяна Голикова. В интервью "Известиям" глава Минздравсоцразвития заявила, что российские власти принимают все необходимые меры для предотвращения распространения инфекции на территории РФ.

"Сейчас сложно делать прогнозы, насколько велика угроза свиного гриппа. Но меры, которые необходимо принимать в таких случаях, приняты", - заверила Голикова. Министр напомнила о запрете на ввоз мясной продукции из США и Латинской Америки, а также об усилении санитарного контроля в отношении пассажиров, пребывающих в международные аэропорты из Мексики и США.

"Конечно, могут быть единичные случаи заболеваний, от этого никто не застрахован, но говорить сейчас о реальном риске для российских граждан нельзя", - подчеркнула она.

Всемирная организация здравоохранения (ВОЗ) официально подтверждает 149 случаев заболевания людей свиным гриппом. Лабораторно подтвержденные случаи инфекции зафиксированы в Мексике, США, Канаде, Израиле, Новой Зеландии, а также в Испании, Великобритании, Германии и Австрии.

Поздно вечером в среду ВОЗ повторно повысила уровень угрозы развития пандемии гриппа – на этот раз, с четырех до пяти баллов по шестибалльной шкале. Данный этап развития пандемии характеризуется передачей вируса от человека к человеку в двух странах одного региона.

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

Geneva, WHO, 30 April 2009
https://web.archive.org/web/20090914214302/http://apps.who.int/gb/ebwha/pdf_files/A62/A62_5-en.pdf

In May 2007, the Sixtieth World Health Assembly adopted resolution WHA60.28 on Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits which, inter alia, requested the Director-General to report to the Sixty-first World Health Assembly, through the Executive Board, on progress made in implementing the resolution, including the work of the Intergovernmental Meeting. In May 2008, the Health Assembly noted the report submitted by the Secretariat, and in January 2009 the Executive Board noted a further report.

2. In the period since the Intergovernmental Meeting held in November 2007, several activities have been undertaken to implement resolution WHA60.28.

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Advisory Group

10. The Director-General, in close consultation with Member States, appointed an Advisory Group of 18 members comprising internationally recognized policy-makers, public health experts and technical experts in the field of influenza, and based on equitable representation of WHO regions and affected countries.

11. This Advisory Group advises the Director-General on strengthening the trust-based system needed to protect public health and undertake necessary monitoring and assessment of the system. The Advisory Group has met twice. At its first meeting (Geneva, 21 October 2008), it drafted provisional terms of reference and considered progress made on the development of the Influenza Virus Traceability Mechanism, notably through the report of the two members of the Advisory Group who attended the Ottawa technical consultation (see paragraph 7). In its second meeting (5 March 2009), the Advisory Group discussed the four preparatory documents to be submitted to the Intergovernmental Meeting at its resumed session in May and provided comments on them to the Secretariat.

International Stockpile of H5N1 Influenza Vaccines

12. Pursuant to resolution WHA60.28, the Secretariat undertook work towards establishing an international stockpile of vaccines for H5N1 or other influenza viruses of pandemic potential.

In collaboration with a consulting group funded by the Bill & Melinda Gates Foundation, WHO developed several options for the stockpile, including associated costs and possible financing mechanisms. A detailed report on the findings was released in February 2009.1

13. During a meeting of experts and Member State representatives (Geneva, 4 March 2009), technical options for the design and financing of the international stockpile were discussed. Based on expert guidance, as well as the evidence and findings contained in the report, the Director-General considers that the optimal configuration for the international stockpile of H5N1 vaccines is as follows:

- a short-term (three-to-five years) physical stockpile of donated vaccines that does not require replenishment
- vaccine to be held in filled doses with ancillary supplies
- the stockpile to be located in up to three cities, selected according to cost implications and other criteria which include, but are not limited to:

− international air and cargo hubs (reliability of airport facilities and services in times of crisis)
− geographical/regional balance
− commitment of host country to ensure access and facilitate international deployment
− demonstrated logistics infrastructure capacity (e.g. storage, handling and maintenance).

The estimated present value cost of this option is US$ 70 million. The Director-General will consult with potential donors to secure in-kind and other donations to meet this estimated cost.

14. WHO will look to the guidance of the WHO Strategic Advisory Group of Experts on immunization and the specialized working group on H5N1 vaccines in order to consider and provide further recommendations on the use of H5N1 influenza vaccines in high-risk and priority groups (as defined in country plans) and the use of H5N1 vaccine that has been stockpiled but is reaching the end of its shelf-life.

Meetings of the Strategic Advisory Group of Experts on immunization and its working group are scheduled for April 2009.

Strengthening surveillance at the Animal–Human interface

15. Collaboration between FAO, WHO, UNICEF and OIE is continuing, as exemplified by the Global Early Warning System for Major Animal Diseases, the Global Framework for Transboundary Animal Diseases, discussion related to the Mediterranean Zoonoses Control Programme, a recent jointly sponsored scientific meeting that brought together animal and human influenza scientists, and the Canadian International Development Agency-funded tripartite programmes on avian influenza.

This collaboration has been strengthened as a result of joint responses to H5N1 disease in poultry and humans. There is now an acceptance that, in order to maintain the momentum in the response to H5N1 infection and increased preparedness for a pandemic of influenza, there should be a framework to enable a response to diseases at the human–animal interface, which includes human public health, and domestic and wildlife animal health using the concept of "One World, One Health" from the Wildlife Conservation Society 2004. A strategic framework for "One World, One Health" was presented to the Ministerial Meeting on Avian and Pandemic Influenza (Sharm-el-Sheikh, Egypt, 25 and 26 October 2008) by FAO, WHO, UNICEF, OIE, the World Bank and the United Nations System Influenza Coordinator. The success of the current response to avian influenza will help to promote a sustained response to avian influenza and other diseases which have a profound effect on human and animal health and the health of communities and economies.

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The Times-Gazette

WHO says swine flu pandemic imminent; now in 11 states

The Times-Gazette (Hillsboro, OH), 30 April 2009, Thu, 13 (127): 2
https://www.newspapers.com/image/903681305/?terms=outbreak%2C%20swine%20flu%2C%20Mexico%2C%20decline%2C%20Cordova&match=1

Mexico City – Global health authorities warned, Wednesday that swine flu was threatening to bloom into a pandemic, and the virus spread farther in Europe even as the out-break appeared to stabilize at its epicenter. A toddler who succumbed in Texas hecame the first death outside Mexico.

New cases arid deaths finally seemed to be leveling off in Mexico, where 160 people have been killed, after an aggressive public health campaign. But the World Health Organization said the global threat is nevertheless serious enough to ramp up efforts to produce vaccine against the virus.

"It really is all of humanity that is under threat during a pandemic," WHO Director General Margaret Chan said in Geneva. "We do not have all the answers right now, but we will get them."

It was the first time the WHO had declared a Phase 5 out-break, the second-highest on its threat scale, indicating a pandemic could be imminent.

The first U.S. death from the outbreak was a Mexico City toddler who traveled to Texas with family and died Monday night at a Houston hospital. U.S. Health and Human Services Secretary Kathleen Sebelius predicted the child would not be the last U.S. death from swine flu.

The virus, a mix of pig, bird and human genes to which people have limited natural immunity, had spread to at least nine countries. In the United States, nearly 100 have been sickened in 11 states, including Ohio.

Highland County Health Commissioner Dr. Jim VanZant said that despite rumors of Swine flu in Highland County, there continues to be only one confirmed case of the virus in the state of Ohio.

"There are no cases currently in Highland County or any surrounding counties," he said. "l'm not going to tell you that we won't have one here, but it would have to he confirmed by the Ohio Health Department and come through our office, and we have none as of today."

Eight states closed schools Wednesday, affecting 53,000 students in Texas alone, and President Barack Obama said wider school closings might be necessary, to keep crowds from spreading the flu. Mexico has already closed schools nationwide until at least May 6.

"Every American should know that the federal government is prepared to do whatever is necessary to control the impact of this virus," Obama said, highlighting his request for $1.5 billion in emergency funding for vaccines.

Just north of the Mexican border, 39 Marines were being confined to their California base after one contracted what may be swine flu. Senators questioned Homeland Security Secretary Janet Napolitano about her decision not to close the border, action she said "has. not been merited by the facts."

Ecuador joined Cuba and Argentina in banning-trawl either to or from Mexico, and other nations considered similar bans. In France, President Nicolas Sarkozy met with cabinet ministers to discuss swine flu, and the health minister said France would ask the European Union to suspend flights to Mexico.

The U.S., the. European Union and other countries have scouraged nonessential travel to Mexico. Some countries have urged their citizens to avoid the United States and Canada as well. Health officials said such bans would do little to stop the virus.

Germany and Austria became the latest countries to report swine flu infections Wednesday, with cases already confirmed in Canada, Britain, Israel, New Zealand and Spain.

In addition to the 160 deaths, the virus is believed to have sickened 2,498 people across Mexico. But only 1,311 suspected swine flu patients remained hospitalized, and a closer look at daily admissions and deaths at Mexico's public hospitals suggests the outbreak may have **peaked** during three days last week when thousands of people complained of flu symptoms.

Scientists believe that somewhere in the world, months or even a year ago, a pig virus jumped to a human and mutated, and has been spreading between humans ever since. Unlike with bird flu, doctors have no evidence suggesting a direct pig-to-human infection from this strain, which is why they haven't recommended killing pigs.

Medical detectives have not zeroed in on where the outbreak began. Mexico's chief epidemiologist suggested Wednesday, that someone could have carried it in from Pakistan or Bangladesh – or just about anywhere else in the world.

By March 9, the first symptoms were showing, up in the Mexican state of Veracruz, where pig farming is a key industry in mountain hamlets and where small clinics provide the only health care.

The earliest confirmed case was there: a 5-year-old boy who was one of hundreds of people in the town of La Gloria whose flu symptoms left them struggling to breathe.

Days later, a door-to-door tax inspector was hospitalized with acute respiratory problems in the neighboring state of Oaxaca, infecting 16 hospital workers before she became Mexico's first confirmed death.

Neighbors of the inspector, Maria Adela Gutierrez, said Wednesday that she fell ill after pairing up with a temporary worker from Veracruz who seemed to have a very bad Cold. Other people from La Gloria kept going to jobs in Mexico City despite their illnesses, and could have infected people in the capital.

The deaths were already leveling off by the time Mexico announced the epidemic April 23. At. hospitals Wednesday, lines of anxious Citizens seeking care for flu symptoms dwindled markedly.

The Mexican health secretary, Jose Angel Cordova, said getting proper treatment within 48 hours of falling ill "is fundamental for getting the best results" and said the country's supply of medicine was sufficient.

Swine flu has symptoms nearly identical to regular flu fever, cough and sore throat – and spreads like regular flu, through tiny particles in the air, when people cough or sneeze. People with flu symptoms are advised to stay at home, wash their hands and cover their sneezes.

mint

WHO raises its flu alert to five

MINT, 30 Apr 2009, 04:32 PM IST
https://www.livemint.com/Politics/E7uU3z3Sk4UCDSP1THIslK/WHO-raises-its-flu-alert-to-five.html

Mexico City: Mexico took even more drastic action to stamp out a swine flu epidemic, ordering a halt to nonessential business and federal government activities, as the World Health Organization ratcheted up its pandemic alert, warning that “all of humanity" is threatened.

The dire warning showed that health officials are very worried about the potential for massive numbers of deaths worldwide from the mutated virus, even though the epidemic so far has claimed only a confirmed eight lives in Mexico and one in the United States. Roughly 170 deaths are suspected of having been caused by the virus in Mexico.

Switzerland and the Netherlands on Thursday became the latest countries hit by swine flu. In the Swiss case, a 19-year-old infected student was mistakenly released from a hospital before being hastily readmitted.

European Union health ministers held emergency talks in Luxembourg to coordinate efforts in preventing the spread of swine flu in Europe.

The Phase 5 alert, indicating a pandemic could be imminent as the virus spread further in Europe, prompted Mexico to announce the partial May 1-5 shutdown, Mexican Health Secretary Jose Cordova said late Wednesday.

In Washington, President Barack Obama promised “great vigilance" in confronting the outbreak which has sickened nearly 100 people in 11 states and forced schools to close. A Mexican toddler who visited Texas with his family died Monday night in Houston, becoming the first fatality in the U.S., and 39 Marines were confined to their base in California after one came down with the disease.

The virus, a mix of pig, bird and human genes to which people have limited natural immunity, has also spread to Canada, New Zealand, Britain, Germany, Spain, Israel and Austria.

“It really is all of humanity that is under threat during a pandemic," WHO Director General Margaret Chan said in Geneva. “We do not have all the answers right now, but we will get them."

In a televised address, Mexican President Felipe Calderon praised “the heroic work" of doctors and nurses and asked his countrymen to literally stay in their homes between 1 May and 5 May, saying “there is no safer place to protect yourself against catching swine flu, than in your house."

“In recent days, Mexico has faced one of the most serious problems in recent years," Calderon said Wednesday night. He brushed aside criticisms that his government’s response was slow, stressing several times that authorities had reacted “immediately."

School in Mexico has already been canceled until 6 May. During the shutdown, essential services like transport, supermarkets, trash collection and hospitals will remain open.

Calderon said authorities would use the partial shutdown to weigh whether to extend the emergency measures, or “if it is possible to phase out some" restrictions.

The outbreak appeared to already be stabilizing in Mexico, the epicenter. Confirmed swine flu cases doubled Wednesday to 99, but new deaths finally seemed to be leveling off after an aggressive public health campaign was launched when the epidemic was declared April 23.

Although 17 new suspected deaths were reported, only one additional confirmed death was announced Wednesday night, for a total of eight countrywide. The virus is believed to have sickened as many as 2,955 people across the country.

The WHO said the global threat is nevertheless serious enough to ramp up efforts to produce a vaccine against the virus. It declared a Phase 5 outbreak – the second-highest on its threat scale – for the first time ever, indicating a pandemic could be imminent.

In the US, eight states closed schools Wednesday, affecting 130,000 students in Texas alone.

Obama said his administration has made sure that needed medical supplies are on hand and he praised the Bush administration for stockpiling 50 million doses of antiviral medications.

"The key now is to just make sure we are maintaining great vigilance, that everybody responds appropriately when cases do come up. And individual families start taking very sensible precautions that can make a huge difference," he said.

Ecuador joined Cuba and Argentina in banning travel to or from Mexico and Peru banned flights from Mexico. The Panama Canal Authority ordered pilots and other employees who board ships passing through the waterway to use surgical masks and gloves. An average of 36 ships per day use the canal, most from the United States, China, Chile and Japan.

The US, the European Union and other countries have discouraged nonessential travel to Mexico. Some countries have urged their citizens to avoid the United States and Canada as well.

Medical detectives have not pinpointed where the outbreak began. Scientists believe that somewhere in the world, months or even a year ago, a pig virus jumped to a human and mutated, and has been spreading between humans ever since.

China went on the offensive to reject any suggestion it's the source of the swine flu after some Mexican officials were quoted in media reports in the past week saying the virus came from Asia and the governor of Mexico's Veracruz state was quoted as saying the virus specifically came from China.

One of the deaths in Mexico directly attributed to swine flu was that of a Bangladeshi immigrant, said Mexico's chief epidemiologist Miguel Angel Lezana.

Lezana said the unnamed Bangladeshi had lived in Mexico for six months and was recently visited by a brother who arrived from Bangladesh or Pakistan and was reportedly ill. The brother has left Mexico and his whereabouts are unknown, Lezana said. He suggested the brother could have brought in the virus.

By March 9, the first symptoms were showing up in the Mexican state of Veracruz, where pig farming is a key industry in mountain hamlets.

The earliest confirmed case was there: a 5-year-old boy who was one of hundreds of people in the town of La Gloria whose flu symptoms left them struggling to breathe.

Days later, a door-to-door tax inspector was hospitalized with acute respiratory problems in the neighboring state of Oaxaca, infecting 16 hospital workers before she became Mexico's first confirmed death.

Neighbors of the inspector, Maria Adela Gutierrez, said Wednesday that she fell ill after pairing up with a temporary worker from Veracruz who seemed to have a very bad cold. Other people from La Gloria kept going to jobs in Mexico City despite their illnesses.

Cordova, the Mexican health secretary, said getting proper treatment within 48 hours of falling ill "is fundamental for getting the best results" and suggested the virus can be beaten if caught quickly and treated properly.

But it was neither caught quickly nor treated properly in the early days in Mexico, which lacked the capacity to identify the virus, and whose health care system has become the target of widespread anger and distrust. In case after case, patients have complained of being misdiagnosed, turned away by doctors and denied access to drugs.

Swine flu has symptoms nearly identical to regular flu – fever, cough and sore throat – and spreads like regular flu, through tiny particles in the air, when people cough or sneeze. People with flu symptoms are advised to stay at home, wash their hands and cover their sneezes.

THE DENVER POST

Mexico: Flu cases level off.

The Denver Post, by The Associated Press, 30 April, 2009, 5:47 p.m.
https://www.denverpost.com/2009/04/30/mexico-flu-cases-level-off-2/

Mexico City – Mexico's top medical officer voiced optimism Thursday that swine flu has slowed in the nation hardest hit by the virus, but the World Health Organization cautioned there is no evidence that the worst of the global threat is over.

The U.S. caseload rose slightly to nearly 130 as hundreds of schools nationwide shut their doors, and the crisis even reached the White House, which said an aide to the secretary of energy apparently got sick helping arrange a presidential trip to Mexico.

European health ministers vowed to work quickly with drugmakers to rush a vaccine into production, but U.S. health officials suggested that inoculations could not begin until the fall at the earliest.

Mexican Health Secretary Jose Angel Cordova said new cases have leveled off and that the death rate has been nearly flat for several days. He said the next few days would be critical in determining whether the virus was truly on the decline.

"The fact that we have a stabilization in the daily numbers, even a drop, makes us optimistic," he said. "Because what we'd expect is geometric or exponential growth. And that hasn't been the situation. So we think we're on the right track."

12 confirmed deaths

The health ministry, which earlier said 168 people were believed dead from swine flu in Mexico, on Thursday would only confirm 12 of those deaths and would not say how many were suspected.

The WHO's top flu official, responding to similarly hopeful remarks from other Mexican officials, sounded a more cautious note.

"For things to go up and down in a country is expected. If it didn't do that would be very unusual," Dr. Keiji Fukuda said in Geneva. "Hopefully, we'll see more of the data of what's going on there. But I expect even in Mexico you will see a mixed picture."

Mexico has imposed what amounts to a five-day shutdown of the country, beginning today, in hopes of slowing the virus. All but the most essential government services will be suspended, most businesses have been urged to close, and Mexicans have been encouraged to stay in their homes.

On Wednesday, the WHO said swine flu threatened to become a pandemic, and for the first time it raised its threat level to Phase 5, the second-highest. Fukuda said Thursday there were no immediate signs that warranted declaring a Phase 6 pandemic.

Phase 5 means a virus has spread into at least two countries and is causing large outbreaks. Phase 6 means outbreaks have been detected in two or more regions of the world and that a pandemic is underway.

The only confirmed U.S. swine-flu death so far is a Mexican toddler who died this week in Texas. New cases of swine flu were confirmed Thursday in Europe, but no deaths have been reported outside North America.

Never posed risk to Obama

An aide to Energy Secretary Steven Chu apparently got sick helping to arrange President Barack Obama's recent trip to Mexico. The aide did not fly on Air Force One and never posed a risk to the president, the White House said.

The U.S. is taking extraordinary precautions, including shipping millions of doses of anti-flu drugs to states. Scientists cannot predict what a new virus might do, and the outbreak could always resurge later.

Scientists are racing to prepare the key ingredient to make a vaccine against the strain, but it will take several months before human testing can begin. Production would not start until fall.

"I don't want anybody to have false expectations," said Health and Human Services Assistant Secretary Craig Vanderwagen. "The science is challenging here."

He said 600 million doses in six months was "achievable."

In hopes of avoiding confusion, the WHO announced it will stop using the term "swine flu," opting for the bug's scientific name, H1N1 influenza A. Obama administration officials also have referred to the virus as H1N1 in recent days.

Switzerland and the Netherlands became the latest countries to report infections. Canada, New Zealand, Britain, Germany, Spain, Israel and Austria also have confirmed cases.

In the United States, where cases have been confirmed coast to coast, nearly 300 schools were closed Thursday, including at least 200 in Texas.

The Red Cross said it was readying an army of 60 million volunteers who can be deployed around the world to help slow the virus' spread.

OU DAILY NEWS SPORTS CULTURE VISUAL PROJECTS HOUSING DONATE

Mexican health chief: Swine flu cases leveling off

OU Daily, The Associated Press, 30 Apr 2009
https://www.oudaily.com/news/mexican-health-chief-swine-flu-cases-leveling-off/article_56f5a627-1521-58ea-b618-1b2cf7a2c1c7.html

Mexico City – Mexico's top health official said Thursday the number of new swine flu cases is stabilizing in the nation at the epicenter of the outbreak.

Health secretary Jose Angel Cordova told a news conference he hoped the trend will continue and that a vaccine would be available in six months. European health ministers said they would speed efforts to develop such a vaccine.

The World Health Organization's flu chief, reacting to similar comments from other Mexican officials, cautioned that case numbers often go up and down, and said the WHO had yet to see concrete evidence that swine flu, believed to have killed 168 people in Mexico, was leveling off.

"It's a mixed pattern out there," Dr. Keiji Fukuda said. "What's happening in one part of the country is not necessarily what's happening in another part of the country."

New cases of swine flu were confirmed in the United States and Europe a day after the WHO said the virus threatened to become a global epidemic and raised its alert level to Phase 5, the second-highest stage, for the first time.

Health officials in the United States said Thursday the number of confirmed cases had risen to 109. President Barack Obama told Americans the government was "taking the utmost precautions and preparations" to stop the virus.

The Mexican health secretary's comments followed similarly hopeful remarks from the mayor of Mexico City, who said statistics indicated "we are entering a period of stabilization."

In Luxembourg, European Union health ministers holding an emergency talks on swine flu agreed to work "without delay" with drugmakers to develop a pilot vaccine to fight the virus.

U.S. scientists are racing to develop the key vaccine ingredient, a strain of the virus engineered to trigger the immune system. But they cautioned Thursday it would take months before enough doses could be ready for necessary testing in humans.

On Wednesday, Mexican President Felipe Calderon ordered citizens to stay home, businesses to close and government services to be suspended for five days beginning Friday.

Calderon said only essential businesses such as supermarkets, hospitals and pharmacies should stay open, and only critical government workers such as police and soldiers would be on duty from Friday through Tuesday.

School had already been canceled nationwide through Tuesday. The steps are aimed at stopping further spread of the virus even though the WHO has suggested nations should focus on minimizing its effects, not containing its spread.

"There is no safer place to protect yourself against catching swine flu than in your house," Calderon said Wednesday night in a televised address. He defended the government against criticism that it had been slow to act against signs of a new and dangerous virus.

In the U.S., Vice President Joe Biden said on NBC's "Today" show he is advising his own family to stay off commercial airlines and even subways because of swine flu. His office later backtracked and said the vice president was talking about travel to Mexico.

Biden's precautions go beyond official advice from the U.S. government. Obama merely urged people to wash their hands, cover their coughs and stay home when they feel sick. Calderon gave similar advice.

Biden and the acting head of the Centers for Disease Control and Prevention said in televised interviews Thursday there would be no practical benefit to closing the U.S.-Mexican border to stop the flu's spread.

The WHO's Phase 5 alert activates added efforts to produce a vaccine. Fukuda said Thursday there was nothing in the past day that would prompt the U.N. body to raise the alert further.

"So, at this time again, I want to repeat there is nothing to us which immunologically suggests today that we should be moving toward phase 6," he told reporters.

Switzerland and the Netherlands became the latest countries to report swine flu infections. In addition to Mexico and the U.S., Canada, New Zealand, Britain, Germany, Spain, Israel and Austria have confirmed cases.

The Swiss government said a 19-year-old student with swine flu was mistakenly released from the hospital and then hastily readmitted. The Dutch said a 3-year-old child who recently returned from Mexico had contracted swine flu and was being treated and recovering well.

The WHO raised its tally of confirmed swine flu cases around the world to 257 from 148, with most of the new cases from Mexico. The WHO count lags behind what individual countries report.

The Red Cross said Thursday it is readying an army of 60 million volunteers who can be deployed around the world to help slow the virus' spread, including by educating people about hygiene and caring for the sick.

The United States confirmed its first swine flu death on Wednesday, a Mexican toddler who visited Texas with his family and died Monday night in Houston. Thirty-nine Marines were confined to their base in California after one came down with the virus.

Swine flu is a mix of pig, bird and human genes to which people have limited natural immunity. It has symptoms nearly identical to regular flu – fever, cough and sore throat – and spreads similarly, through tiny particles in the air, when people cough or sneeze. About 36,000 people die each year of flu in the United States.

Calderon said authorities would use the five-day partial shutdown in Mexico to consider whether to extend emergency measures or ease some restrictions. The dates include a weekend and two holidays, Labor Day and Cinco de Mayo, minimizing the added disruption.

Even before the shutdown went into full effect, a surprised radio reporter exclaimed that traffic was unusually light Thursday. Businessmen in surgical masks trudged in for their last day of work, passing beggars who kept their masks on too. Even the capital's legendary smog seemed to be easing.

Obama said his administration has made sure that needed medical supplies are on hand and he praised the Bush administration for stockpiling 50 million doses of antiviral medications.

"The key now is to just make sure we are maintaining great vigilance, that everybody responds appropriately when cases do come up. And individual families start taking very sensible precautions that can make a huge difference," he said.

Several nations have banned travel to or from Mexico, and some countries have urged their citizens to avoid the United States and Canada as well. Health officials said such bans would do little to stop the virus.

Medical detectives have not pinpointed where the outbreak began. Scientists believe that somewhere in the world, months or even a year ago, a pig virus jumped to a human and mutated, and has been spreading between humans ever since.

China has gone on a rhetorical offensive to squash any suggestion it's the source of the swine flu after some Mexican officials suggested it sprang from China or elsewhere in Asia. A Mexican health official has also suggested the virus could have been brought to Mexico from Pakistan or Bangladesh.

By March 9, the first symptoms were showing up in the Mexican state of Veracruz, where pig farming is a key industry in mountain hamlets and where small clinics provide the only local health care.

The earliest confirmed case was a 5-year-old Veracruz boy, one of hundreds of people in the town of La Gloria whose flu symptoms left them struggling to breathe. People from La Gloria kept going to jobs in Mexico City despite their illnesses, and could have infected people there.

Days later, a door-to-door tax inspector was hospitalized with acute respiratory problems in the neighboring state of Oaxaca, infecting 16 hospital workers before she became Mexico's first confirmed death.

Mexico's health care system has become the target of widespread anger and distrust. In case after case, patients have complained of being misdiagnosed, turned away by doctors and denied access to drugs.

AP writers Frank Jordans in Geneva; Tom Raum and Lauran Neergaard in Washington; Olga Rodriguez in Oaxaca, Mexico; Paul Haven and E. Eduardo Castillo in Mexico City; Mike Stobbe in Atlanta; Mike Corder in The Hague, Netherlands, and Balz Bruppacher in Bern, Switzerland, contributed to this report.

World Health Organization

Levels of Pandemic Alert
Epidemic and Pandemic Alert and Response (EPR)

Geneva, WHO, 1 May 2009 / Revised: 12 May 2009

https://web.archive.org/web/20090504141302/http://www.who.int/csr/disease/swineflu/frequently_asked_questions/levels_pandemic_alert/en/index.html

What does pandemic alert phase 5 mean?

According to WHO definitions of phases - the virus has caused sustained community level outbreaks in at least two countries in one WHO region. At phase 5 a pandemic is considered imminent.

What is sustained human to human transmission?

This occurs when three generations are involved - i.e. the virus has passed from person A to person B and then to person C.

What is the difference between a probable case and a confirmed case?

A probable case is one that shows the symptoms of influenza such as cough, fever, headache, chills and fatigue and either tests positive for type A influenza or is considered linked to another probable or confirmed case.

A confirmed case is one which tests positive in a laboratory for the influenza A(H1N1) virus.

At what point does WHO consider a pandemic to have started?

Phase 6, as defined by the WHO pandemic preparedness guidelines. However, during both phase 5 and phase 6, national and local actions to respond to the outbreak shift from preparedness to response at a global level. The goal of recommended actions during these phases is to reduce the impact of the pandemic on society.

World Health Organization

Levels of Pandemic Alert
Epidemic and Pandemic Alert and Response (EPR)

Geneva, WHO, 12 May 2009; Original posting: 1 May 2009

https://web.archive.org/web/20090513005953/http://www.who.int/csr/disease/swineflu/frequently_asked_questions/levels_pandemic_alert/en/index.html

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- What is a sustained community-level outbreak? (12.05.09)

A sustained community level outbreak is when people are getting infected by others but it is not clear where they got infection from. For example, in this outbreak, person-to-person transmission cannot be traced back to a traveler, or a single closed community such as a school or workplace.

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Los Angeles Times

Noam N. Levey

Swamped hospitals fear an ER emergency

Los Angeles Times, 1 May 2009, 12 AM PT
https://www.latimes.com/archives/la-xpm-2009-may-01-na-swineflu-hospitals1-story.html

Washington – On Long Island, N.Y., hospitals are scrambling to bring extra workers in to handle a 50% surge in visitors to emergency rooms. In Galveston, Texas, the local hospital ran out of flu testing kits after being overwhelmed with patients worried about having contracted swine flu.

At Loma Linda University Medical Center near San Bernardino, emergency room workers have set up a tent in the parking lot to handle a crush of similar patients. In Chicago, ER visits at the city's biggest children's hospital are double normal levels, setting records at the 121-year-old institution.

So far, few of the anxious patients have had more than runny noses. But the widening outbreak of swine flu, also known as H1N1 flu, is exposing a potentially critical hole in the nation's defenses.

Across the country, emergency care facilities are straining at the seams even though the outbreak is relatively small and the federal government has launched a mammoth disease-control effort - dispatching antiviral drugs to states, attempting to contain the limited number of cases and beginning to develop a vaccine against it.

"It is a major Achilles' heel in our state of readiness," said Dr. Irwin Redlener, director of the National Center for Disaster Preparedness at Columbia University. "If we get a situation that is really out of hand with large numbers of people affected, I fear that our hospital and healthcare facilities simply won't have the materials or even the staffing to respond," he said.

Redlener and others are quick to point out that the outbreak is still a long way from such a critical stage.

Of the 136 cases of H1N1 flu authorities had confirmed in the United States as of Thursday night, only a handful required hospitalization.

By contrast, the Department of Health and Human Services' moderate pandemic influenza model, based on the last flu pandemic in 1968, envisions 90 million Americans becoming infected and 865,000 requiring hospitalization.

"If the outbreak stays in what I would characterize as its present mild form, I think we're in great shape," said James Bentley, senior vice president at the American Hospital Assn. "The key question becomes how many people at any one time have the flu, and how many people have it severely."

Prompted by the global SARS and avian flu outbreaks this decade, federal health officials and hospitals nationwide have been working to beef up preparations for possible disease outbreaks, helped by more than $2 billion in federal grants.

Hospitals have increased their supplies of staples such as face masks, and many have trained employees to care for patients out in the field.

In the last three years, California has spent more than $400 million to upgrade its readiness, including purchasing three fully equipped mobile hospitals and nearly 7,200 ventilators to respond to an outbreak of respiratory illness.

"Very real progress has been made," said Dr. Richard Waldhorn, distinguished scholar at the Center for Biosecurity of the University of Pittsburgh Medical Center who recently completed a study of the federal preparedness initiative.

But Waldhorn and others said the serious gaps remain, which would quickly become apparent if the current outbreak worsens.

Even some public health officials acknowledge that supplies of critical equipment such as ventilators could be seriously taxed in case of a full-blown pandemic.

"When you get all states involved, it certainly is more of problem," said Dr. Gregg Pane, who directs the National Healthcare Preparedness Program at the Department of Health and Human Services.

Hundreds of millions of face masks would be required, Waldhorn said.

Across the country, there are already signs of strain.

In Galveston, workers at the hospital saw the flood of ER patients begin early Sunday morning after news reports of flu-induced closures of public facilities across the border in Mexico, said Dr. Angela F. Gardner, an assistant professor of surgery and emergency medicine at the University of Texas Medical Branch in Galveston.

By that night, all but seven of the hospital's test kits were gone.

Gardner said they found no cases of the H1N1 virus. But the crowds have continued, even as the hospital struggled to provide care to other patients.

"When they come in, we don't know who may be really ill and who isn't," said Gardner, who is also president-elect of the American College of Emergency Physicians. "You don't want to turn people away who may be sick."

In Chicago, Children's Memorial Hospital saw 394 children in its emergency room Wednesday, more than double the number on a typical day. And at midnight, about 80 children were waiting to be seen, mostly for flu symptoms, forcing the hospital to open new space to accommodate the crowd.

"That's virtually unheard of," said hospital spokeswoman Kathleen Keenan, who like many medical officials urged people to check with their primary care doctors before going to the ER.

In Los Angeles, several hospitals are also reporting increased numbers of patients in their emergency rooms, though the surge hasn't caused hospitals to begin diverting other patients, said Cathy Chidester, director of Los Angeles County's Emergency Medical Services Agency.

"Some of them don't even have the sniffles. They're just worried," Chidester said.

The strains on emergency rooms have been exacerbated by cutbacks across the healthcare industry in recent years, according to many experts. Between 1996 and 2006, the number of hospital emergency departments declined by nearly 10%, according to the Centers for Disease Control and Prevention, even as demand for emergency services skyrocketed.

Hospitals are struggling too as a result of broader problems in the nation's healthcare sector. Since 2000, the number of beds at community hospitals nationally has dipped from 824,000 to about 800,000, according to American Hospital Assn.

And the recession has only accelerated the trend as hospitals shed nursing and other jobs to adapt to the economic downturn.

"The pressure has been to close excess beds and get lean," said Columbia's Redlener. "Lean is not your friend in a pandemic."

abc NEWS

Swine Flu Infections Surpass 100 in U.S.

ABC News, 1 May 2009, 5:13 AM
https://abcnews.go.com/Health/Healthday/story?id=7473977&page=1

May 1 – Thursday, April 30 (HealthDay News) – The number of confirmed swine flu cases in the United States has surpassed 100, federal health officials said Thursday.

Meanwhile, Mexico – believed to be the source of the outbreak -- braced for a shutdown of all non-essential services as authorities sought to limit further infections in that country, where the virus is suspected of causing 168 deaths so far.

Late Thursday, Mexico's top health official said the number of new swine flu cases seemed to be leveling off. Health Secretary Jose Angel Cordova told a news conference he hoped the trend would continue and that a vaccine would be available in six months, the Associated Press reported.

At a Thursday morning news conference, Dr. Richard Besser, acting head of the U.S. Centers for Disease Control and Prevention, said, "Today I am reporting 109 confirmed cases within the United States. We have 11 affected states. There are many more states that have suspect cases," he added.

There are 50 confirmed cases in New York, 26 in Texas, 14 in California, 10 in South Carolina, two each in Kansas and Massachusetts and one each in Arizona, Indiana, Michigan, Nevada, and Ohio, Besser said. The age range of those infected is 22 months to 81 years, he said.

"Six of the cases have been hospitalized, including the unfortunate case we reported yesterday of the child in Texas who passed away," he said.

The never-before-seen flu strain is a combination of pig, bird and human viruses, prompting worries from health officials that humans may have no natural immunity to the pathogen.

Besser said federal health officials "continue to be very aggressive in our approach and we will continue to do that until the situation tells us that we no longer need to do so. There's no one action that is going to stop this. There is no silver bullet, but all the efforts – the efforts of government, the efforts of communities and the efforts of individuals – will help to reduce the impact on people's health."

"There are things people can do," he said, including "handwashing, covering coughs, staying at home when they are sick.

The vaccine plan is to complete the production of seasonal flu vaccine for next winter and then switch to production of a vaccine for the N1H1 swine flu, if needed, Besser said.

All of the cases diagnosed in the United States continue to be mild, federal health officials said Thursday.

President Barack Obama said Wednesday that U.S. public health officials were recommending that schools with confirmed or suspected cases of swine flu "should strongly consider temporarily closing so that we can be as safe as possible."

Texas has postponed all public high school sports and academic competitions at least until May 11 due to the outbreak.

On Thursday, Fort Worth, Texas, announced the temporarily closure of all district schools for its approximately 80,000 students, probably until May 12, after one student was found to be infected with swine flu and three others were suspected of suffering from the virus.

Dozens of schools elsewhere in the country have also been temporarily shut down, according to published reports.

As with the previously tested strains of the swine flu virus, new testing has found that the pathogen remains susceptible to the two common antiviral drugs Tamiflu and Relenza, according to an April 28 dispatch from the CDC's *Morbidity and Mortality Weekly Report*.

On Wednesday, the World Health Organization raised the swine flu epidemic level from 4 to 5, signifying that a pandemic is imminent, and urged countries to implement their pandemic plans. And on Thursday, WHO said it would cease calling the virus "swine flu," using instead its scientific name, H1N1 influenza A, to help reduce confusion over the danger posed by pigs (pork consumption does not transmit infection).

On Thursday, Mexico prepared for a broad shutdown of services as officials urged businesses to close until Tuesday, to coincide with a long holiday weekend. Mexican President Felipe Calderon said in a televised address that only essential businesses such as supermarkets, hospitals and pharmacies should stay open, and only critical government workers such as police and soldiers would be on duty from Friday through Tuesday. School had already been canceled nationwide through Tuesday, *The New York Times* and the *AP* reported.

The decision Wednesday by the World Health Organization to raise the alert level underscored the concern of world health officials that the swine flu outbreak could trigger large numbers of deaths worldwide, even though there have only been eight confirmed deaths in Mexico and one in the United States, the *AP* reported.

"It really is all of humanity that is under threat during a pandemic," WHO Director General Margaret Chan said in Geneva, Switzerland. "We do not have all the answers right now, but we will get them."

On Monday, a 23-month-old Mexican boy who had traveled to Houston for medical treatment died, becoming the first fatality in the United States.

Switzerland and the Netherlands have become the latest countries to report swine flu infections. In addition to Mexico and the United States, Canada, New Zealand, Britain, Germany, Spain, Israel and Austria also have confirmed cases, the *AP* reported.

Mexico's prevention efforts may be paying off – the utbreak seemed to be stabilizing; confirmed swine flu cases doubled Wednesday to 99, but new deaths finally seemed to be stabilizing, the *AP* said.

DAILY Herald-Tribune

Paul Haven, The Associated Press

Spread of flu slowing in Mexico, top doc says
WHO cautions there is no evidence that the worst is over

The Daily Herald-Tribune (Grande Prairie, AL, Canada), 1 May 2009, Fri, p. 9
https://www.newspapers.com/image/730729268/?terms=outbreak%2C%20swine%20flu%2C%20Mexico%2C%20decline%2C%20Cordova&match=1

Mexico City – Mexico's top medical officer voiced optimism yesterday that swine flu has slowed in the nation hardest hit by the virus, but the World Health Organization cautioned there is no evidence the worst of the global outbreak is over.

The U.S. caseload rose slightly to 109 as schools nationwide shut their doors, and the crisis even reached the White House, which said an aide to the sec-retary of energy apparently got sick helping arrange a presidential trip to Mexico.

European health ministers holding an emergency meeting in Luxembourg vowed to work quickly with drugmakers to rush a vaccine into production, but American health officials suggested inoculations could not begin until fall at the earliest.

Mexican Health Secretary Jose Angel Cordova told The Associated Press new cases have leveled off and the death rate has been nearly flat for several days. He said the next few days would be critical in determining whether the virus was truly on the decline.

"The fact that we have a stabilization in the daily numbers, even a drop, makes us optimistic," he said. "Because what we'd expect is geometric or exponential growth. And that hasn't been the situation. So we think we're on the right track."

The health ministry, which earlier said **168 people** were believed killed by swine flu in Mexico, yesterday would **only confirm 12** of those deaths and would not say how many were suspected.

The World Health Organization's top flu official, responding to similarly hopeful remarks from other Mexican officials, sounded a more cautious note about whether the virus had peaked.

"For things to go up and down in a country is expected. If it didn't do that would be very unusual," Dr. Keiji Fukuda said in Geneva. "Hopefully we'll see more of the data of what's going on there. But I expect even in Mexico you will see a mixed picture."

Mexico has imposed what amounts to a five-day shutdown of the country, beginning today, in hopes of slowing the virus. All but the most essential government services will be suspended, most businesses have been urged to close, and Mexicans have been encouraged to stay in their homes.

On Wednesday, the WHO said swine flu threatened to become a pandemic, and for the first time it raised its threat level to Phase 5, the second-highest. Fukuda said yesterday there were no immediate signs that warranted declaring a Phase 6 pandemic.

Phase 5 means a virus has spread into at least two countries and is causing large outbreaks. Phase 6 means outbreaks have been detected in two or more regions of the world and a pandemic is under way.

The only confirmed U.S. swine flu death so far is a Mexican toddler who succumbed earlier this week in Texas. New cases of swine flu were confirmed yes-terday in Europe, but no deaths have been reported outside North America.

The U.S. government has urged Americans to wash their hands and to stay home from work and avoid traveling if they feel ill.

In Washington, an aide to Energy Secretary Steven Chu apparently got sick helping arrange U.S. President Barack Obama's recent trip to Mexico. The U.S. is taking extraordi-nary precautions, including shipping millions of doses of anti-flu drugs to states. Scientists cannot predict what a new virus might do, and the outbreak could always resurge later.

FORT WORTH
Star-Telegram

Paul Haven, Niko Price

(this article quite similar to the presented above)

New cases of flu are leveling off in Mexico, top health official says

But the World Health Organization sounded a more cautious note

Fort Worth Star-Telegram (Fort Worth, TX), 1 May 2009, p. 4A

https://www.newspapers.com/image/654846471/?terms=outbreak%2C%20swine%20flu%2C%20Mexico%2C%20decline%2C%20Cordova&match=1

Mexico City – Mexico's top medical officer voiced optimism Thursday that swine flu has slowed in the nation hardest hit by the virus, but the World Health Organization cautioned there is no evidence the worst of the global out-break is over.

The U.S. caseload rose slightly to 130 as hundreds of schools nationwide shut their doors, and the crisis even reached the White House, which said an aide to the secretary of energy apparently got sick while helping arrange a presidential trip to Mexico.

European health ministers vowed to work quickly with drugmakers to rush a vaccine into production, but American health officials suggested inoculations could not begin until fall at the earliest.

Mexican Health Secretary Jose Angel Cordova told The Associated Press that new cases have leveled off and that the death rate has been nearly flat for several days. He said the next few days would be critical in determining whether the virus was truly on the decline.

"The fact that we have a stabilization in the daily numbers, even a drop, makes us optimistic," he said. The health ministry, which earlier said **168 people** were believed killed by swine flu in Mexico, on Thursday would confirm only **12 of those** deaths and would not say how many were suspected.

The World Health Organization's top flu official, responding to similarly hopeful remarks from other Mexican officials, sounded a more cautious note about whether the virus had peaked.

"For things to go up and down in a country is expected. If it didn't do that would be very unusual," Dr. Keiji Fukuda said in Geneva.

Mexico has imposed what amounts to a five-day shutdown of the country, beginning Friday, in hopes of slowing the virus.

On Wednesday, the WHO said swine flu threatened to become a pandemic, and for the first time it raised its threat level to Phase 5, the second-highest. Fukuda said Thursday there were no immediate signs that warranted declaring a Phase 6 pandemic.

Phase 5 means a virus has spread into at least two countries and is causing large out-breaks. Phase 6 means out-breaks have been detected in two or more regions of the world and a pandemic is under way.

The only confirmed U.S. swine flu death so far is a Mex-ican toddler who succumbed earlier this week in Texas. New cases of swine flu were confirmed Thursday in Europe, but no deaths have been reported outside North America.

An aide to Energy Secretary Steven Chu apparently got sick while helping to arrange. President Barack Obama's recent trip to Mexico. The aide did not fly on Air Force One and never posed a risk to the president, the White House said.

The U.S. is taking extraordinary precautions, including shipping millions of closes of anti-flu drugs to states. Scientists cannot predict what a new virus might do, and the outbreak could resurge later.

Scientists ale racing to prepare the key ingredient to make a vaccine against the strain, but it will take several months before human testing can begin. Production would not start until fall.

"I don't want anybody to have false expectations," Health and Human Services Assistant Secretary Craig Vanderwagen said. "The science is challenging here." He said 600 million doses in six months was "achievable" based on a fall start.

In the United States, where cases have been confirmed coast to coast, nearly 300 schools were closed Thursday.

The Seattle Times

Paul Haven, Niko Price
(this article quite similar to the presented above)

Mexico is optimistic flu cases leveling off

The Seattle Times, 1 May 2009, 12:00 am
https://www.seattletimes.com/seattle-news/health/mexico-is-optimistic-flu-cases-leveling-off/

Mexico City – Mexico's top medical officer voiced optimism Thursday that swine flu has slowed in the nation hardest hit by the virus, but the World Health Organization (WHO) cautioned there is no evidence the worst of the global outbreak is over.

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"The fact that we have a stabilization in the daily numbers, even a drop, makes us optimistic," he said. "Because what we'd expect is geometric or exponential growth. And that hasn't been the situation. So we think we're on the right track."

The health ministry, which earlier said **168 people** were believed killed by swine flu in Mexico, on Thursday would only confirm **12 of those deaths** and would not say how many were suspected.

WHO's top flu official, responding to similarly hopeful remarks from other Mexican officials, sounded a more cautious note about whether the virus had peaked.

"For things to go up and down in a country is expected. If it didn't do that it would be very unusual," Dr. Keiji Fukuda said in Geneva. "Hopefully we'll see more of the data of what's going on there. But I expect even in Mexico you will see a mixed picture."

Mexico has imposed what amounts to a five-day shutdown of the country, beginning today, in hopes of slowing the virus. All but the most essential government services will be suspended, most businesses have been urged to close and Mexicans have been encouraged to stay in their homes.

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The U.S. is taking extraordinary precautions, including shipping millions of doses of anti-flu drugs to states. Scientists cannot predict what a new virus might do, and the outbreak could always resurge later.

In hopes of avoiding confusion, the WHO announced it will stop using the term "swine flu," opting for the bug's scientific name, H1N1 influenza A. Obama administration officials have also pointedly referred to the virus as H1N1 in recent days.

Swine flu is a mix of pig, bird and human genes to which people have limited natural immunity. It has symptoms nearly identical to regular flu – fever, cough and sore throat – and spreads similarly, through tiny particles in the air, when people cough or sneeze.

About 36,000 people die each year of the seasonal flu in the United States.

The New York Times

Denise Grady, Liz Robbins

Outbreak in Mexico may be smaller than Feared

The New York Times, 1 May 2009, (2 May 2009, p. A7)
https://www.nytimes.com/2009/05/02/health/02flu.html

The swine flu outbreak in Mexico may be considerably smaller than originally feared, test results released there on Friday indicate.

Of 908 suspected cases that were tested, only 397 people turned out to have the virus, officially known as influenza A(H1N1), Mexican health officials reported at a news conference. Of those, 16 people have died.

Mexico had reported about 2,500 suspected cases as of Friday, but the number of real cases could turn out to be less than half the suspected number if further testing follows the same pattern as the original round. Officials said that the tests were being done quickly, and that 500 more would be completed Friday.

José Ángel Córdova, Mexico's health minister, said, "This is a new epidemic, and we can't predict exactly" what it will do. "We need more days to see how it behaves," he said.

"Apparently the rate of infection is not as widespread as we might have thought," he added. The materials needed for the test were provided to Mexico by the United States Centers for Disease Control and Prevention.

Officials at the centers declined to say what the new numbers might mean

"We are continuously assessing new information, but it is still too early to draw conclusions about the extent of the spread of this new virus in Mexico or the severity of disease caused by it," Dr. Nancy Cox, chief of the influenza section, said by e-mail, when asked to comment on the test results.

Dr. Javier Torres, the head of the infectious disease research unit at the Mexican Social Security Institute, Mexico's main public health care system, said that he had been analyzing the past week's influenza statistics.

"The number of those exposed and infected has gone up, and the number of fatal cases has gone down," he said. "We can be comfortable with those facts."

Officials at the World Health Organization, which has declared that a pandemic is imminent, declined to comment beyond saying that the investigation into the outbreak was continuing.

But a public health and infectious disease expert from Vanderbilt University, Dr. William Schaffner, said the test results were "going to change, I think in a substantial way, the image of this outbreak in Mexico."

If the outbreak is much smaller than initially thought, Dr. Schaffner said, “It would, I think, enable the world’s public health community to take a deep breath and continue to track the outbreak and reduce the tendency, as the W.H.O. has been doing, to notch up on its pandemic scale.”

If the testing also shows that the disease has caused fewer deaths than the 170 or so suspected, Dr. Schaffner said, it might resolve a question that has been puzzling health experts since the outbreak began: why did the disease appear to be so much more severe in Mexico than in the United States? In the United States, cases have been mild and there has been only one death, that of a 23-month-old child from Mexico. Meanwhile, the disease continued to spread to other countries and was confirmed in more American states on Friday. The disease is expected to drop off during the summer, because flu viruses do not thrive in heat and humidity, but it could rebound in the fall and winter. The World Health Organization said that the flu vaccine given to millions of people for the most recent flu season appeared ineffective against the A(H1N1) strain, but that health officials were talking to manufacturers about creating a new swine-flu vaccine, which would take four to six months to produce.

Dr. Marie-Paule Kieny, director of the Initiative for Vaccine Research at the World Health Organization, said that unless the numbers of cases decreased significantly, “it seems mostly likely that the manufacturers will proceed and we will certainly support them.”

Officials at the Centers for Disease Control said a decision had not yet been made about whether to manufacture a vaccine, but President Obama said that the government would support it.

New cases were reported in Denmark, France, Russia, Hong Kong and South Korea on Friday, but they were not confirmed by the health organization. The United States reported 141 confirmed cases in 19 states, up from 109 cases in 11 states on Thursday.

Concerns about the disease are having an increasing impact. On Friday, a United Airlines flight with 245 passengers heading from Munich to Dulles Airport in Washington landed in Boston instead because a female passenger had flu symptoms and the airline thought she needed prompt attention, a United Airlines spokesman said.

In New York, the school with the nation’s largest cluster of swine flu to date – St. Francis Preparatory School in Fresh Meadows, Queens – was set to reopen Monday after being closed for a week.

Researchers say that some genetic features of the virus may help explain why many cases tend to be mild.

“We do not see the markers for virulence that were seen in the 1918 virus,” said Dr. Cox, of the Centers for Disease Control. “However, we know there is a great deal we don’t understand about the virulence of 1918 or other viruses that have a more severe clinical picture in humans.”

It is too early to know what economic impact, if any, the flu outbreak might have on the United States economy. The Congressional Budget Office estimates that the recession will push this year’s national economic output 7.5 percent below its potential level. A true flu pandemic could shave off an additional 1 to 4.25 percent and could have a similar effect on the world’s output, too, some economists say.

Denise Grady and Liz Robbins reported from New York. Reporting was contributed by Larry Rohter and Elisabeth Malkin from Mexico City, Keith Bradsher from Hong Kong, and Anemona Hartocollis and Catherine Rampell from New York.

The Idaho Observer

Dr. Sherri Tenpenny

Swine flu: A plan comes together: The sheep obey

Idaho Observer, 1 May 2009
https://web.archive.org/web/20110917032757/http://proliberty.com/observer/20090523.htm

On May 1, 2009, the LA Times reported some amazing occurrences:

• Hospitals on New York's Long Island were scrambling to bring extra workers in to handle a 50% surge in visitors to emergency rooms.
• In Galveston, Texas, the local hospital ran out of flu testing kits after being overwhelmed with patients worried about having contracted swine flu.
• At Loma Linda University Medical Center near San Bernardino, California, emergency room workers set up tents in the parking lot to handle a crush of similar patients.
• In Chicago, ER visits at the city's biggest children's hospital are double normal levels, setting records at the 121-year-old institution.

So far, few of the anxious patients have had more than runny noses. The most disturbing revelations about these scenarios? They knew this was the way we would respond. What was published in 2006 has become fact in 2009.

A study conducted by the Harvard School of Public Health confirmed that public health officials could easily convince most people to alter their daily lives to stem the spread of influenza. "The Pandemic Influenza Survey" documented our willingness to do what we are told after only a little hyping that a deadly global pandemic was eminent.

The 2006 survey included 1,700 Americans. More than 90 percent said they would [willingly] comply with government orders to postpone air travel, avoid public places such as movie theaters and shopping malls, and would keep their children home from school in the event of a flu pandemic. A full 94 percent said they would stay home from work for up to 10 days to help authorities control disease spread

How soon we forget

The word "pandemic" simply means a certain type of virus seems to be infecting persons over a wide area, in this case, several states and a few countries. The word "pandemic" is not synonymous with "massive death," although the media would have us believe that the two are equal. In fact, most persons over 50 years of age experienced the last two documented pandemics and the pandemic scare of 1976. And according to a 2008 report by the CDC, "even those who experienced [the 1957 and the 1968] pandemics do not recall them as particularly memorable events."

Most persons at least 43 years of age will no doubt recall the Swine flu hype of 1976. Starting from a single, infected military recruit, the threat of a pandemic and global death turned into a full-scale media and government circus. For many, the "Pandemic that Never Was" created havoc, death and long term disability. But the mayhem was not the work of a microscopic particle of replicating RNA. The carnage was created by the misguided steps our government and the overzealous drive from CDC officials to vaccinate.

The absolute belief in the effectiveness of vaccines resulted in the disability of 532 people who contracted Guillain-Barre syndrome, a life-threatening form of paralysis. While many recovered in the ensuing months, at least 33 died and up to 10 percent remained paralyzed to varying degrees for the rest of their lives. While vaccine manufacturers reaped the rewards of government handouts to make vaccines and secured legislation to protect them from liability (the Swine Flu Act of 1976), more than $1.3 billion of tax payer dollars were released to compensate those who had been injured by the swine flu vaccine.

For those X-Gens and Y-Gens under-40, ask your parents, grandparents and other senior relatives and friends what they recall about these public health panics. Surely they can shed some light about those moments in American history and their stories will help abate your fears of a "coming pandemic." After all, they are alive to talk about it.

More vaccines on the way

Lessons about bad vaccines are rarely learned and the race to make more experimental doses has never been hotter. In 2005, Congress allocated $3.8 billion to developers with the stated goal of being able to "distribute a vaccine to every American within six months of the onset of a pandemic."

In 2006, our elected representatives went even further to ensure we are vaccinated: They created incentives for manufacturers by funding the Biodefense and Pandemic Vaccine and Drug Development Act of 2005, nicknamed BioShield II.

Along with BioShield II, legislation was passed to amend the Public Health Service Act and establish a division called Biomedical Advanced Research and Development Agency (BARDA) which is is responsible for coordinating and overseeing activities that support and accelerate research and development of countermeasures (i.e vaccines) and other products that qualify as pandemic or epidemic products.

BARDA has budgetary authority to award contracts, grants, and cooperative agreements that will advance the research and development of drugs and vaccines. The creation of vaccines is big, serious business (To see the list of all agencies and federal legislation involved with creating pandemic vaccines and drugs as a countermeasure, spend some time at the website for the Center for Biosecurity).

On March 18, 2009, BARDA requested $1.7 billion for FY 2010 to fund research and development of additional vaccines and drugs. Interestingly, Obama released $1.5 billion of appropriations for pandemic planning in early May, 2009. Although the funds were not specifically earmarked, it is probable that a portion of your tax dollars will go to fund BARDA.

On May 1, 2009, the Working Group of the Infectious Disease Society of America chimed in and requested more funding for the current swine flu outbreak. Commending Obama for releasing emergency appropriations for H1N1, the Working Group appealed to Congress for an additional $1.9 billion to fund the following:

- $870 million requested to expand cell and egg-based vaccine capacity. This money was requested from the previous Administration, but not funded in FY 2008. The money will also be used to purchase antivirals for the federal stockpile and to accelerate the R&D of rapid diagnostic tests;
- $350 million for States and localities to purchase equipment; funding staff and maintain 24-hour disease-reporting hotlines; increase public and clinician education about vaccines; distribute medical countermeasures [vaccines and antivirals], and refill staff positions lost to budget cuts;
- $122 million for State antiviral stockpiles for the treatment of people who become ill; and
- $563 million for States and localities to purchase personal protective equipment and antivirals for prophylaxis of healthcare and critical infrastructure workers.

Marketplace in the making

This is amazing. A $billion here, a $billion there. A close look at these requests and it is apparent where the money flows: Directly into the pockets of the drug companies who make antivirals like Tamiflu and Relenza. The research and development funds will go toward new, novel flu vaccines – shots that much of the public has confirmed it would refuse.

On October 5, 2006, a survey reported by Reuters posted an article called, "Americans doubt need for flu vaccine," by Maggie Fox. The article indicated fewer than half of Americans planned to get the flu vaccine that year, mostly because they do not worry about flu. The survey of 1,000 adults found that just 48 percent planned to get vaccinated that year. Of those who did not plan to get the vaccine, 43 percent said they did not think influenza was serious enough to warrant vaccination and 38 percent felt they were not at risk.

Flu experts called the findings "disappointing" and from that point forward, a full-court press has been on to increase the uptake of annual flu shots. No doubt the fear generated by the potential swine flu pandemic is part of the Play Book to make the flu seem serious enough for everyone to get vaccinated.

However, it appears the latest swine flu buzz is fading away as fast as it materialized. Scientists are coming to the conclusion that the new swine flu strain may actually be less dangerous than garden-variety, seasonal influenza. Even though, by mid-May, there were positive cultures from 331 people in 11 countries and 10 deaths, even the WHO admits the numbers are "extremely small." It is estimated that globally between 3 and 5 million people experience some level of the flu each year. One has to wonder why this has even made the news.

Something bigger?

In January, 2009, out-going Health and Human Services Secretary Michael Leavitt, released a report called "Pandemic Planning VI," a summary of all the steps that have been completed to date in preparation for the next global pandemic. That document has become a suggested a checklist for Department of Homeland Security Secretary Janet Napolitano to complete. If you haven't seen it, it is worth reading, even though it may keep you up at night, knowing what is coming in the form of vaccines, vaccine types and new vaccine adjuvants (available online at www.pandemicflu.gov).

We have had three warm-up rounds: SARS, H5N1 bird flu and now, a "novel swine flu" from Mexico. Is there something bigger in store? There is no way to know for sure, but it is highly suspect. What we can say for sure is that another pandemic test round has passed muster. The media machine did its job, the government handed over billions for more vaccines and vaccine technologies and, of course, many of the sheep obediently put on masks and fearfully ran off to doctors to be tested. When this has run its course, bureaucratic agencies will be slapping themselves on the back, affirming that all the systems worked "as planned." They turned the crank; the world danced to their tune.

For those who hope that one day, an informed citizenry will undertake a serious blow back against the continually escalating government propaganda and media manipulation, I hope most of you find the reports of runs on emergency rooms and the optional mask- and glove-wearing to be somewhere between amusing and annoying.

If we do experience another sizable pandemic – whether the virus is man-made or created by some natural, random reassortment of viral genes – my hope is that everyone will take a deep breath, exercise normal health precautions, increase their Vitamin D, A and E intake, get lots of extra sleep and remember the lessons from history so we do not repeat them.

Dr. Tenpenny is a practicing osteopath from the Cleveland, Ohio area and the author of "FOWL! Bird Flu: It's Not What You Think" (2006). FOWL is a cutting edge expose of the relationship between global environmental conditions, corporate animal and plant crop farming practices and the pandemic prevalence of acute, influenza-like illnesses around the world. Available from The IO for $20 each, FOWL contains foundational knowledge critical to forming qualified opinions about flu scares regardless of the animal species being blamed.

NEWS

Obama: Swine flu may be like ordinary flus

NBC News, The Associated Press, 2 May 2009, 3:59 AM +08
https://www.nbcnews.com/id/wbna30522347

Urging calm but caution, President Barack Obama on Friday said that it is not clear the swine flu outbreak in the United States and other nations is any worse than "ordinary flus." But he said agencies across the government are preparing for the worst.

Even if the new flu "is relatively mild on the front end, it could come back in a more virulent form during the actual flu season," Obama said at the close of a Cabinet meeting devoted to the topic.

The president described a two-pronged U.S. response to the swine flu, a mix of pig, bird and human genes to which people have limited natural immunity.

He said the immediate effort remains to identify people who have the flu, get medical help to the right places and provide clear guidance to both state and local officials and the public. Obama said his government is also doing longer-range work – producing a vaccine, developing clear guidelines for school closings, trying to ensure that businesses cooperate with workers who run out of sick leave, and preparing for requests for aid from other countries.

"I'm optimistic that we're going to be able to manage this effectively," Obama said.

In the United States, the confirmed case count stood at more than 130. State lab operators say there have been more cases than are counted, because officials are not testing all suspected cases, focusing instead on finding new outbreak hot spots and limiting the flu's spread. The flu has reached several countries.

Death rate leveling off in Mexico?

In Mexico, the outbreak's epicenter, new cases and the death rate were leveling off, the country's top medical officer said.

Obama referred to the flu by its scientific name, H1N1. The World Health Organization has stopped using the term "swine flu" to avoid suggesting there's a danger posed by pigs.

"We don't know for certain that this will end up being more severe than other seasonal flus that we have," Obama said. "And it's been noted, I think, before that you have over 36,000 people die on average every year from seasonal flus. You have 200,000 hospitalizations. It may turn out that H1N1 runs its course like ordinary flus, in which case we will have prepared and we won't need all these preparations."

Still, he said, Americans and people around the world have not built up immunity to this new flu strain, "So that's why we're taking it seriously.

España | europa press

Éste es el resumen de las principales noticias transmitidas hoy, sábado 2 de mayo, por el servicio Internacional de noticias de Europa Press hasta las 08.00 de la mañana:

El Ministerio de Salud mexicano ha reducido de 176 a 101 la estimación de muertes por posible contagio del virus A (H1N1), según explicó el jefe departamental José Ángel Córdova, quien tan sólo da por confirmados 16 fallecimientos.

Europa Press Nacional, 2 mayo 2009, 8:00
https://www.europapress.es/nacional/noticia-resumen-principales-noticias-transmitidas-hoy-mayo-servicio-internacional-20090502080000.html

Madrid, 2 May. (Europa Press) -

Éste es el resumen de las principales noticias transmitidas hoy, sábado 2 de mayo, por el servicio Internacional de noticias de Europa Press hasta las 08.00 de la mañana:

Gripe. - El Ministerio de Salud mexicano reduce la estimación de posibles muertes por nueva gripe de 176 a 101

El Ministerio de Salud mexicano ha reducido de 176 a 101 la estimación de muertes por posible contagio del virus A (H1N1), según explicó el jefe departamental José Ángel Córdova, quien tan sólo da por confirmados 16 fallecimientos.

Gripe (2).- El Gobierno mexicano eleva a 397 el número de infectados de nueva gripe y a 16 el balance de muertos

El ministro de Salud mexicano, José Ángel Córdova, actualizó a última hora de ayer (madrugada en España) el balance de afectados por la nueva gripe en el país norteamericano para elevar tanto el número de casos confirmados, que ascienden ya a 397, como el de muertes, situado en 16, doce de ellos mujeres.

CDC Web Archive

[Dr. Anne Schuchat]

CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Influenza)

2 May 2009, 12:00 p.m. EST

https://www.cdc.gov/media/transcripts/2009/t090502.htm
https://web.archive.org/web/20230405163629/https://www.cdc.gov/media/transcripts/2009/t090502.htm

=> reports from Mexico are – appear to be encouraging

Dave Daigle: Good afternoon. I'm Dave Daigle, the deputy for media relations at CDC. Today Dr. Anne Schucat is here, director of the National Center for Immunization and Respiratory Diseases, will provide an update on this ongoing outbreak.

Anne Schuchat: It's nice to see all of you on a Saturday, joining us here today for the daily update. I think people in the media we've been hearing a little bit about we're out of the woods, it looks like this is ending. And I want to say that while **reports from Mexico** are – appear to be encouraging, and some are cautiously optimistic, we can't afford to let down our vigilance. We have information that this novel virus continues to spread and with increasing cases, and increasing states affected and we are acting, as President Obama said this morning, actively and aggressively. Our highest priority is the safety and health of the American population. And we really want to make sure we're staying ahead of things.

Today's case counts, 160 confirmed U.S. cases. They occur in 21 states. The individual state case counts are on our website every day at 11:00 in the morning. You can check for the details there. Median age of cases remain fairly young at 17 years of age with a range of 1 to 81. The majority of the cases are younger than 20. The most recent known onset is April 28. So the case is continuing and the counts continue to go up. As we've all been saying we're focusing a lot less on the individual numbers and on the pattern. And what we see is continued illness in contacts of people who have been ill from clusters in schools that you've heard about. We've continued to ask the question about how severe this particular strain of H1N1 influenza virus is and will evolve to be here in the U.S. Those are important questions that we continue to look at. The response continues with the focus on making sure people who are sick stay home, that people don't fly or use public transit when they are ill but that it's totally fine to be out and about when you aren't ill with respiratory symptoms. We are thrilled people are washing their hands more, and we don't want people to lose their vigilance about that because that continues to be important. As we've said, we've been deploying our strategic national stockpiles to the state and private areas and we've got delivery in 30 of those states and the vast majority of the population is affected. And by the end of tomorrow we will have completed the deployment of the assets.

Because of the day, I want to keep my remarks fairly short and just focus on questions. I think as you know we've been thanking a lot of people over the days behind us. We've been thanking the media for your help in getting the story out, thanking the incredible workers helping to respond to this challenge at the front line helping respond to this challenge, thanking the CDC workforce for the night and days they're putting in. Today, we would like, on behalf of the CDC workforce, we would like to thank the families of the CDC workforce and those who are keeping their spirits up while we are here. With that, I'd like to answer questions that you have. Okay. Over here.

Cece Connolly: Cece Conley from the "Washington Post." I know that you've spoken in recent days about how there will be local decisions with respect to school closings. But along those same lines, do you have guidance for, say, businesses, government offices, that may have cases and is there any reason – I notice schools are now talking about closing for 14 days. Is there thinking that children carry the virus longer? That seems like a long period of time.

Anne Schuchat: Yeah. Thank you. The guidance-- we have been updating our guidance regularly. And in addition to guidance for schools, we're trying to make sure there's information for other circumstances. So the situation with the business community or other workplaces is one that we're attuned to. We've been actually doing outreach calls to the business sector. I think we had several hundred business organizations on calls the other day reaching out to them about the questions their members had and how we could better reach their constituencies. We think the basics apply to those circumstances, keeping – staying home when you're ill with respiratory symptoms. And I think even the president calls for permissive leave policies to help us manage this particular situation. The school guidance that was updated to suggest a 14-day period, that [inaudible] reflecting the information about the duration that a child might be – continue to be infectious. The shedding of the influenza virus is longer in young children than it is in adults. Now, the information for high school-aged children may not be that complete. But with an abundance of caution, 14 days might be more prudent. I want to say that all of our guidance, particularly that for schools, school dismissals, we really want to respect the local jurisdictions, the local authorities who understand the circumstances on the ground and the challenges of these interventions. Our goal is for intervention to be evidence-based and to be no more harmful than the virus. We want to make sure we are having a net benefit. So issues such as the school dismissals are ones that we're actively reevaluating as we get more information. Okay. Yes? Mike?

Mike Stobbe: Good morning, Doctor. Mike Stobbe from the AR Two days ago, when Dr. Besser was here he said there might be more information on a couple topics, one of them ER visits. Did you end up getting more information on that. And a follow-up?

Anne Schuchat: Sure. We have systems in the state and local systems have some systems and we do see an increase above baseline in visits to some emergency rooms for influenza-like illness through our biosense surveillance system. So we do see some of that. It's difficult to interpret whether that is illness or the so-called "worried well". And that's something we're trying to look into a little bit more. With the help of the media, a lot of people know this is going on and are wondering is that cold or cough something I need to take seriously. Though we have seen a few – not every emergency room that we're tracking, but we have seen a number of sites an increase over the baseline for this year in influenza-like illness visits. It's more that, you know, I would say many of our biosense sites, but not the majority of them, are seeing an increase. But I don't have numbers such as looking at main. But it's many individual sites.

Mike Stobbe: The new case count today.
Anne Schuchat: Right.

Mike Stobbe: What are the two new states and the hospitalization numbers? Also, do you have any more information on how many of the cases have been to Mexico?

Anne Schuchat: The two new states, I'm going to have to refer you to the website. It is on that. Maybe by the end of this we can check on that. The Mexico connection, for cases that we have good information on, which is a moving target, it's about a third of them. The majority of cases, the important point is the majority of cases don't have direct contact with Mexico. They didn't travel to Mexico. It is much more likely that people are getting this particular infection now from somebody who has no – from somebody within their own communities. You know, we do think there is sustained transmission here in the U.S. I'm sorry. Can we go to the phone for the next question?

Operator: As a reminder of the phone, Star 1 to ask a question. The first question is from Jeffrey Weiss from "Dallas Morning News." Your line is open.

Jeffrey Weiss: Yeah. Here in north Texas we've had fairly different responses from the local health departments. In Dallas county, some events that were planned are going on. In Tarrant County, Fort Worth to our west, at the advice of the local health authorities, some events have been closed down. What can you say about what guidance you're giving to the local health officials and how people should interpret what at least appear to be inconsistencies from one location to another?

Anne Schuchat: The situation these days can be confusing for parents and for readers or viewers to see one thing in one community and another thing nearby. CDC has issued guidance around school dismissals aimed to provide information that could be used by local authorities, but we do respect the role of local authorities to understand what makes sense. Our guidance suggests that if there's a *confirmed or probable* case of the novel H1N1 influenza virus, that authorities consider dismissing students and that be for up to 14 days but with regular reevaluations of the circumstance. I think we're all optimistic that in the next several days we'll be able to understand a bit more about this and know whether that particular intervention is appropriate, if it's too much or too little in terms of an intervention. But we do think that other things may make sense. It's a balance. There are lots of benefits to the students and the community for students being in school. And certainly if you dismiss students and then they go congregate somewhere else, they're really not getting the benefit of the school or school lunches but all the risk of being around a lot of other kids. So the importance of the dismissal idea is to try to have very few contacts between children so we really don't get the virus spreading widely within the school. Local jurisdictions may consider things like how many students have already been sick. Are we seeing a problem at the end of local outbreaks or is it really the beginning. Is it a time where this intervention might have the most benefit or is it really too late for it to help. The goal of the social distancing efforts is to try to decrease the ongoing numbers of cases and to shift them to a later time by slowing transmission with the thought that if we can delay the onset of some of these illnesses we have more time to prepare a vaccine or for summer and perhaps relief from the warmer months when influenza is less likely to circulate. So another question from the phone?

Operator: Another question from Helen Branswell with the Canadian Press. Your line is open.

Helen Branswell: Thanks very much. I was wondering, Dr, Schuchat, if you know how often are anti-virals being used to test the cases in The United States? In the old days we heard that most people hadn't needed them and had recovered. Are they now being regularly given, or what's going on?

Anne Schuchat: Thank you for that question. I want to stress that the anti-viral medicines that we have in our Strategic National Stockpile that we've deployed to the states are primarily intended for treatment of influenza. And at this point mostly the focus is on treating severe symptoms, treating people who are ill with more severe presentation or people who have higher risk of complication from influenza, such as women, young children, people with underlying medical problems. There are some circumstances where preventive use of anti-viral medicines may be recommended, very special circumstances considered high risk with a high-risk patient or person. In terms of the use of anti-viral drugs, I can't tell you exactly what's going on. I can tell you we had one surveillance system that was designed to monitor early warning of whether there was influenza uptake by tracking the prescriptions that are filled for antibiotic viral drugs. And that system is no longer useful because we saw such a big increase in prescriptions really probably from concern rather than necessarily from use in actual treatment. So I should also stress that oseltamavir, Tamiflu and Relenza, zanamavir are both commercially available and they're also available through the Strategic National Stockpile. And we're told by the manufacturers that they are producing more and we should be able to have adequate supplies for treatment. As you know, yesterday I think we shared that the secretary of HHS had purchased – moved ahead with the purchase of 13 million anti-viral drugs to replenish the stockpile. Another question. Let me do the room next. Okay.

Reporter: [inaudible] here in Atlanta. What is the latest on cases here in Georgia, confirmed cases? And the communities that have possible cases out there, what advice are you giving them right now even if they are not actually confirmed?

Anne Schuchat: Yeah. For the specifics of the Georgia cases, we suggest you contact the Georgia health department. They'll have the best information about where things are. As we mentioned a couple days ago, right now the states have the capacity to do that laboratory testing and finalize whether this is or isn't the new H1N1 strain. So they may know before we do what's going on and the circumstances. In communities where a *confirmed or probable* case has been reported, you know, my key message is the same as in communities where it hasn't been reported. If you have fever and respiratory symptoms, don't go to work or school. Don't infect others. If you're feeling fine, make sure you wash your hands regularly or use alcohol hand gels. That seems really basic, but it's a really effective way to reduce respiratory infection. And everybody has a role to play. The other thing that we think is important for community members is to stay informed because your own community may have issues and recommendations. Some places are changing guidance in and around schools or community gatherings, for instance, and it's really important to know what's going on where you live. At this point we don't have national guidance on those community gatherings and types of events but it's important to stay aware of what's happening in your own community. Let's go back to the phones. Operator: Next question comes from Olivia Hampton with AFP. Your line is open.

Operator: Next question comes from Olivia Hampton with AFP. Your line is open.

Olivia Hampton: Hi. I just wanted you to confirm for the new cases, does that include the toddler who died?

Anne Schuchat: We had previously mentioned a toddler who died, unfortunately, from Texas. Yes, I believe that's part of this total of 160 that we're describing. We don't – I'm not aware of any additional deaths that are laboratory confirmed due to this virus. We continue to look for them. And I will not be surprised if we find additional severe cases or additional deaths. Remember that seasonal influenza causes about 36,000 deaths every year, 200,000 hospitalizations, millions and millions of infections. So even if this virus behaves quite similarly to seasonal influenza, we would expect a range of mild to severe and even fatal cases. Next question back there at the camera.

Reporter: [inaudible] CBS Atlanta. You started off your comments with some of the public thoughts that were maybe out of the woods. Can you talk a little bit about why that concerns you and where the happy medium is between panic and being very blasé about the whole thing.

Anne Schuchat: Yeah. I think it's really challenging to find that right balance to stay alert and attentive and take those important steps personally or in your own communities. What I want to say is that we have a new influenza virus. It's spreading. We don't know as much as we'd like to about the way it's going to behave in our communities. And we're learning a little bit more each day about the way it behaved in Mexico. But the picture is still very incomplete. Here in the U.S. we're trying to act aggressively and quickly so that if it does turn out to be a moderate or severe influenza strain, that we're prepared, that we have the research and the trained people that can reduce the spread. So I think I don't want people to feel like they don't have to be aware of it because it may be that the common illness is going to come to the community soon. Also, severe symptoms and illness are such that you should seek medical care and make sure that you do get treated. We don't want people to be – you know, it's very difficult tracking the media or tracking different messages to understand what level of concern to have. I just hope we can give you the facts as we find them out.
Next question from the phone.

Operator: Next question, Joanne Silberner with NPR. Your line is open.

Joanne Silberner: Hi. Thanks. It seems like the local reactions are primarily to close schools but leave other institutions alone. But, epidemiologically, have schools shown to be [inaudible] of contagion?

Anne Schuchat: There has been modeling done the last several years. We have invested in preparing and understanding pandemic for influenza. One of the findings was that we know some

things from seasonal influenza and some things from studying pandemics from the past century. Schools – well, children are very common reservoirs for infectious diseases, including infectious viruses like influenza. They tend to have lots of social contacts more than adults. And they – somebody is laughing here because we know what kids are like. And they also shed the virus longer than adults do. So those circumstances, the frequent social contact, the close proximity in schools, and then the longer period of shedding often without even having symptoms are such that transmission can move quickly through a school and it may take a longer time to go through different kinds of institution or workplace or community. So some of the modeling about what we call community mitigation or that attempt to really slow spread within a community suggested that schools would be a valuable intervention point. This may not be the case for every influenza virus or every pandemic or potential influenza virus, but the modeling effort suggests this was a promising (*Editor's Note: This is a correction*) area where we thought about social distancing.

There are other parts of the armamentarium, closing mass gatherings, teleworking, this type of thing. But it was one of the interventions that although potentially very disruptive, could have a payoff. We're, in fact, working with infectious disease modelers on this response effort. We have brought some of the best infectious disease modelers to bear on this question, people who have really been looking at influenza transmission and trying to apply it to the current circumstance. And we're, you know, trying to use our real-time data and their models to understand where our interventions will be the most useful. The next question from the phone?

Operator: Next question Elizabeth Allen with "San Antonio Express-News." Your line is open.

Elizabeth Allen: Good morning. I had a clarification question. We've had reports that a special-- I know that CDC officials are already in Texas, but we had a report that a specialized team was sent to California and that San Antonio officials have requested one to be sent here. I was wondering about that, and also if that group deployed, if that would have any affect on the bottleneck of testing?

Anne Schuchat: Okay. I didn't hear all of that, but this is about teams being deployed to the field or the laboratory or general teams being deployed?

Elizabeth Allen: I think for the laboratory.

Anne Schuchat: Right. Okay. I can say that we've been working to make sure that we can reduce the bottlenecks on laboratory testing. One thing we did early on was send laboratory experts to Mexico to help there so they were able to establish the ability to test for this virus on site in Mexico. I think I'll need to get back to you whether we have laboratory staff in the field in San Antonio or California. I'm not remembering whether that's happened. But I think someone has told me about that possibility. The big thing we've done is to ship out these new kits for this new virus to the public health laboratories so they can do the testing beyond the probable stage, to the confirmed stage, and we hope that will reduce some of the bottleneck here in Atlanta. We're also trying to analyze the bottlenecks and understand where the issues are. I think we're in communication with the Association of Public Health Laboratories who are really, you know, terrific in networking and understanding the situation. And I hope we'll be able to address these bottlenecks. To me, however good our response is, we can do better. And I really want to make sure that we hear what the problems are and we fix them if we can. Is there a question from the phone?

Operator: Another question [inaudible] with "Miami Herald." Your line is open.

Reporter: Thank you. Could you, again, on the school closings, could you elaborate – are you saying that the virus lasts longer in children and that's one reason that you recommend that they close for up to 14 days?

Anne Schuchat: The shedding of the virus is one way that it spreads. Certainly when you're actively infecting and coughing and sneezing, that's pretty much how you're going to spread the virus. But you can still have virus in your body without having any symptoms. And children are – it turns out virologic studies suggest that children can shed the virus longer, probably because of their immune

status, for instance. But we don't know for sure for this new virus if that's the case. The change from 7 to 10 days to 14 days was to recognize that if we are trying to wait for children to recongregate until after transmission likely to have ended we should go on the longer side. But I do want to say these are interim (Editor's Note: This is a correction) guidance on the school dismissals, some of the modeling that had been done, the development of our community mitigation strategies included many different durations for school dismissals depending on the severity of a pandemic. If you have a severe pandemic like a Category 5 or the 1918 pandemic, schools could be dismissed for months. The 14-day idea was what we know about the influenza virus and making prudent recommendations. But I do want to say those are being evaluated.

Okay another phone question.

Operator: Next question from Betsy McKay with "The Wall Street Journal." Your line is open.

Betsy McKay: Hi. Thank you, Dr. Schuchat. I wanted to follow up on something that I think you mentioned yesterday about testing samples which, if I understand it correctly, was about the fact that eventually, you know, the number of cases announced well may be already – not every sample would be tested and confirmed as this strain of H1N1. So if I understood correctly, I wondered if you could talk about, you know, why it's not possible to do that and, for an individual, how important is it to know if the illness that they have or had is this particular strain. If they want to know if they had the antibodies and are immune to it going forward, is there any way for them to find out? I also wanted to ask-- I know Mike asked about hospitalizations-- and I may have missed the answer-- if you know the number of hospitalizations there have been thus far. Thanks.

Anne Schuchat: I believe that the number of hospitalizations now is 13. Is that right? Okay. 13. But I think it's – we can double-check if that's *confirmed or probable.* That's confirmed only. Okay. We can double-check on that. We are seeing hospitalizations. We haven't talked that much about them, but we are seeing them. And, you know, it's important to remember that with seasonal flu we have 200,000 hospitalizations each year generally in people who are very young or very old with complications or other clinical illnesses. The value of knowing whether the respiratory infection that each individual has is caused by this new virus is different in different periods. At the beginning of our detection of this concern, it was important to know when the strain had arrived in the community, when did we see – and certainly that's the case internationally. Countries that haven't detected it really need to know do we have anybody with this. But testing priorities change over time.

The good thing right now is that the treatment recommendations for this particular influenza virus are actually a little easier than for seasonal flu. The virus that we've got is sensitive to oseltamavir, Tamiflu and Relenza. So for severe patients, patients presenting with severe illness or people presenting with respiratory symptoms with underlying risk factors, the treatment of this infection could be done without knowing specifically which influenza strain they have. So I think for an individual it's really of less relevance of treatment, for instance, than it would have been at the beginning when there was not yet confirmed disease in a particular case. We are pulling together our clinical experts and influenza experts with the diagnostic recommendations and different circumstances. When we had done our pandemic planning, we always intended to change the way the diagnostic tests are used at different periods. It tends to test at the beginning and a little bit less intense later on, trying to understand changes. We're using our – one of our ongoing surveillance systems, the influenza-like illness sentinel providers to understand what's going on over time. There are physicians around the country that actively collect specimens for virus testing for people with influenza-like illness and report conditions to us. So we're using that network to understand are the illnesses going up or down and is the proportion of those illnesses that are caused by this virus changing. So that's the system that we'll probably in the next week or so want to tell you a little bit more about. Okay. So two more from the phone?

Operator: Next one is Andrew Quinn with Reuters. Your line is open.

Andrew Quinn: Hi. I'd like to return to **the Mexico situation**. Their health minister said today he believes their **outbreak is stabilized**. I was wondering if, looking at their numbers, if you would agree with that and, if so, what might that suggest about the course of infection in this country?

Anne Schuchat: You know, I am encouraged by what I have heard about the reports from Mexico, but I want to say that we are remaining vigilant and we have seen times where things appear to be getting better and get worse again. You may remember in 2003 in Canada, as they were dealing with the SARS outbreak, they thought it was really all clear and then found that they had a big second wave in terms of nursing homes that had cases and continual spread. So I think in Mexico we may be holding our breath for some time but remaining vigilant is the course. And I think the situation of SARS in Canada – we should be mindful of it – It reminds us how important infection control is in the hospital settings around the world and remaining attentive to changes. In particular with the new virus like this we don't know exactly how it will behave over time or as it changes. Okay. So last question here in the room. Yes? Sorry.

Reporter: **-** Conley. I wanted to follow up on Betsy's question a little bit. Because I think maybe what she was asking there was the notion that right now we don't have any underlying immunity to this new strain of virus. And so is it perhaps worthwhile to know if you've been exposed because perhaps that would mean in the future you might have a little bit of built-up immunity?

Anne Schuchat: Right. That is an important concept, and we've been talking about that as well, the idea of whether a certain percentage of our population is infected with this virus this year – will that mean we won't be at risk for it next fall. There are many different ways to get at that type of question, including population surveys, virologic surveys. I can say that one of our priorities is to try to develop a virologic assay (*Editor's Note: This is a correction*) as to whether someone has been exposed to this virus and made antibodies. I'm told by experts that it might be pretty difficult to do that. So it's on our list of things we're working on, but we can't promise we'll have a tool that will help us predict the situation. Yes, I do think there are – it can be valuable, especially when we're going forward and thinking about that, who might need it, who has already been exposed to understand exactly how much illness we've gone through in the country. So – okay. Dave Daigle: I want to thank everybody for coming out. We will do a briefing tomorrow as part of our daily briefing cycle. It is 13 hospitalizations among confirmed cases.

End

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Mexican expert warns not to use aspirin to ease H1N1 flu symptoms

ChinaView, 2 May 2009, 09:55:34
https://web.archive.org/web/20090808151127/http://news.xinhuanet.com/english/2009-05/02/content_11297805.htm

Mexico City, May 1 (Xinhua) – An expert from the National Autonomous University of Mexico (UNAM) on Friday warned patients with A/H1N1 flu symptoms not to take "acetylsalicylic acid" (aspirin), as it can produce sever damage to liver.

"It has been observed that in some cases, mainly in children who had influenza, after they took aspirin, they developed the "Reye" syndrome, which means severely damage of liver, and it can produce fatal consequences," Susana Lopez Charreton said.

Lopez suggested the infected people with the possible A/H1N1 flu symptoms "to avoid that analgesic" to avoid complications.

"In case of high fever and headache it is better to take acetaminophen or paracetamol, which are analgesic commercially known as Tylenol or Tempra," Lope said.

She also suggested people with the flu symptoms, which are high fever, headache, running nose and muscle pain, to immediately go to hospital.

The World Health Organization (WHO) said on Friday that the total number of lab confirmed human infections of influenza A/H1N1 has reached 365 as of 1900 GMT Friday.

Mexico reported 156 cases with 15 dead, the U.S. has reported 141 cases with one dead, while Canada has 34 cases, Spain 13, United Kingdom 8, Germany 3, New Zealand 3, Israel 2, Austria 1, The Netherlands 1 and Switzerland 1, the WHO said.

TORONTO STAR

Steve Rennie, Bob Weber, Helen Branswell

Alberta hogs have flu virus::
Pigs at an Alberta farm caught the same swine flu strain that
has sickened hundreds of humans around the world, federal officials said Saturday

Toronto Star // Canadian Press, 2 May 2009.
https://www.thestar.com/life/health_wellness/2009/05/02/alberta_hogs_have_flu_virus.html

Ottawa. – Pigs at an Alberta farm caught the same swine flu strain that has sickened hundreds of humans around the world, federal officials said Saturday.

A farmhand who travelled to Mexico and fell ill upon his return apparently infected the pigs with the H1N1 influenza virus, said Dr. David Butler-Jones, Canada's chief public health officer. "So far, basically what we're seeing in the pig is the same strain as we see in the humans," Butler-Jones said.

"The concern is that if it's circulating in a pig herd, that any other humans that come onto the farm might be exposed and be at risk."

This is the first time this swine flu virus has been found in pigs.

The farm worker returned to Canada from Mexico on April 12 and had contact with the pigs two days later. About 220 pigs in the herd of 2,200 began showing signs of the flu on April 24, said the country's top veterinary officer, Dr. Brian Evans of the Canadian Food Inspection Agency.

All of the pigs are recovering or have recovered and the farm worker has also recovered.

One other farm worker subsequently fell ill. It's not yet known if that person caught the swine flu.

Bulletins were sent to Alberta pork producers warning them of the possible danger that swine flu could present to their herds on April 24, said Gerald Hauer, the province's chief provincial veterinarian. But by that time, the farm worker was already back from Mexico and on the job at the 2,200-hog operation.

"He was in the barn, doing his work on April 14," Hauer said.

The farmer notified provincial officials that an unspecified number of his animals were showing flu symptoms on April 28. The barn was quarantined later that day and remains under quarantine. No other area hog barn has been effected. The hogs, said Hauer, are on the mend.

Also on Saturday, Mexico's health secretary Jose Angel Cordova said the number of confirmed swine flu cases has risen to 473, including 19 people who died.

Alberta agriculture minister George Groeneveld said the outbreak shouldn't affect Alberta's export markets. "Border closures are certainly unwarranted," he said. "We'll see what transpires.

"(The Americans) at this point have no problems with the export of our pork."

Alberta farmers raise about 1.6 million hogs. They exported about 600,000 of them last year, for sales of about $50 million.

Still, Saturday's news was a chilling reminder of the 2003 BSE outbreak, which shut down exports of Canadian cattle for more than a year. "Food safety is not an issue in this case so hopefully we'll deal with science here and not emotional issues," said Groeneveld.

The virus has shown no signs of mutation when passing from human to pig, Evans said.

"At this point in time, the issue of this being a human virus, having been introduced to the pigs, and the characterization of this virus, shows it is still that virus," he said. "There's been no adaptation identified through the transfer from humans to pigs at this time."

The herd affected has been placed under quarantine. It's not yet known what will happen to the pigs. It's common to see influenza in pigs and human transmission to pigs is known to occur, Evans said. Normally detecting influenza in pigs would not generate a response from food safety officials, but with an international flu outbreak, the current circumstances are different, Evans told a news conference in Ottawa. "The chance that these pigs could transfer virus to a person is remote," said Evans.

The swine H1N1 virus, a never-before-seen combination of swine, avian and human genes, is believed to have jumped to humans sometime back and has been passing person to person.

The World Health Organization has insisted there is no evidence that pigs are passing the virus to humans, or that eating pork products poses an infection risk.

Herman Simons, a spokesman for Alberta Pork, a producer's group, said the main worry is the possible effect of the discovery on exports. "That's our big concern," Simons said. "The biggest concern is it may impact exports of live animals into the U.S."

In 2008, total Canadian pork exports were valued at $2.7 billion, including nearly $527 million worth of Canadian live swine exports.

In a statement, Agriculture Minister Gerry Ritz said met with his American counterpart, who assured him the U.S. will not close its borders to Canadian pork exports.

Earlier this week, the World Health Organization dropped the term "swine flu" – a nickname that angered pork producers and led to a drop in pork sales – in favour of its scientific name: "H1N1 influenza A."

Meanwhile, Canada's swine flu caseload swelled Saturday to 85 cases as health officials confirmed a host of new cases in Nova Scotia, Alberta and Quebec.

Public health officials say Nova Scotia has 17 new cases of swine flu, as jurisdictions across Canada are starting to report the widening spread of the illness.

Dr. Robert Strang, chief medical officer of Nova Scotia, said at a news conference Saturday that of the new cases in the province 11 are students who were exposed to the virus at the private King's Edgehill School in Windsor, N.S.

The other six were tested in doctors' offices in the Halifax area, suggesting the virus has jumped from being isolated in a small town to Atlantic Canada's most densely populated city.

There are now 31 cases in Nova Scotia, making it the province with the largest number of confirmed cases in the country.

Meanwhile, seven new cases have been reported in Alberta, doubling that province's count to 15. Two women, one man and a girl became Edmonton's first to come down with the disease. One woman and a boy were also diagnosed with swine flu in northern Alberta. Another woman in Calgary has also come down with the disease. None of the cases have required hospitalization, said Alberta Health.

Strang says he is uncertain whether any of those infected in Halifax had contact with students from the private school, or if they contracted the illness from other sources. He says further tests are needed, and he'll know more in a few days. "This is not a surprise. We fully expected to see more cases, as I've been saying all week. We also expected it would spread beyond King's Edgehill school," said Strang, after announcing the new numbers. He added there have been no reports that any of the people with the flu have been hospitalized.

Though he emphasized that to date most cases are mild, he also urged Canadians to be cautious. "I ask people to be extra vigilant and to take precautions around general hygiene. That means washing hands thoroughly and often, coughing and sneezing into your sleeve and disinfecting tables and worktops," he said.

Meanwhile, new cases have also been confirmed in British Columbia, Ontario and Quebec.

Health officials in Quebec confirmed the province's second case of the flu strain, a school-age child who recently returned from a trip to Mexico. Quebec's first case was confirmed in Montreal earlier this week.

British Columbia reported three more confirmed cases Saturday bringing the total in the province to 22. All the cases have been mild and the patients have either recovered or are recovering.

Two more confirmed cases were reported in Ontario, bringing that province's total to 14 cases.

The new Canadian cases came as the WHO announced it will release 2.4 million anti-viral doses to 72 countries.

The federal government, meanwhile, has expanded its swine-flu prevention campaign to Facebook, Twitter and YouTube, with a new "citizen-readiness campaign."

=> the same text

RED DEER
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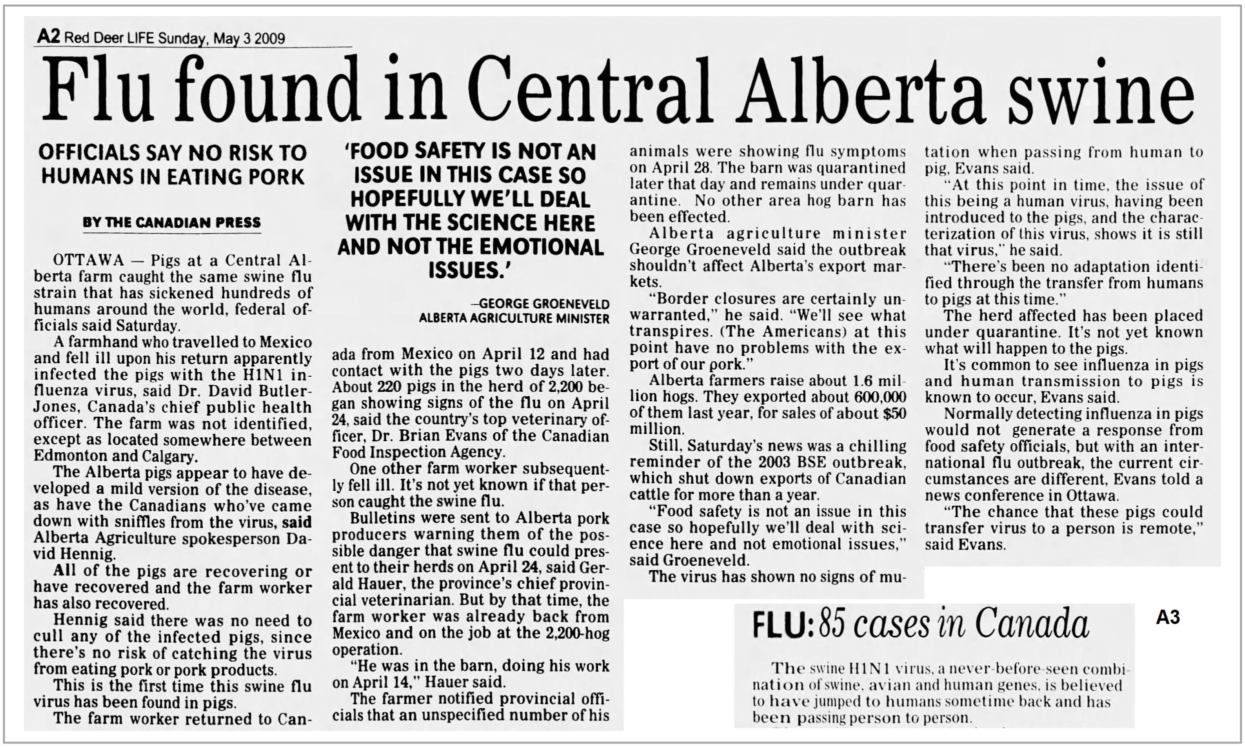
Flu found in Central Alberta swine

Red Deer Advocate (Red Deer, AL, Can), 3 May 2009, Sun, p. A2-A3
https://www.newspapers.com/image/559334460/



A2 Red Deer LIFE Sunday, May 3 2009

Flu found in Central Alberta swine

OFFICIALS SAY NO RISK TO HUMANS IN EATING PORK

BY THE CANADIAN PRESS

OTTAWA — Pigs at a Central Alberta farm caught the same swine flu strain that has sickened hundreds of humans around the world, federal officials said Saturday.

A farmhand who travelled to Mexico and fell ill upon his return apparently infected the pigs with the H1N1 influenza virus, said Dr. David Butler-Jones, Canada's chief public health officer. The farm was not identified, except as located somewhere between Edmonton and Calgary.

The Alberta pigs appear to have developed a mild version of the disease, as have the Canadians who've came down with sniffles from the virus, said Alberta Agriculture spokesperson David Hennig.

All of the pigs are recovering or have recovered and the farm worker has also recovered.

Hennig said there was no need to cull any of the infected pigs, since there's no risk of catching the virus from eating pork or pork products.

This is the first time this swine flu virus has been found in pigs.

The farm worker returned to Canada from Mexico on April 12 and had contact with the pigs two days later. About 220 pigs in the herd of 2,200 began showing signs of the flu on April 24, said the country's top veterinary officer, Dr. Brian Evans of the Canadian Food Inspection Agency.

'FOOD SAFETY IS NOT AN ISSUE IN THIS CASE SO HOPEFULLY WE'LL DEAL WITH THE SCIENCE HERE AND NOT THE EMOTIONAL ISSUES.'

—GEORGE GROENEVELD
ALBERTA AGRICULTURE MINISTER

One other farm worker subsequently fell ill. It's not yet known if that person caught the swine flu.

Bulletins were sent to Alberta pork producers warning them of the possible danger that swine flu could present to their herds on April 24, said Gerald Hauer, the province's chief provincial veterinarian. But by that time, the farm worker was already back from Mexico and on the job at the 2,200-hog operation.

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A3

FLU: *85 cases in Canada*

The swine H1N1 virus, a never-before-seen combination of swine, avian and human genes, is believed to have jumped to humans sometime back and has been passing person to person.

FluTrackers.com

Charmaine Noronha

Canada: Farm worker with H1N1 may have infected pigs on Alberta farm.

FluTrackers, 2 May 2009, 10:45 PM
https://flutrackers.com/forum/forum/canada/seasonal-flu-2009-2014-including-h1n1-pandemic-2009/alberta/49041-canada-farm-worker-with-h1n1-may-have-infected-pigs-on-alberta-farm

OTTAWA (AP) Pigs on a Canadian farm have been infected with the new swine flu virus? apparently by a farm worker back from Mexico? and are under quarantine, officials said Saturday. It is the first known case of pigs having the virus.

But officials quickly urged caution. Swine flu regularly causes outbreaks in pigs and the pigs do not pose a food safety risk, Dr. Brian Evans, executive vice president with the Canadian Food Inspection Agency, told a news conference.

The officials said the pigs in the province of Alberta were thought to be infected by a Canadian farm worker who recently visited Mexico and got sick after returning to Canada.

The traveler has recovered, and the estimated 200 sickened pigs are recovering as well, officials said. No pigs have died, and officials said they don't think the flu has spread beyond the farm.

Normally, detecting influenza in pigs would not generate a response from food safety officials, but the current circumstances are different with the international flu outbreak, Evans said.

"The chance that these pigs could transfer virus to a person is remote," he said, adding that he would have no issue eating pork from the infected pigs.

U.S. Agriculture Secretary Tom Vilsack said Canada has taken the necessary precautions to prevent the spread of the disease. He said there have been no reports of the virus in U.S. pigs and noted the sick Canadian swine have been quarantined.

"This detection does not change the situation here in the United States," he said.

The World Health Organization has insisted there is no evidence that pigs are passing the virus to humans, or that eating pork products poses an infection risk.

The U.N.'s Food and Agriculture and World Health Organization, along with the WTO and the World Organization for Animal Health, issued a joint statement Saturday saying there's no justification for any anti-pork trade measures as a result of the swine flu epidemic since there is no evidence the virus is spread by food.

The statement was the most emphatic yet from the United Nations and other agencies on the issue.

The statement came after major American pork importers like Russia and China banned pork products from certain U.S. states as the new swine flu spread. Indonesia, Ukraine and the Philippines and Serbia have banned certain pork products from the entire country.

Canadian officials called such measures unwarranted.

The pigs in Alberta were thought to be infected by a farm worker who returned from Mexico on April 12 and began working on the farm two days later. Officials noticed the pigs had flu-like symptoms April 24, Evans said.

Approximately 10 percent of the 2,200 pigs on the farm have been infected, Evans said. Officials said the pigs were likely infected in the same manner as humans worldwide, and that the virus is acting no differently in the pigs than other swine flu viruses.

"Whatever virus these pigs were exposed to is behaving in that exact manner as those we regularly see circulating in North America and in swine herds in virtually every nation around the world," Evans said.

According to the U.S. Centers for Disease Control and Prevention, studies have shown that swine flu is common throughout pig populations worldwide, with 25 percent of animals showing antibody evidence of infection. The new virus has shown no signs of mutation when passing from human to pig, Evans said.

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Angriff aus dem Schattenreich

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Die neue Grippe aus Übersee scheint nicht mehr aufzuhalten zu sein. Fieberhaft versuchen Forscher herauszufinden, wie gefährlich der unsichtbare Gegner wirklich ist. Deutsche Virologen arbeiten bereits an einem Impfstoff gegen den Influenza-Erreger.

Der fensterlose Raum in der Avenue Appia gleicht einem Bunker. Einst war er das Kellerkino der Weltgesundheitsorganisation (WHO) in Genf. Vor fünf Jahren wurde er für viele Millionen Euro umgebaut: Jetzt ist er das globale Lagezentrum - die Wände hell getäfelt, Kunstlicht 24 Stunden am Tag. Die Riesenbildschirme zeigen ein Gewirr aus Diagrammen und digitalen Karten; es läuft "breaking news" von CNN und BBC.

"Shoc room" heißt dieser Raum, was für "Strategic Health Operations Centre" steht. Von hier aus überwacht die WHO in normalen Zeiten das alltägliche Seuchengeschehen: Cholera in Simbabwe, Dengue-Fieber in Brasilien. "Jeden Morgen, wenn ich ihn betrete, erwarte ich eine Notsituation, das ist ganz normal, unser Alltag", erzählt Jim Zimmerly, der technische Leiter. "Neu ist, dass wir uns jetzt tatsächlich in einer extremen Notlage befinden."

Auf den ersten Blick ist davon nichts zu spüren. Die Atmosphäre ist kühl, konzentriert. Die Epidemiologen sitzen hier, die Impfstoffexperten dort; es gibt Mediziner, Multimedia-Spezialisten, Techniker, rund 50 Leute pro Schicht.

Niemand brüllt, niemand rennt umher, man spricht leise und vielsprachig per Videotelefonie mit Kollegen, Behörden, Pharmafirmen rund um den Erdball. In der ständigen virtuellen Seuchenkonferenz sind mehr als 200 Außenstellen weltweit zusammengeschaltet zu einem Think Tank, wie er der Welt bislang noch bei keinem Ausbruch zur Verfügung stand.

Seit über einer Woche ist dieser Raum Tag und Nacht besetzt. "Viele Leute hier gehen gar nicht mehr nach Hause, sie schlafen im Gebäude", berichtet Zimmerly. Fast kommt es ihm schon so vor, als ob er aus diesem unterirdischen Kommandostand einen Krieg führte. Einen Krieg, bei dem der Feind winzig ist: ein neuartiger Grippeerreger.

Seit vorvergangenem Freitag kreist Zimmerlys Adrenalinspiegel bisweilen in ungesunden Höhen. Kurz nach Mitternacht klingelte sein Notfallhandy, er ging ran und hörte diesen einen Satz: "Der Shoc ist aktiviert wegen eines neuen Typs Influenza."

Als am späten Abend die ersten Meldungen über einen neuen Grippeerreger eintrafen, war dem Experten schlagartig klar: Dies ist keine Übung. Um 1.30 Uhr erschien er auf der Arbeit, und um 2.00 Uhr, als er voll im Bilde war, spürte er seinen Herzschlag. Er war hellwach. Und besorgt.

Seit jenem schwarzen Freitag entwickelt sich die Influenza-Krise mit einer Geschwindigkeit, wie es auch Zimmerly noch nicht erlebt hat: Innerhalb weniger Tage erhöhte die WHO ihre Alarmstufe von drei auf vier, dann auf fünf; sechs, die Pandemie-Phase, ist in Sichtweite. "Wir richten uns darauf ein, dass uns dieses Problem noch sehr lange beschäftigen wird", sagt Zimmerly, sonst ein entspannter Kalifornier.

Nirgends zeigt sich die globale Dimension der neuen Seuche so plastisch wie in diesem Raum. Die entscheidenden Fragen, auf die die Experten im "Shoc room" und in Dutzenden Labors weltweit jetzt Antworten suchen, lauten so: Wo, außerhalb von Mexiko und den USA, springt das Virus von Mensch zu Mensch? Vermag es auch in anderen Ländern eigenständige Infektionsketten zu bilden? Wie oft und warum nimmt die Infektion bei manchen Betroffenen einen schweren oder gar tödlichen Verlauf? Und warum geht sie in den allermeisten Fällen bislang so glimpflich ab?

Vor allem aber haben Virologen sofort damit begonnen, dem unbekannten Winzling seine molekularbiologischen Geheimnisse zu entreißen. Fieberhaft arbeiten erste Forschergruppen daran, einen Impfstoff gegen den neuen Feind zu entwickeln.

Die Frage ist nur, ob ihnen das schnell genug gelingen wird. Bis dahin stehen den Seuchenbekämpfern als Waffen nur die antiviralen Grippemedikamente Tamiflu oder Relenza zur Verfügung, welche die Vermehrung von Influenza-Erregern im menschlichen Organismus hemmen.

Noch scheinen die modernen Anti-Grippe-Mittel auch gegen das neue Virus zu wirken - nur: wie lange noch? Bei einer raschen Pandemie und einem massenhaften Einsatz könnte der Erreger bald resistent werden.

Es steht viel auf dem Spiel. Seit der Antike zählen Influenza-Viren zu den immer wiederkehrenden Begleitern der Menschheit. Sie sind hochgradig wandlungsfähig, sehr infektiös, oft nur ärgerlich, mitunter aber tödlich.

Die Symptome der Schweinegrippe sind so alltäglich wie die der gewöhnlichen saisonalen Grippe auch. Einen bis vier Tage nach der Infektion tritt hohes Fieber auf, dazu kommen Husten, Heiserkeit, Gliederschmerzen, Kopfschmerz und Schüttelfrost. Wer dann krank im Bett liegt, dem droht eine Lungenentzündung. Doch in einem Detail verläuft die neue Grippe offenbar anders: "Es kommt vermehrt zu Durchfall", sagt WHO-Vizechef Keiji Fukuda.

Die Experten wissen ganz genau: Die H1N1-Seuche kann einen milden Verlauf nehmen mit vielen Kranken, aber wenigen Toten. Sie kann nach einiger Zeit wieder so geräuschlos verschwinden, wie sie gekommen ist. Sie kann aber auch zu Massengräbern führen. Menschen töten wird sie auf jeden Fall - bloß wie viele?

Eine Bilanz von Zehntausenden Opfern auf der ganzen Welt wäre in Wahrheit noch ein günstiger Ausgang. Schon die normale, jeden Winter wiederkehrende Grippe bringt weitaus mehr Menschen ins Grab, vor allem Hochbetagte. Ein gänzlich neuartiges Influenza-Virus stellt eine potentiell noch viel größere Gefahr dar, weil niemand auf der Welt von früheren Infektionen oder Impfungen her Immunität gegen den Erreger aufbieten kann. Von ihrer reinen Arithmetik her sind Influenza-Pandemien daher stets von atemberaubender Dimension: Ein bedeutender Teil der Menschheit kann erkranken. Und selbst wenn die Todesrate insgesamt sehr gering bleibt, kann die Zahl der Toten global betrachtet gleichwohl in die Millionen gehen.

Oft genug schon hat die Influenza im vergangenen Jahrhundert ihr Schreckenspotential unter Beweis gestellt:

* 1918/19 litt ein Drittel der Weltbevölkerung an der "Spanischen Grippe". 50 Millionen Menschen starben. Die Seuche begann zunächst fast harmlos, tötete dann aber massenhaft und rasend schnell. Viele Opfer fühlten sich mittags auf einmal schlecht und waren bereits am Abend tot. Das damalige Virus vom Typ H1N1 ist ein enger Verwandter des jetzt grassierenden Erregers.

* Mehr als eine Million Menschen starben während der "Asiatischen Grippe", die sich von 1957 an zunächst in China, dann im Rest der Welt verbreitete.

* Vom Jahr 1968 an umrundete die "Hongkong-Grippe" den Planeten - und tötete rund eine halbe Million Erdenbürger.

* Anfang 1976 glaubten Experten, einen Wiedergänger der Mördergrippe von 1918 entdeckt zu haben: Von 13 schwererkrankten US-Soldaten war einer gestorben. Es galt höchster Alarm, in vielen Ländern wurden Massenimpfungen angeordnet. Doch diese "Schweinegrippe", wie auch sie damals hieß, endete als blinder Alarm: Sie kam nie hinaus über die ursprüngliche Kaserne.

Wie auch immer der Krieg dieses Mal ausgehen wird, im Lagezentrum der WHO werden sie es als Erste merken.

Seit vorvergangener Woche hat die Menschheit also eine neue Herausforderung zu meistern. Ging es zuletzt um die Frage, ob der Bankencrash die ganze Weltwirtschaft in den Abgrund reißt, so fragen sich nun Virenforscher, ob ein winziger Eiweißpartikel der Menschheit so viele Opfer zufügen könnte wie zuvor nur die Weltkriege. Die schlimmsten Prognosen gehen zudem von einer wirtschaftlichen Katastrophe aus, welche die Welt drei Billionen Dollar kosten könnte - es wäre ein Aderlass vergleichbar jenem, der sich gerade in den Finanzzentren abspielt.

In ihrer Rat- und Orientierungslosigkeit stehen die Virologen den Wirtschaftswissenschaftlern ohnehin in nichts nach. "Die ganze Menschheit ist in einer Pandemie bedroht", warnt Margaret Chan, die Generaldirektorin der WHO. Christian Meyer vom Bernhard-Nocht-Institut in Hamburg hingegen beruhigt: "Meine Botschaft ist: Alles etwas herunterfahren!"

Die Mehrzahl der Forscher zuckt angesichts der unübersichtlichen Lage lieber mit den Schultern - zu wenig ist bislang über die Gefährlichkeit des Erregers bekannt. "Keiner vermag heute zu sagen, wie es ausgeht", konstatiert der Marburger Virologe Hans-Dieter Klenk. Zumindest die britische Forscherin Wendy Barclay vom Imperial College London hat das Virus vergangene Woche genau gemustert - und in einer ersten Einschätzung für wenig furchterregend befunden. Von seinen genetischen Anlagen her befalle es vor allem die oberen Luftwege. Dies aber verursache selten katastrophalen Schaden - ganz anders als etwa der Erreger der Vogelgrippe, der tief in die Lunge eindringe. Auch die amerikanische Seuchenbekämpfungsbehörde CDC hält den Erreger einstweilen nicht für todbringender als die normale saisonale Grippe.

Begonnen hat der Seuchenzug wahrscheinlich **in Mexiko** mit seiner Armut und dem maroden Gesundheitssystem. Dort fiel es wochenlang gar nicht auf, dass ein neuartiger Erreger entstanden ist. Adela María Gutiérrez, das erste Todesopfer, wurde erst ins Krankenhaus eingeliefert, als die Frau am Körper blau angelaufen war. Die ahnungslosen Ärzte dachten zunächst an Coronaviren und an die längst überwunden geglaubte Lungenkrankheit Sars.

Unbemerkt konnte das Virus sodann beträchtliche Teile der Bevölkerung infizieren. Im Gewusel des Molochs Mexico City fand es nahezu ideale Bedingungen vor. Der Sprung über die Landesgrenzen war fast unausweichlich: Millionen Mexikaner arbeiten in den USA. Umgekehrt fallen im Frühling die Urlauber aus Übersee ein, darunter derzeit allein 9000 Deutsche.

Vor allem aber bei jungen US-Amerikanern ist Mexiko ein beliebtes Ziel für den sogenannten Springbreak: eine exzessive Party, bei der es vor allem darum geht, am Ende des Abends möglichst viele Körperflüssigkeiten ausgetauscht zu haben. Schon in normalen Jahren gruseln sich die Epidemiologen davor, welche Folgen die ausgelassenen Sexferien haben könnten.

So kam es, wie es in einer globalen Welt fast zwangsläufig kommen musste: Ein Land nach dem anderen meldete Schweinegrippe-Kranke. Nach den USA war es Spanien, dann Großbritannien, Deutschland und Österreich. Auch Schüler aus Neuseeland hatten sich das Virus beim Mexiko-Urlaub eingefangen. "Wir können das Virus nicht mehr eindämmen", bilanzierte WHO-Direktorin Chan.

Jedes Land entwickelte seine besondere Art, sich gegen den unsichtbaren Feind zu wappnen. Hongkong stellte 300 Gäste und Angestellte in einem Hotel unter Quarantäne, weil einer der Gäste aus Mexiko infiziert war. Die ägyptische Regierung ordnete an, alle 350 000 Schweine des Landes zu schlachten - für die Muslime kein großes Opfer, weil nur die Minderheit der Kopten Schweinefleisch isst.

Während auf vielen internationalen Flughäfen seit voriger Woche mit Amtsärzten oder Wärmekameras nach Kranken gefahndet wird, schlossen Länder wie Kuba ihre Landeplätze für Flugzeuge aus Mexiko gleich ganz. US-Präsident Barack Obama lehnte die Schließung der Grenze nach Mexiko hingegen ab: "Das ist, als schlösse man das Scheunentor, wenn die Pferde schon raus sind."

Dabei wäre Obama beinahe selbst zum Überträger der Schweinegrippe geworden: Ein Berater aus dem Obama-Stab hat sich bei einem Staatsbesuch in Mexiko tatsächlich angesteckt - und sogleich auch drei seiner Familienmitglieder. Mit wachsender Besorgnis versuchen die Behörden in New York, die Weiterverbreitung des Erregers unter Schülern zu stoppen. Sie hatten sich bei einem Mexiko-Besuch angesteckt. Hunderte Schulen in den USA wurden geschlossen.

Auch in Deutschland macht sich seit vorigem Mittwoch niemand mehr Illusionen, das Virus lasse sich aussperren, wie es etwa im Jahr 2003 fast vollständig beim Sars-Erreger gelungen ist. Wie auch in anderen Ländern brachten Mexiko-Urlauber aus Bayern und Hamburg den Erreger als ungewolltes Reisesouvenir mit in die Heimat.

Ende der Woche wurde sogar bekannt, dass der erste Patient, ein Mann Ende 30 aus der Nähe von Regensburg, im Kreiskrankenhaus Mallersdorf eine Krankenschwester und offenbar auch einen Zimmernachbarn angesteckt hat - die ersten Mensch-zu-Mensch-Übertragungen auf deutschem Boden.

Sofort schickte das Berliner Robert-Koch-Institut zwei Experten vor Ort, die klären sollen, wie es zu den Ansteckungen kam. "Wir müssen dringend wissen, wie eng der Kontakt zu einem Kranken sein muss, um sich zu infizieren", sagt Jörg Hacker, Präsident des Robert-Koch-Instituts.

Doch anders als bei früherem Virenalarm - von Sars bis Vogelgrippe - reagieren die Deutschen einstweilen erstaunlich besonnen, von Massenpanik keine Spur. Während in England Schulen geschlossen werden und Frankreich gar Flugverbote nach Mexiko fordert, stornieren die allermeisten deutschen Mexiko-Urlauber noch nicht einmal ihren Flug. Und kein aufgeregter Hinterbänkler fordert den Verzicht auf Großveranstaltungen.

Die deutsche Gelassenheit hängt vermutlich auch damit zusammen, dass die bisher aufgetretenen Infektionen auffallend mild verlaufen sind. Die Betroffenen litten nur an leichten Grippesymptomen; nach Verabreichung von Tamiflu waren alle schnell wieder gesund.

"Hinzu kommt, dass die Republik auf eine Pandemie gut vorbereitet ist", erklärt Christoph Unger, der Präsident des Bundesamtes für Bevölkerungsschutz und Katastrophenhilfe. In allen Bundesländern gibt es umfangreiche "Pandemie-Pläne", in denen detaillierte Maßnahmen aufgelistet sind - bis hin zu Versammlungsverboten und der Schließung von Schulen und Kindergärten.

Selbst für einen Ausbruch der Seuche in Gefängnissen gibt es Notfallpläne: Das hessische Justizministerium etwa will nichtinfizierte Gefangene zu "Pflegehilfsdiensten" heranziehen und Freigängern einen "Langzeiturlaub" genehmigen.

Vor eineinhalb Jahren hatten die Katastrophenschützer in einer länderübergreifenden Krisenmanagement-Übung ("Lükex") schon einmal den Ernstfall durchgespielt. Zwei Tage lang versammelten sich in der Akademie für Krisenmanagement im rheinland-pfälzischen Bad Neuenahr-Ahrweiler knapp 150 Verwaltungs- und Sicherheitsexperten, die per Internet mit Krisenstäben in den Ländern verbunden waren. Für Wirklichkeitsnähe sorgten simulierte Nachrichtensendungen mit dem "Tagesschau"-Sprecher Marc Bator.

Durchgespielt wurde eine "mittelschwere" Influenza-Pandemie. Doch schon die hatte es in sich - zumindest auf dem Papier: Wenn sich etwa 30 Prozent der deutschen Bevölkerung infizieren, sind 13 Millionen zusätzliche Arztbesuche, 370 000 Patienten in Krankenhäusern und 102 000 Todesfälle zu erwarten, ergab eine Modellrechnung.

Die Krisenmanager mussten sich Gedanken machen, wie sich in so einem Fall die Versorgung der Bevölkerung mit Nahrung und Medikamenten aufrechterhalten lässt. Als Sofortmaßnahme, so ein Ergebnis der Übung, könnte beispielsweise die Lenkzeitbeschränkung für Lastwagenfahrer aufgehoben werden, damit es auch dann noch genug Transportkapazität auf den Straßen gibt, wenn jeder dritte Fahrer mit hohem Fieber im Bett liegt.

Zudem haben die Lükex-Leute eine klare Hierarchie für die Verteilung von Grippemitteln wie Tamiflu entwickelt, die die Bundesländer laut Nationalem InfluenzaPandemie-Plan für 20 Prozent der Bevölkerung vorhalten sollen. Als Erste sollten Ärzte, Polizisten und Feuerwehrleute das Mittel bekommen, damit Gesundheitssystem und öffentliches Leben nicht zusammenbrechen (siehe Kasten Seite 132).

Die Übung habe auch gezeigt, dass die Republik aus früheren Krisenlagen wie der Vogelgrippe gelernt habe, meint Katastrophenschutz-Präsident Unger: "Wir werden das im Griff behalten können, wenn wir früh reagieren."

Alles hängt jetzt davon ab, ob sich die Grippe aus Mexiko in den nächsten Wochen tatsächlich zu einer Pandemie entwickelt. Doch die Seuchenexperten tappen noch völlig im Dunkeln. "Es ist so, als ob wir in eine Glaskugel schauen würden, die mit schwarzer Folie beklebt ist", sagt Martin Meltzer von der amerikanischen CDC.

So viel wenigstens lässt sich sagen: Die Fachleute gehen derzeit von fünf möglichen Seuchen-Szenarien aus (siehe Grafik). Im besten Fall wird sich bald herausstellen, dass die Sterblichkeitsrate des neuen Virus so gering bleibt, wie es jetzt den Anschein hat. Dann entwickelt es sich vielleicht zu einem ganz normalen Grippeerreger, wie er jedes Jahr in der Wintersaison zirkuliert. Die meisten Menschen auf der Welt werden bald Abwehrkräfte dagegen ausbilden. Geschwächte Personen, Alte und Kinder können ernster erkranken, etliche sterben.

Möglicherweise aber ist das H1N1-Virus in Wahrheit doch gefährlicher als der normale saisonale Grippeerreger. "Um das zu beurteilen, müsste man die Gesamtzahl der Erkrankten kennen und in Relation zu den Toten setzen", erklärt CDC-Seuchenmann Meltzer. Bei den letzten beiden Pandemien 1957 und 1968 lag die Sterblichkeitsrate bei 0,2 Prozent. "Da kann man locker 100 Infizierte haben, und es ist statistisch noch kein einziger Toter dabei. Wegen der noch zu geringen Fallzahlen können wir deshalb am Anfang noch gar nicht sagen, ob wir schon eine Pandemie haben."

Drittes, ebenso tückisches Szenario: Das Virus verschwindet erst einmal wieder aus der menschlichen Population und zieht sich in den Wirt zurück, von dem es gekommen ist: das Schwein. Dort wiederum mutiert es und kehrt irgendwann als aggressivere Variante zum Menschen zurück.

Die Virologen nehmen diese Möglichkeit durchaus ernst: WHO-Veterinäre sind bereits in die Schweineställe dieser Welt aufgebrochen, um sich einen Überblick zu verschaffen, ob Tiere mit dem Erregertyp infiziert sind.

Vierte Variante: Die Ausbreitung der Grippeerreger kommt zum Erliegen, weil bald die warmen Sommermonate auf der Nordhalbkugel anbrechen. In der Wärme und bei hoher Luftfeuchtigkeit übertragen sich die Viren nicht so leicht. "Im nächsten Winter könnte die neue Grippe dann richtig zuschlagen", warnt der britische Virenforscher John Oxford. In den nächsten Monaten hätte der Erreger sogar noch Zeit, weiter zu mutieren und seine Gefährlichkeit zu steigern.

Ganz ähnlich, so hat Oxford rekonstruiert, war der Verlauf bei der Spanischen Grippe. Die erste, noch zaghafte Angriffswelle erfolgte im Kriegswinter 1916/17; sie schlug erstmals in den Schützengräben und Feldlazaretten der Franzosen, Engländer und Deutschen zu. Oxford: "Ihr wahres Zerstörungspotential hat die Spanische Grippe erst im folgenden Winter entfaltet - auf der ganzen Welt."

Das fünfte Szenario ist am verheerendsten. Oxford nennt es "das virale Armageddon". Demnach könnte die Schweinegrippe sich mit dem Vogelgrippe-Erreger H5N1 vermählen, der schon seit Jahren in Asien und Europa unter Hühnern und Wildgeflügel wütet. Dieses Virus ist extrem aggressiv: Von den nachgewiesenen 421 infizierten Menschen starben 257. Bislang allerdings stecken sich die Menschen nicht gegenseitig an - der Homo sapiens erwies sich für das Virus als Sackgasse.

Die größte Furcht der Epidemiologen: Schweine- und Vogelgrippe könnten eine fast unbesiegbare Allianz bilden - die eine bringt ihre hohe Ansteckungskraft mit in das virale Bündnis ein, die andere die Tödlichkeit. "Die WHO reagiert vor allem deshalb so besorgt, weil es nun gleich zwei potentielle Pandemie-Viren auf der Welt gibt", sagt Oxford. Der Forscher warnt davor, die Vogelgrippe als Gefahrenquelle aus den Augen zu verlieren.

Kurz vor Ausbruch der Schweinegrippe hatte das Vogelgrippevirus unter Medizinern ohnehin gerade für Aufsehen gesorgt: In Ägypten deuten Infektionen unter Menschen darauf hin, dass es weniger gefährlich geworden ist, dafür aber ansteckender. "Die Vogelgrippe scheint sich auf den Menschen zuzubewegen", so Oxford.

Der britische Virenexperte sieht andererseits auch Hoffnungsschimmer. Er hat eine Theorie, warum die Schweinegrippe bei den meisten Infizierten so leicht verläuft. Der Erreger sei zwar ein Mutant, dem Körper dennoch nicht vollkommen unbekannt. "Ich vermute, dass die meisten Menschen zumindest eine gewisse Resistenz dagegen besitzen", sagt Oxford.

Doch wird der Wissenschaftler mit dieser optimistischen Einschätzung recht behalten? Die Antwort liegt noch tief im seltsamen Schattenreich der Grippeviren verborgen. Grundsätzlich gibt es drei Sorten von Influenza-Viren. Die Varianten C und B führen nicht zu Pandemien - im Unterschied zur jetzt marodierenden Variante A. Von allen drei Typen ist sie am unberechenbarsten, verändert ständig ihr Gewand, um das menschliche Immunsystem zu überlisten.

Kein Zufall also, dass es 1918 ein neuer Erreger vom Typ Influenza A war, der damals mehr als doppelt so viele Opfer forderte wie der Erste Weltkrieg. Genau solch eine Pandemie könne sich jederzeit wiederholen, prophezeien Experten wie der Virologe Robert Webster schon seit Jahren. Auch das britische Wissenschaftsmagazin "Nature" warnte vorigen Sommer: "Mit so vielen Grippestämmen in der Welt, die ständig evolvieren, ist eine Grippe-Pandemie unausweichlich."

Durch Husten und Niesen übertragen sich die Erreger von Mensch zu Mensch. Ursprünglich aber existierten die Viren nur in wilden Enten, Gänsen und anderen Wasservögeln. Diese schieden die Viren mit dem Kot ins Wasser und infizierten auf diese Weise irgendwann Schweine und Hausgeflügel - so entstand die größte Tierseuche, die es je gab.

Die winzigen Partikel, die aus einer kugeligen Proteinhülle und acht Strängen der Erbsubstanz RNA bestehen, tragen auf ihrer Oberfläche die Proteine Hämagglutinin (H) und Neuraminidase (N), nach denen die jeweiligen Virenstämme benannt werden. Mit dem H-Protein bindet sich das Virus an die Körperzellen seiner Wirte, dringt in sie ein und lässt von der fremden Zellmaschinerie immer neue Nachkommen herstellen. Am Ende verlassen Massen neuer Viren die Zelle und zerstören sie dabei.

Zur tödlichen Gefahr werden die in Tieren kursierenden Erreger, weil sie ständig neue Varianten erzeugen, von denen es einigen schließlich gelingt, die Artgrenze zum Menschen zu überwinden. Es ist ein molekularbiologisches Roulette, das jeden Winter neue Sorten hervorbringt. Wissenschaftler auf der ganzen Welt versuchen Vorhersagen zu treffen, wie sich die wichtigsten bekannten Stämme entwickeln werden. Aufgrund dieser Prognosen werden dann Jahr für Jahr neue Impfstoffe für die nächste Grippesaison hergestellt.

Doch ab und zu tauchen Varianten auf, mit denen keiner gerechnet hatte und die den Menschen besonders bedrohen - etwa die Vogelgrippe. Aufgrund einer winzigen Mutation löst H5N1 eine schockartige Überreaktion des menschlichen Immunsystems aus: Fieber, Schüttelfrost, Erbrechen, Kopfweh bis hin zum Tod. Die meisten Opfer starben nicht am Erreger selbst, sondern am Aufbäumen ihres Körpers gegen den Eindringling.

Bisher hielten die meisten Forscher den Vogelgrippe-Erreger H5N1 denn auch für den wahrscheinlichsten Auslöser der nächsten Pandemie. Das Virus hat sich nicht nur in asiatischem Geflügel festgesetzt, sondern befällt sporadisch auch Hauskatzen, Tiger, Leoparden und Menschen. Kaum auszudenken, wenn dieser Killer auf irgendeinem asiatischen Markt, auf dem sich Menschen und Tiere inmitten von Schlachtabfällen drängen, mutiert und dann rasch von Mensch zu Mensch springt.

Allerdings warnen Virologen auch schon länger vor einer mutierten Schweinegrippe. Geradezu prophetisch liest sich jetzt ein Satz, den der Tiermediziner Jürgen Richt von der Kansas State University in Manhattan erst vor wenigen Wochen im "Journal of Molecular and Genetic Medicine" veröffentlicht hat: "Die Entstehung eines neuartigen Schweine-Influenza-Virus mit Pandemie-Potential könnte auch in modernen Schweinemastbetrieben im Hinterhof eines hochindustrialisierten Landes in Nordamerika oder Europa passieren."

Gerade Schweine gelten als lebende Laboratorien, in denen besonders tückische Viren heranbrüten können. Der Grund: Ihre Schleimhäute werden gleichermaßen von Schweinegrippe-, Vogelgrippe- und Menschengrippe-Viren besiedelt und vermischen sich dort zu neuen Varianten.

Nun hat sich das Spiel ein weiteres Mal wiederholt - ein Virus wie den Erreger der Mexikanischen Grippe indes haben die Wissenschaftler nie zuvor in Menschen und noch nie in Schweinen gesehen. Es enthält gleichermaßen RNA-Stränge aus Schwein, Mensch und Vogel, die früher jeweils nur getrennt in Nordamerika, Europa und Asien registriert wurden. Folglich tut sich die Wissenschaft auch schwer damit, einen passenden Namen für das ungewöhnliche Mischmasch-Virus zu finden. "Schweineähnliches humanes H1N1", schlägt etwa Tierarzt Richt aus Kansas vor. Rätselhaft blieb zunächst auch die genaue Herkunft des Virus. Bis Ende vergangener Woche war es noch nicht in einem einzigen Schwein isoliert worden. Hat es die Borstentiere mithin schon vor längerer Zeit verlassen?

Weder die amerikanischen Seuchenpolizisten vom CDC noch die mexikanischen Ärzte konnten vergangene Woche sicher aufklären, wo die Seuche ausgebrochen ist, geschweige denn, wer wirklich der erste Patient war. Immerhin gelang es ihnen, den Seuchenherd einzukreisen.

Zwischen dem 9. März und dem 10. April traten demnach erste Grippefälle in dem Dorf La Gloria im Bundesstaat Veracruz auf. Dort lebt auch der fünfjährige Edgar Hernández. Der kleine Junge war womöglich der erste Mensch, der sich mit dem neuen H1N1-Erreger infiziert hat; rasch war er wieder genesen.

Die Bewohner von La Gloria machen die stinkenden Schweinemastanlagen von Granjas Carroll de México für die Erkrankungen verantwortlich. Die Firma in der Stadt Perote gehört zu 50 Prozent dem US-amerikanischen Lebensmittelkonzern Smithfield Foods, dem größten Schweinefleischproduzenten der Welt.

Auch aus Sicht der Virologen könnte die Gegend durchaus als jener Hexenkessel in Frage kommen, aus dem das neue Virus ausgebrochen ist: In der Stadt Perote mästet die Firma in 200 Anlagen 500 000 Schweine, außerdem hält sie 60 000 Zuchtsäue. Sie produziert eine Million Schweine pro Jahr allein für den Export.

Allerdings habe man "keine klinischen Anzeichen oder Symptome" der neuen Seuche in den Schweineherden oder unter den Angestellten der Anlagen in Mexiko gefunden, teilte Smithfield eilfertig mit. Dennoch habe das Unternehmen auf freiwilliger Basis Proben von Schweinen genommen, die nun von Laboranten und Wissenschaftlern der Universität von Mexiko untersucht werden.

Es gibt noch einen anderen abenteuerlichen Verdacht: Stammt das Virus in Wahrheit aus Südkalifornien? Die Seuchenbekämpfer der CDC sind bei ihren Nachforschungen dort auf zwei interessante Infizierte gestoßen: einen Jungen im San Diego County und ein Mädchen im Imperial County. Beide haben sich wohl im März angesteckt.

"Die Krankheit ist an die amerikanische Westküste gelangt und hat sich von dort aus nach Süden verbreitet", spekuliert deshalb der mexikanische Epidemiologe Samuel Ponce de León. Erst Wanderarbeiter hätten sie vermutlich nach Mexiko eingeschleppt. Statt Mexikanischer Grippe sollte man die Krankheit deshalb besser "Nordamerikanische Grippe" nennen.

Doch diese und vermutlich viele andere Fälle fielen nicht weiter auf. Erst eine Tote schreckte die mexikanischen Behörden auf: Adela María Gutiérrez aus Oaxaca, das erste sicher dokumentierte Opfer der Schweinegrippe.

Die behandelnden Ärzte waren über ihre Machtlosigkeit geschockt. "Wir tappten völlig im Dunkeln", erzählt ihr Arzt Alejandro López Ruiz. Geistesgegenwärtig setzte er sich am 14. April, einen Tag nach ihrem Tod, in ein Flugzeug nach Mexico City. In seinem Gepäck: Gewebeproben der Verstorbenen.

Am selben Tag bekam Mexikos Chefepidemiologe Miguel Angel Lezana einen beunruhigenden Anruf. Am anderen Ende meldete sich der Direktor des bedeutendsten mexikanischen Krankenhauses für Atemwegserkrankungen, der ihm über eine merkwürdige Häufung von Lungenentzündungen berichtete.

Die meisten Patienten seien relativ jung, zwischen 20 und 40 Jahre alt. Vier von ihnen seien innerhalb weniger Stunden gestorben. Alarmiert schickte Lezana Gewebeproben in das Nationale Mikrobiologische Labor im kanadischen Winnipeg. Noch ohne die Ergebnisse zu kennen, löste er zwei Tage später einen nationalen Gesundheitsalarm aus.

Ohne von den Vorgängen jenseits der Grenze zu wissen, wurden zur gleichen Zeit auch US-Epidemiologen stutzig. Besorgt beugten sie sich über die Akten der zwei kalifornischen Grippefälle. Sie konnten nicht recht glauben, dass bei den beiden Kindern nur die normale Influenza zugeschlagen hatte.

Michele Ginsberg, Chefepidemiologin in San Diego, schoss ein Gedanke durch den Kopf: "Das ist die große Seuche." Auch sie ordnete nun an, den unbekannten Erreger genau zu bestimmen. Kurz darauf hörte die Medizinerin vom nationalen Gesundheitsalarm in Mexiko.

Jetzt zählten die Epidemiologen beider Länder eins und eins zusammen. Gewissheit brachten am 18. April die Befunde aus dem Labor.

Der mexikanische Epidemiologe Eduardo Sada stand gerade auf dem Tennisplatz, als sein Handy klingelte. Er solle sofort ins Gesundheitsministerium kommen. Ob er noch duschen dürfe? "Vergiss die Dusche und komm her", rief der Ministeriale durchs Telefon.

Die folgenden Tage schuftete Sada bis an den Rand der Erschöpfung. Immer neue Patienten wurden entdeckt, einige wenige starben. Am vorvergangenen Freitag sank Sada in die Arme seiner Frau und weinte: "Ich sagte ihr, das ist der traurigste Tag meines Lebens."

Seither herrscht in den Labors und Krisenstäben von Virologen, Medizinern und Seuchenbekämpfern auf der ganzen Welt der Ausnahmezustand. Auch Klaus Stöhr findet kaum noch Schlaf.

Der Tierarzt war lange Jahre der oberste Influenza-Jäger der WHO, bevor er in die Industrie wechselte, als Chef der Grippe-Impfstoff-Forschung von Novartis. Wie der Zufall es so will: Mit 600 Kollegen traf er sich vergangene Woche in Cannes zu einem - lange geplanten - Influenza-Kongress. Ort war das Palais an der weltberühmten Croisette, wo in zwei Wochen die Internationalen Filmfestspiele beginnen. Und ein wenig konnten Stöhr und die anderen Virologen sich auf einmal auch wie Stars fühlen.

"Das ist doch verrückt, wir veranstalten einen Weltkongress - und am Wochenende davor bricht ein neuer Grippeerreger aus", sagt Stöhr. Sein ursprüngliches Manuskript hat er gleich weggeworfen. Jetzt geht es nur noch um die Schweinegrippe und wie man so schnell wie möglich einen Impfstoff dagegen entwickeln kann.

So futuristisch die molekularbiologischen Analyseapparate auch wirken, mit denen die Forscher nach den Schwachstellen der Winzlinge fahnden - die Herstellung eines Impfstoffs mutet immer noch erstaunlich archaisch an: Seit mehr als 50 Jahren dienen Hühnereier als Brutreaktoren für jene Virenschnipsel, aus denen der schützende Impfcocktail gebraut wird.

Es ist ein quälend langsamer Produktionsprozess. Selbst wenn Pharmakonzerne ab sofort mit der Fabrikation eines Impfstoffs gegen den neuen H1N1-Erreger beginnen könnten: "Die ersten gebrauchsfertigen Dosen sind frühestens in vier bis sechs Monaten verfügbar", sagt Marie-Paule Kieny, die Impfstoffexpertin der WHO. "Es ist ein langer Weg." Nächstes Jahr um diese Zeit könnten maximal ein bis zwei Milliarden Impfdosen fertig sein - unter Umständen zu spät.

Virenforscher arbeiten allerdings unter Hochdruck daran, das Verfahren zu beschleunigen. Eine neuartige Methode verwendet Zusatzstoffe für die Impfung, sogenannte Adjuvantien. Sie sorgen für eine stärkere Reaktion des Immunsystems. Diese Technik hat den Vorteil, dass die einzelne Dosis Impfstoff weniger Mikrogramm Virenmaterial enthalten muss.

Pharmakonzerne wie Baxter wollen ganz weg von den leidigen Eiern. Sie experimentieren damit, Influenza-Impfstoffe in speziell präparierten Affenzellen zu züchten. Die Zellen schwimmen in einer Nährbrühe, die sich in Bioreaktoren bei idealen Wachstumstemperaturen befindet. Auf diese Weise soll die Herstellung auf 15 Wochen verkürzt werden - aber auch das kann zu lange sein, um ein sich schnell ausbreitendes Virus einzudämmen.

Viele Virologen träumen deshalb von einer Art Super-Impfstoff, der mit einem Schlag alle heutigen Probleme beseitigen könnte: Das Vakzin soll gegen Grippeerreger aller Art wirken.

Wissenschaftler vom Dana-Farber Cancer Institute in Boston sind diesem Ziel kürzlich einen großen Schritt näher gekommen. Im Fachblatt "Nature Structural & Molecular Biology" beschreiben sie, wie sie einen entscheidenden Schwachpunkt aller Influenza-Viren entdeckt haben: einen bestimmten Abschnitt auf dem H-Protein, das wie ein Streichholz auf dem Virus sitzt.

Der Kopf ändert sich unentwegt - und narrt auf diese Weise das menschliche Immunsystem. Der Stiel des Streichholzes dagegen ändert sich kaum und wäre ein viel leichteres Ziel. Einige Menschen bilden sogar Antikörper gegen den Protein-Stiel. Das hat Wayne Marasco vom Dana-Farber Cancer Institute entdeckt, als er sich das Blut anschaute, das er 57 gesunden Menschen abgezapft hatte. Die Proben enthalten insgesamt 27 Milliarden verschiedene Antikörper - von denen ganze 10 in Laborversuchen auf den Protein-Stiel ausgerichtet waren.

Zumindest in Tierversuchen haben diese Antikörper gleichermaßen gegen den Erreger der Spanischen Grippe wie gegen jenen der Vogelgrippe gewirkt: In infizierten Mäusen verschwanden die Symptome. Die großen Killer hatten keine Chance.

"Wir sind in der Lage, das Immunsystem zu steuern", verspricht Marasco, dem eine Universalspritze gegen die Grippe vorschwebt. Eine Injektion mit den entsprechenden Antikörpertypen könnte ein Leben lang vor den unberechenbaren Viren schützen.

Doch da ein solcher Rundumschutz frühestens in einigen Jahren verfügbar sein wird, müssen einstweilen wieder die Hühnereier herhalten. Nahezu unbemerkt von der Öffentlichkeit haben deutsche Forscher bereits vergangene Woche damit begonnen, einen Impfstoff gegen den neuen Erreger zu entwickeln.

Am vorigen Mittwoch steht ein Mann allein auf dem Parkplatz des Instituts für Virologie der Uni Marburg und wartet. Es ist zwei Uhr nachts. Zum letzten Mal sind die Deutschen im Glauben zu Bett gegangen, die Schweinegrippe könne ihr Land verschonen.

Langsam rollt ein Transporter der Spezialfirma T&E Gefahrgutlogistik auf den Parkplatz. Ein Mann steigt aus und übergibt ein kleines, weißes Päckchen, darauf steht geschrieben: "Infektiöse Stoffe". Die Fracht wird schon am nächsten Morgen für Schlagzeilen sorgen: Es ist eine Speichelprobe des ersten deutschen Schweinegrippe-Kranken aus dem bayerischen Pfakofen.

Vorsichtig macht sich am nächsten Tag der Virologe Mikhail Matrosovich, Leiter einer der Marburger Influenza-Arbeitsgruppen, über die Probe her. Er will das Schweinegrippe-Virus aus dem Patientenspeichel isolieren und milliardenfach vermehren - nur so können die Forscher mehr über den neuen unheimlichen Gegner erfahren und schließlich einen Impfstoff entwickeln.

Im Hochsicherheitslabor der Stufe S3 streift sich Matrosovich eine Atemmaske über und schlüpft in seinen Schutzanzug. Jeder Griff ist Hunderte Male eingeübt. Er öffnet das Päckchen und holt das kleine Röhrchen mit der Speichelprobe heraus. Es schwimmt nicht mehr als eine winzige Menge klarer Flüssigkeit darin, ein bis zwei Milliliter vielleicht.

Alles sieht nach Laborroutine aus, nicht nach dem seuchentechnischen Ernstfall. Doch dieser Arbeitstag verläuft nicht wie jeder andere. Gleich vier Mitarbeiterinnen aus dem benachbarten Impfstoffwerk des Pharmariesen Novartis sind ins Marburger Institut gekommen. Im Gepäck hatten sie Zellkulturen, die zur Impfstoffherstellung genutzt werden sollen. Vorsichtig füllt Matrosovich eine Pipette mit der Patientenspucke und leert sie in eine der kleinen Schalen. Er will herausfinden, wie sich das neue Virus am besten vermehren lässt. Zum Vergleich spritzt er die Speichelprobe deshalb auch in Hühnereier.

Alles läuft nach Plan. Am späten Freitagabend dann die Sensation: Wie erste Tests zeigen, ist den Marburger Forschern im Labor tatsächlich die Vermehrung des Schweinegrippe-Virus geglückt - ein wichtiger Schritt auf dem Weg zum Impfstoff. Erschöpft verstauen die Wissenschaftler die Milliarden Zuchterreger erst einmal in der Tiefkühltruhe.

Die isolierten Erreger werden sie schon bald nach Genf schicken. Aus allen eingesandten Viren sucht die WHO dann dasjenige aus, das für eine Impfung am geeignetsten ist. Aus diesem "Saat-Virus" sollen die Pharmafirmen dann in Hühnereiern oder Zellkulturen den Impfstoff produzieren. "Doch jederzeit kann etwas schiefgehen", warnt Matrosovich. Vor zwei Jahren sind in den USA durch eine Unachtsamkeit Millionen Eier verunreinigt gewesen; die Chargen mussten weggekippt werden.

In normalen Zeiten wäre das eine reine Kostenfrage; doch nun können solche Missgeschicke über das Leben von Millionen Menschen entscheiden. Vor allem muss vor Beginn der Produktion noch eine existentielle Entscheidung getroffen werden. Wenn sich H1N1 tatsächlich zur tödlichen Pandemie auszuwachsen scheint, dann müsste die WHO die Pharmafirmen sofort und vorrangig mit der Produktion des entwickelten Impfstoffs dagegen beauftragen.

Doch sollte sich das Virus als harmlos erweisen oder sich gar totlaufen, hätte man die begrenzten Produktionskapazitäten in die falsche Richtung gelenkt. Im Winter würden dann Chargen fehlen, um Millionen Menschen gegen die herkömmliche Grippe zu schützen.

Und die normale Grippe erscheint bis auf weiteres noch als das größere Gesundheitsproblem: Weltweit sterben daran Jahr für Jahr 500 000 Menschen, Tausende davon in Deutschland.

CDC Web Archive

Dr. Anne Schuchat
Acting Deputy director for Science and Public Health at CDC
Dr. Nancy Cox
the head of the CDC influenza division

CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Flu)

CDC, 3 May 2009, 1:00 p.m. EST
https://www.cdc.gov/media/transcripts/2009/t090503.htm
https://web.archive.org/web/20230406091522/https://www.cdc.gov/media/transcripts/2009/t090503.htm

=> there are several encouraging signs ... in Mexico
=> we don't need to confirm every single person with a possible H1N1 influenza infection.

Glen Nowak: Thank you all for calling in today's press conference, our media update on the novel H1N1 virus situation. Today we have Dr. Anne Schuchat, Acting Deputy director for Science and Public Health at CDC, available to answer questions and give an update and Dr. Nancy Cox, the head of the CDC influenza division to answer questions as they arrive. I will turn the briefing over to Dr. Anne Schuchat for an update on the H1N1 situation. Dr. Schuchat?

Anne Schuchat: Thanks for joining us this afternoon. I want to give some brief remarks for today's update and then I'll answer all of your questions. Today I think *we do see some encouraging signs*, but we are remaining cautious. We have a new infectious disease, a novel H1N1 virus. It's too soon for us to know exactly how this will involve or play out. We need to be ready for the seasonal flu next fall as well as what this new H1N1 virus is going to do in the fall, and we're really working actively and aggressively to be one step ahead, both currently and then preparing for the fall. The extent of spread of this virus in the U.S. and around the world is widespread, and it's possible that the W.H.O., the World Health Organization, will be continuing to re–evaluate the phasing. Currently we're at phase five, but it's important to know that that issue is still being looked at. The phases the W.H.O. talks about relate to how widespread infection is. Not how severe it is.

Today's case count for the United States is 226 confirmed cases, and those cases are occurring in 30 states. That's up from 21 states yesterday. Part of this increase is just catching up on the testing, and part of it is that we do think this virus is fairly widespread. We know that most of the other states are actively working up cases, and we expect a number of additional states to confirm the virus in the days ahead.

The median age of cases is 17 years. Still quite young people are primarily affected. The cases do continue to occur – the most recent confirmed case is April 29. We have one confirmed death here in the U.S., and we have 30 hospitalizations that we know are related to the H1N1 strain of influenza. I want to put the increasing cases and the increasing states in some context. We do think this virus is widespread across the United States. More people are getting flu. More people are being tested for it, and most of those people are recovering. We think that very few of the cases we have confirmation in are over 50. They tend to be people who are younger. Whether this will pan out over the weeks ahead, we don't know, but at this point it's a pattern that looks a little bit different from seasonal influenza. We also know that the numbers are changing very quickly, and in the days ahead we expect to transition from talking about confirmed cases and states to other ways that we can describe the trends, whether things are getting better or getting worse around the country.

There are several encouraging signs. We've heard reports that the H1N1 activity might be leveling off in Mexico. It's too soon to be certain that's the case, but the patterns may vary at different states. Some of the initial lab tests you've heard about were encouraging. The absence of the virulence markers from the 1918 H1N1 pandemic and differences between this particular strain and the very virulent H5N1 influenza strain, but again, we don't know everything we need to know about how virulent this strain will be. We have the positive isolates of influenza tested here in the CDC's lab, GenBank, and so researchers will be able to access those and really, really take off on research on this particular virus.

There's been a lot said about how is this particular virus different from seasonal influenza? Seasonal influenza causes 36,000 deaths a year and 200,000 hospitalizations so it's a pretty important public health problem. A big difference is that this is a virus that's totally new, and we don't expect large population immunity, and then another big difference is that this virus is increasing after the period where seasonal flu is usually decreasing, so we can't predict with certainty what the weeks and months ahead will look like.

We are planning to remain aggressive with this new virus and this new infectious disease, because it continues to be a rapidly evolving situation. I don't think we're out of the woods yet, but I do think that people are cooperating and working together in really effective ways to try to limit the impact this virus has on health and to slow its spread. We don't know if the virus will come back in the fall harder than it is right now, and, of course, that's one of the big concerns we have.

I want to tell you a few things about the CDC and public health community actions. The Strategic National Stockpile by the end of today will be completing the deployment of the 11 million anti–viral regimens that we are sending to the states and program areas. This is a 25% portion of the original allocation for the states. HHS has begun purchasing an additional 13 million regimens of anti–viral. We don't have an unlimited supply of anti – viral, but we're in much better shape than we were some years ago, and that focus for anti–virals right now is to treat people with severe influenza or to keep – treat people with influenza – like illness who are at high risk for complications of the disease. CDC and our partners have been active. We've got more than 70 people in the field and more than 600 people here at CDC working on this response, and our science and surveillance are very active trying to understand the disease, the illness it's causing in people, and the impact that we can expect going forward.

We're working very actively with the health care community and the public health community in clinical response and in public health surveillance and tracking, and we have continued to issue new guidance and update our earlier guidance. We'll be releasing new guidance for clinicians about testing and treatment in this circumstance. It's a bit different now than it was ten days ago when this was very, very new. We'll also be re – evaluating many of our recommendations related to other community settings.

Looking forward, a lot of people are wondering about the big events of the spring, things like graduations and other big public gatherings. I can tell you that this is an issue we are looking carefully at. For the time being we do expect that approaches will vary from community to community and institution to institution. In general, our feeling right now is that in general, cancelling public gatherings in the United States doesn't make sense. There may be some local circumstances that are different that we definitely respect. We really want people who are sick to stay home and not go to those big public gatherings, and we want the people at the big gatherings to remember how important it is to wash their hands, cover your coughs, and to take steps to reduce spread from you to other people.

As we've said in the past several days, we're taking active steps together with FDA, NIH, and BARDA to begin the process of vaccine development for eventual production. This is a multi–part process, and we can't promise that it will be produced or available. This is something that is unpredictable for the seasonal flu. It's even more unpredictable because it's a totally new strain of influenza virus, but the community that's expert in this area is very active and working together with manufacturing as well.

In closing, I want to thank people for their interest, for staying connected with what's going on. We're hitting some records here with eight million visitors to CDC's website a day now. Apparently over 80,000 subscribers to Twitter who were dealing with this. I guess we have one tweet per second related to the new H1N1 virus. You recall – I'm aware that it's a tweet not a twit. Our YouTube videos from broken all records for CDC with 1.1 million viewers last week. Now, we have really appreciated the viral spread of our educational messages and that's one of the best responses that we can have.

The way that we protect ourselves from a new virus is the way that we protect ourselves from seasonal flu. Washing our hands, staying home when we're sick, not traveling when we're ill, keeping our kids out of school, and really staying informed. We're trying to build on lessons that we've learned from the past, from outbreaks like SARS, totally new viruses that were spread through the respiratory route that the world community was able to contain and respond to effectively. We're also building on all that we have been studying over the past few years related to pandemic preparedness and the pandemic influenza experiences of the past, but it's important for people to remember that no single action can interrupt this virus. It's going to take a combination of actions. Our goal continues to be the reduced and the public health impact of this new virus and to slow its spread to buy time to produce a vaccine for the fall and also to slow its spread so that we don't really overwhelm the health care system. I think that there's probably lots of individual questions that people have, but with that I think I'll be closed for the formal opening and open the lines to questions. The first question from the phone.

Operator: The first question is from Maggie Fox from Reuters. Your line is open.

Maggie Fox: Hi, thanks so much. I'm wondering if it's too soon to say that you're as heartened as the Mexican officials are. We still only have one death in the United States, although there's a steady spread. There hasn't been the severity of cases. If there were going to be a lot of severe cases, wouldn't they start showing by now?

Dr. Schuchat: I'm heartened by the Mexican authorities' reports, but I am very cautious. I know that influenza can be surprising and that the time course here in the United States is later. We believe we're just on the upswing here and that in several parts of Mexico cases began quite a while ago, several weeks ago, so it's good news that we've only confirmed one death and we have 30 hospitalizations at this point, but it's too soon to say the extent of this disease. From what I know about influenza, I do expect more cases, more severe cases, and I do expect more deaths, and I'm particularly concerned about what will happen in the fall. Next question from the room.

Ceci Connolly: I don't know if you or perhaps Dr. Cox could speak a little bit more about the re–assortment that occurs between humans and pigs and if it's going in one direction versus the other, what that can mean.

Anne Schuchat: Right. Let me make one brief comment, and then let Dr. Cox elaborate in the scientific lingo. You know, we do know that in usual time influenza viruses in humans, circulate to humans and influenza viruses in pigs circulate to pigs, but it's possible for transmission from pigs to humans and from humans to pigs. Of course, there's also birds. Re–assortment in the different – from the different species is possible. I think Dr. Cox will probably elaborate a little bit more technically on what we think the issues are.

Nancy Cox: Thank you, Dr. Schuchat. It's difficult to explain what is a fairly common and complex process in just a few words, but I'll try to do so. Influenza viruses have segmented genomes. That is, they have their genes in pieces. If an individual host is infected by two different influenza viruses, whether that's from a pig, a bird, or a person, the two viruses can swap genes and the virus that emerges will have some genetic properties, some genetic segments from one virus along with the remaining genetic segments from the other virus. What happens with pigs, it's really quite interesting, because pigs are susceptible not only to swine influenza viruses, but to Avian influenza viruses and human influenza viruses. The pigs actually serve as a wonderful mixing vessel for influenza viruses

to re–assort in new ways. What we can say now with respect to the virus in pigs is that if pigs are infected with this new virus and some swine influenza viruses that are already circulating, there could be additional re–assortment of them. Likewise, if a human were co–infected with one of the seasonal influenza viruses and this new H1N1 virus, we could have a virus re–assortment which emerges that has different properties from the two parental properties. Hope that helps.

Ceci Connolly: Now that we're seeing it moving back and forth, any thoughts on where this one began?

Dr. Cox: It's really impossible to know, but because we saw that all of the gene segments of this new H1N1 virus had their closest ancestors, each gene had its closest ancestral gene in swine influenza virus, our working hypothesis, but it was only a working hypothesis, was that re–assortment occurred in pigs. It doesn't necessarily mean that that's where it occurred, but that was our working hypothesis based on the genetic relationship of each of the Gene segments.

Dr. Schuchat: Before we take the next question, I want to make sure that people understand that origin, the ancestral origin of genes doesn't have any impact on our statement that you can't get this new novel H1N1 virus from eating pork or pork products. Let's take the next question from the phone.

Operator: The next is from Betsy McKay, *Wall Street Journal*. Your line is open.

Betsy McKay: Hi. Thanks very much. I actually just wanted to follow–up briefly on Ceci's question. She asked most of my question. You know, overall, how worried are you that what Dr. Cox is describing could actually happen, that there could be a re–assortment, that there could be public health implications of this virus from pigs and possibly back and forth?

Anne Schuchat: I think it's important to say that we are concerned about this virus as it is in terms of being a new virus that is clearly transmittable from person to person and can cause illness that can be severe, so we are concerned with this new virus. The possibility of additional re–assortment in terms of seasonal flu in the fall or this virus in the presence of the animal community is also a concern, and really emphasizes our ongoing effort for animal and human health to work closely together. The more we can protect the animal community and the human community and collaborate, the more we can keep these kinds of interactions from occurring. So promoting good veterinary and agricultural practices and good public health and medical care is a good idea. I think that the prospect of re–assortment is always there with influenza, but even the strain that we have right now, we do think it's a major concern. Next question from the phone.

Operator: The next is from John Cohen, *Science Magazine*. Your line is open.

John Cohen: Hi. Thanks for taking my call. I realize your efforts can slow influenza spread, but do you think that given that the U.S. has very sophisticated surveillance going on and Mexico has a surveillance effort as well, do you think it's possible to contain a new influenza virus like this one that moves from one species to another? Is containment truly possible at the early stage so that it doesn't spread from the origin?

Anne Schuchat: Okay. We don't think that containment is possible now or that by the time we knew about this that containment was possible. Containment, the idea of punching out the virus where it originates and keeping it from spreading to other communities is something that is part of our pandemic planning. We originally thought if the avian or bird flu strain of virus emerged in a small community far away, and aggressively was responded to, we might be able to extinguish it and keep it from adapting well to people and spreading, becoming pandemic strain. By the time we were aware of this, the new strain, it was in multiple locations and was transmitting frequently enough that it was not in our view containable. On the other hand, good agricultural practices and excellent surveillance can play a good role in limiting the impact of disease, and I think in the future, you know, we shouldn't throw out the idea of containment. It is quite possible that other circumstances would arise in the future where we would definitely want that tool in our tool kit. Next question. From the phone. Sorry.

Operator: Thank you. Our next is from Richard Knox from National Public Radio. Your line is open.

Richard Knox: Thank you very much. I appreciate the opportunity. Two questions, if I may. One of them has to do with the U.S. situation. You mentioned 30 hospitalized cases, and I wonder if there's any information about those about how severe, whether any are in the ICU or so on and also about the U.S., there was a survey released by the New York health department indicating about one out of three students at the St. Francis prep students that were sick since April 8th, and I wonder if you think if this suggests an attack rate of 33 percent, how that compares with the seasonal flu and whether that's unexpected.

Dr. Schuchat: The first question was about hospitalizations and severity. I can say that information is being gathered. From what I understand some of those cases were severe. We are continuing to get support and information, and it's too soon for us to say the extent of the severity. The important point is that seasonal influenza leads to hospitalizations. About 200,000 people hospitalized each year from influenza. One important difference between what we're seeing in hospitalizations here in the U.S. so far is that they are not in the age group, in general – they're not in the age groups that typically are hospitalized for seasonal flu. With seasonal flu, it's primarily the elderly and the very young who are hospitalized. In our small sample so far of hospitalizations from this new H1N1 virus, it's in older children and younger adults. These are early days, though in characterizing the hospitalizations, and this is one of the things that we'll be looking for more information on in the weeks ahead. Your second question was about the New York City survey and the attack rate of about one–third of students. First, I want to compliment the New York City health department for a terrific investigation. We owe a lot to them for learning as much as they could early days in this environment and sharing it to so quickly with the rest of the public health community. An attack rate of 33 percent is pretty normal for seasonal influenza. We know that seasonal influenza spreads pretty easily and what we can learn from the New York City survey is that this virus spreads pretty easily in those high school students. We do think that this virus is very transmissible, just like most influenza viruses adapted to humans are very transmissible. What we don't know enough about it yet is very large populations is how severe it will be. The next question from the phone, please.

Operator: The next is from Daniel Steinberger, CBS news. Your line is open.

Daniel Steinberger: Thanks for taking the call. What are your school closing guidelines, and what are you recommending to schools? Have you noticed something specifically on what's happening in Fort Worth, Texas, and their school closings? Can you discuss that a little bit as well?

Anne Schuchat: Yes, thank you for the question about school dismissals. CDC has posted guidance for school dismissals, and I want to say two things, first off.

The first thing is that local authorities and jurisdictions have a lot more information about the circumstances of students and the community and the alternative services and what's really going to happen if you dismiss students from school, and we have a lot of respect for the local authorities in trying to make wise decisions dealing with the new infectious disease.

The second thing I want to say is that CDC is committed to learn as we go and to update our interim guidance regularly when the facts change or when we learn more about the benefits and average consequences of our guidance. Our current guidance for school dismissal suggests that if there's a case identified in a school population, the authorities consider asking the students for a period of up to two weeks and that this might be considered for *confirmed or probable cases* at that school. Also, that gatherings – big social gatherings associated with that school be postponed or deferred as well. Authorities can make decisions about other schools in the area.

That guidance was developed based on a very new situation, and the idea that closing the school or dismissing the students might decrease the transmission and slow the spread of this virus within the student population and beyond. Of course, with school dismissals, there's a balance, because the goal is to decrease transmission, and it's important that those students don't just move and go gather together somewhere else. It's also important that those students are having their needs met wherever

they go. If their school is closed and they're not getting lunch, for instance, or if they don't have appropriate child care available, then circumstances may differ. We also know that the extent of transmission is different right now in different communities, so I think in terms of the Texas authorities, this is the time where local authorities are really putting their heads together around the circumstances. The concern in the community, the amount of disease that they have seen, the benefits and disadvantages of dismissing the students. I can also say that we're continuing to re–evaluate our guidance in conjunction with the partners. Necessity question from the phone.

Operator: The next is from Marilyn Chase, Bloomberg news. Your line is open.

Marilyn Chase: Yes, good afternoon. Thank you for taking my call. This question goes to Dr. Schuchat's remarks about the groups involved in preparing for vaccine development. I would like to know, have you sent virus samples or seed stocks to any vaccine companies, which public health agencies currently hold it, and which companies will receive it? Thank you.

Anne Schuchat: We are in the process of growing up the seed strain for vaccines, and we have turned that seed strain over to an academic laboratory which is responsible for the reverse genetic preparation of the virus. What I may do is actually let Dr. Cox elaborate on exactly where we are with the seed strain as well as the manufacturing question.

Nancy Cox: Thank you for that question. We've moved very aggressively in the days since we first identified the two California cases to develop a vaccine virus which could be used by vaccine manufacturers. There are a number of different approaches that can be used to make candidate vaccine viruses, and some of the vaccine manufacturers actually take the virus as it's grown in the laboratory and they use their own techniques to make specialized candidate vaccine viruses, so we have already distributed influenza viruses to some of those specialized vaccine manufacturers and to all of the partners who work with CDC and the World Health Organization around the world to make vaccine candidates – vaccine candidate viruses that will grow well once they are handed over to vaccine manufacturers. This process is proceeding rapidly. There are many things that are being done in parallel so that we will be ready to make pilot lots should that decision be made. We'll go to the phone again for the next question.

Operator: The next is from Arin Gencer at the *Baltimore Sun*. Your line is open.

Arin Gencer: Hi. Going back to some of the cases that are still probable and not yet confirmed, I know there's a backlog, obviously, in the lab down there, and I just was wondering if y'all have any sense of the timeline as to when, for example, the 15 cases in Maryland might get some kind of confirmation.

Dr. Schuchat: The laboratories at the state and large city public health level as well as the CDC I would say are operating at full capacity right now. One of the good things that happened over the past several days is we were able to ship out the new H1N1 influenza virus kits to the state public health laboratories in order that they would be able to confirm this new strain themselves so that in the days ahead we don't believe we'll have that category of probable cases, untypable at the state lab and awaiting confirmation here at CDC. It was always our intent to get a new diagnostic test out to the states as rapidly as possible so we wouldn't have this type of backlog. We know that it's difficult for communities and the public health authorities as they're trying to understand the circumstances, so the attempt right now is to make sure the information can be processed as quickly as possible, and I do apologize for the frustration in the meantime, but I think things will be fed out pretty quickly. We're also issuing new guidance to clinicians about testing and typing. You know, there's a certain amount of increased shipment of isolates to understand if this is a new strain or not.

We think we're at a point right now why we *don't need to confirm every single person with a possible H1N1 influenza infection*. We're at a point where we know that the virus is in many places and we want to understand trends in a different way, so we have a couple different plans to deal with this backlog. Improving the capacity at the state labs, and helping the clinicians focus on which specimens are important to send in for testing. Also, we have our developing guidance for public

about which illnesses really need to prompt a medical visit to get tested. We hope with those few steps we'll be able to address the challenges of understanding what is and isn't the H1N1 virus. Next question from the phone.

Operator: The next is from Liz Szabo at *USA Today*.

Liz Szabo: I would like to ask you about the vaccine. If you are able to make one for the fall, how many doses would be available? In other words, how many Americans would be able to get a vaccine?

Dr. Schuchat: You know, it's early days to say exactly what production would look like. There are a couple of factors. One is who would be recommended to receive vaccine in the case of a vaccine production. Would it be the whole population or some subset of the population? For instance, we're still trying to understand whether the seniors might have protection already against this strain. Whether the lack of illness that we've seen so far in older persons is because of preexisting protection or it's just because we haven't had enough time for those cases to be detected. We don't know what population group we were going for.

A second factor is how well – how easily it's going to be for this vaccine to be produced because each year the strains grow in a different way and the manufacturers are able to produce more or less. This pilot lot that we're planning to be developed will also tell us how the vaccine would need to be formulated. Whether a little dose would be enough to give protection or you would need a larger dose. Whether with an adjuvant you could get away with less of the virus or you would need a larger dose.

Those types of variables factor into how easy it is to make very large numbers of doses of vaccine according to schedule, and so the planning that the U.S. pandemic preparedness effort had focused on was ideally to have enough vaccine production for every American to get two doses. Manufacturing capacity is at an all–time high based on the pandemic preparedness that's gone through the past two years. It's way too early to project whether we're going to go with large scale production of vaccine and how many doses would be produced. Next question, please. Next question from the phone, if there are any. Sorry.

Operator: The next is from Mike Stobbe, Associated Press. Your line is open.

Mike Stobbe: Hi. Thanks for taking the call. Doctor, you use the word widespread at the beginning of your comments. Is that the first time you have used that word in describing the U.S. situation? I have a follow–up.

Dr. Schuchat: When I say that this virus is widespread, I mean that it is in many places, that the majority of states in the United States have detected this virus, and from what we know so far about the way it is spread, particularly from the New York City experience, I believe it is likely quite common in those communities where it's been detected. That was what I meant by widespread that virtually all of the United States probably has this virus circulating now. That doesn't mean that everybody is infected, but within the community the virus has arrived. With seasonal influenza we often talk about detection of the virus as an important signal of the beginning of the season, and I would say that in most of the country right now this virus is there. You had a follow–up?

Mike Stobbe: Yeah, thanks. 226 confirmed cases today. That's a jump of 85 from yesterday. Were all 226 confirmed by CDC, or are we starting to see some of the confirmations just from state labs being added to the CDC tally?

Dr. Schuchat: You know, this is a mixture. I would say the jump is catch–up. Not that there was a big difference between one day and the next day in terms of the onset of illness. Part of it is because the states are able to test themselves, and part of it is because we've gotten our systems a little bit more streamlined here to be able to deal with some of the backlog. It's a mixture of states doing their own testing. And because the states are now able to confirm themselves and because we know there are lots of probable cases out there, I expect the numbers to jump quite a bit in the next couple of days. Time for one more question from the phone.

Operator: The next question is from Denise Grady, the *New York Times*. Your line is open.

Denise Grady: Thank you. Thank you very much. Given the – the finding in Canada yesterday, does there need to be more of a look at hog farms? I mean, you mentioned good agricultural practices and surveillance, but can you tell us a little more about what you mean about it, about whether there is a possible role for this in this illness?

Dr. Schuchat: You know, the U.S. Department of agriculture has the lead for these issues for the U.S. government, and they have been actively involved in this issue from the beginning really. We worked closely with them on, you know, influenza matters and on the pandemic planning efforts we've been taking, so they do have a program to assess the situation and to assure that the practices we have on the hog farm and production community are good and to understand the situation on the ground. I think for the details of what is going on and what we expect, I suggest contact the USDA, and if you need a contact there, we can probably provide it. Thank you all, and I guess we'll probably talk with you tomorrow.

End

HAVE YOUR SAY!
The Citizen

No Surprise
Flu Virus a Mixture of Swine, Human, and Avian Virus Types

The Citizen, 3 May 2009.
https://web.archive.org/web/20090503125920/http://www.thecitizen.com/~citizen0/node/36488

When what is now called a "swine flu" was first reported last week to be infecting, and killing some people in Mexico, health officials noted it was a strain of flu never before seen. In fact, it is technically incorrect to call this simply a "swine" flu. Analyses showed it's a mixture of swine, human and avian viruses, according to the Centers for Disease Control (CDC). Also, it is genetically different from the fully human H1N1 seasonal influenza virus that has been circulating globally for the past few years. After a review of the evidence, there is one conclusion: the new flu virus contains DNA from avian, swine viruses (including elements from European and Asian viruses) and human viruses.

So did this curious mixture just develop naturally, out of the blue? Is it the result of inhumane farming practices, as the Humane Society of the United States (http://www.hsus.org/) has suggested, that exposes immune-compromised pigs to all sorts of animal and human feces?

Well, maybe. But let's go back and look at the facts to see if any other scenario could be possible.

First of all, there's the troublesome detail that the virus has elements that come from multiple continents. Then there's the fact that true swine flu is only rarely transmissible to humans – this flu is spreading human-to-human, most likely because it contains DNA from human flu.

Could someone have deliberately mixed these viruses together? Is that possible? Absolutely.

Was this virus mixing being done artificially in the lab, or had it already been done? Yes.

Who was blending potentially viruses in labs? Were those horrible generic boogie men known to Americans far and wide as "terrorists" doing it? There's no proof of bioterrorism at work here yet. However, there is evidence the United States government has been working on concocting new flu virus blends.

So could the hysteria-provoking, new swine flu have escaped from a lab? Or was it deliberately released as some kind of test? When these kinds of questions are asked, the knee-jerk reaction of the mainstream media (MSM) is to giggle and talk about "conspiracy theories" and to joke about wearing tinfoil hats.

But here's the potential smoking gun, the facts that suggest a potential source of the pandemic could be CDC labs. And at the very least, this possibility deserves thoughtful examination and research.

The University of Minnesota Center for Infectious Disease Research and Policy (CIDRAP) is hardly a place most Americans have heard about and, apparently, the Center's web site has news the MSM isn't familiar with, either. But information they published years ago has now taken on an urgent importance. CIDRAP, along with the Canadian newspaper Canadian Press (CP), revealed back in 2004 that the CDC was launching experiments designed to mix the H5N1 (avian) virus and human flu viruses. The goal was to find out how likely it was such a "reassortant" virus would emerge and just how dangerous it might be. Of course, it's logical to wonder if they also worked with the addition of a swine flu virus, too.

Here's some background from the five-year-old report by the University of Minnesota research center: "One of the worst fears of infectious disease experts is that the H5N1 avian influenza virus now circulating in parts of Asia will combine with a human-adapted flu virus to create a deadly new flu virus that could spread around the world. That could happen, scientists predict, if someone who is already infected with an ordinary flu virus contracts the avian virus at the same time. The avian virus has already caused at least 48 confirmed human illness cases in Asia, of which 35 have been fatal. The virus has shown little ability to spread from person to person, but the fear is that a hybrid could combine the killing power of the avian virus with the transmissibility of human flu viruses. Now, rather than waiting to see if nature spawns such a hybrid, US scientists are planning to try to breed one themselves – in the name of preparedness."

And CDC officials actually confirmed the government had plans for the research. The CIDRAP News folks did a great job covering this important issue, which was apparently mostly ignored by the MSM back in 2004, and CIDRAP News wrote to the CDC for information. This e-mail produced an answer from CDC spokesman David Daigle who admitted the CDC was working on the project in two ways. "One is to infect cells in a laboratory tissue culture with H5N1 and human flu viruses at the same time and then watch to see if they mix. For the human virus, investigators will use A (H3N2), the strain that has caused most human flu cases in recent years," the CIDRAP story stated. This co-infection approach was described as slow and labor-intensive. However, it was a way to produce a new virus that appeared to be closer to what develops in nature.

There was another, faster way CDC scientists could create the mix, too. Called reverse genetics, it involves piecing together a new virus with genes from the H5N1 and H3N2 viruses. Reverse genetics had already been used successfully to create H5N1 candidate vaccines in several laboratories, the CDC's Daigle wrote. "Any viable viruses that emerge from these processes will be seeded into animals that are considered good models for testing how flu viruses behave in humans… The aim will be to observe whether the animals get sick and whether infected animals can infect others," he revealed in his e-mail.

What's more, the CP reported the CDC had already made hybrid viruses with H5N1 samples isolated from patients in Hong Kong in 1997, when there was the first outbreak of that virus, dubbed the "Hong Kong flu". It is not clear if the results of that research were ever published. Back in 2004, Dr. Nancy Cox, then head of the CDC's influenza branch, would tell the CP only: "Some gene

The CP's report noted that the World Health Organization (WHO) had been "pleading" for laboratories to do this blending-of-viruses research. The reason? If successful, these flu mixes would back up WHO's warnings about the possibility of a flu pandemic. In fact, Klaus Stohr, head of the WHO's global flu program at the time, told the CP that if the experiments were successful in producing highly transmissible and pathogenic viruses, the agency would be even more worried – but if labs couldn't create these mixed flu viruses, then the agency might have to ratchet down its level of concern.

The 2004 CIDRAP News report addressed the obvious risks of manufacturing viruses in labs that, if released, could potentially spark a pandemic. However, the CDC's Daigle assured the Minnesota research group the virus melding would be done in a biosafety level 3 (BSL-3) laboratory. "We recognize that there is concern by some over this type of work. This concern may be heightened by reports of recent lab exposures in other lab facilities," he told CIDRAP. "But CDC has an incredible record in lab safety and is taking very strict precautions."

Five years later, we must ask more questions. Were those safety measures enough? Was the CDC creating or testing any of these virus mixes in or near Mexico? What other potentially deadly virus combinations has the US government created? Don't US citizens, as taxpayers who funded these experiments, have a right to know? And for all the residents of planet earth faced with a potentially deadly global epidemic, isn't it time for the truth?

The Sunday Telegraph

Laura Donnelly, James Ball

Girl, six, is 15th swine flu patient

The Sunday Telegraph (London, GB), 3 May 2009, Sun, N 2499, p. 1, 8
https://www.newspapers.com/image/753720886/?terms=outbreak%2C%20swine%20flu%2C%20Mexico%2C%20decline%2C%20Cordova&match=1

A girl aged six from Oxfordshire was yesterday among two more Britons confirmed as victims of swine flu. The diagnosis of the child, and a man from Merseyside, who both recently returned from Mexico, brings the total number of confirmed cases in Britain to 15, with 631 cases under investigation. Globally, the number of confirmed eases stood at 658 last night.

Meanwhile, the first person to contract swine flu in England without travelling abroad said he believes he caught the virus from a colleague who had been to Mexico. Barry Greatorex. 43, of Chipping Sodbury, south Gloucestershire, is the second person in Britain, and the first in England, to have contracted swint flu without going abroad. The latest cases were confirmed as thousands of GPs were struggling to get the swabs, antiviral vaccines and face masks they need to cope with suspected cases of swine flu.

More than half of family doc-tors say they are not able to get swabs to test patients, while 45 per cent said there were no face masks to protect themselves from infection, claims the poll by the doctors' magazine *Pulse*.

Among those who tried to prescribe antiviral drugs, most had either failed to get Tarniflu or procured it with difficulty, according to separate research by Opinion Health, commissioned by *The Sunday Telegmph*.

...

Last week, Alan Johnson, the Health Secretary, insisted that all NHS organisations had "robust" plans to cope with a threatened pandemic.

The Department of Health refused to provide this newspaper with the assessments it has just carried out of the plans drawn up by 150 organisations in England, but recent board reports from dozens of PCTs reveal wor-rying deficiencies.

NHS Northamptonshire is given a rating of 40 per cent for its logistics plans. Yorkshire and Humber strategic health authority admits to gaps in the "capacity and capabil-ity" of emergency planning stair.

A lack of equipment and sup-plies is identified in North Lincolnshire, while papers for North Staffordshire admit to considerable training needs" for staffs. Several organisauons did not specify the weaknnesses in their plans but mentioned "significant additional work" to be done to develop robust plans.

Last night, the World Health Organisation said the virus did not appear to be spreading "in a sustained way" outside North America. Dr. Michael Ryan, WHO director of global alert and response, said nonetheless he believed the spread of a disease indicated that a pandemic was inuninent.

Mexico has *revised down* the suspected number of deaths from swine flu from **176 to 101**, indicatiting that the oubreak may not be as bad as first feared.

Jose Angel Cordova, the Health Minister, said that based on sampies tested, the *mortality rate was comparable with that of seasonal flu*.

globo.com

Países mais afetados por gripe pedem que doença não afete comércio
Para México, Estados Unidos e Canadá, surto não deve servir de motivo para restrições

Globo, 3 May 2009, 07h 41
https://g1.globo.com/Sites/Especiais/Noticias/0,,MUL1106852-16726,00-PAISES+MAIS+AFETADOS+POR+GRIPE+PEDEM+QUE+DOENCA+NAO+AFETE+COMERCIO.html

...

Estabilização

A OMS contabilizou no sábado 658 casos confirmados de gripe suína em 16 países, com 17 mortes - 16 delas no México. As autoridades mexicanas confirmaram posteriormente novos casos confirmados e mais três mortes.

Apesar disso, alguns sinais nos últimos dias indicam que a propagação da doença pode estar se estabilizando e que a epidemia pode não ser tão grave como se pensava.

A OMS afirmou no sábado que, apesar da ameaça de uma pandemia ainda ser mantida, a propagação sustentada da gripe suína parece estar até agora restrita aos países da América do Norte, com apenas casos isolados em outras regiões, principalmente entre pessoas que estiveram no México.

Segundo o diretor de Alerta e Resposta Global da OMS, Michael Ryan, "neste momento não seria inteligente sugerir de modo algum que a situação esteja fora de controle".

Mortalidade em queda

O ministro da Saúde do México, José Ángel Córdova, também afirmou no sábado que a epidemia está em processo de estabilização, já que 70% dos hospitalizados com a gripe suína não apresentam gravidade.

Segundo ele, o número de casos parece estar diminuindo nos últimos dias, reduzindo também a taxa de mortalidade.

Entre os casos confirmados da doença, a última morte ocorreu no dia 28 (terça-feira). As novas mortes confirmadas pelo México no sábado ocorreram antes disso, mas só agora tiveram a causa confirmada por testes laboratoriais.

Mexico Declares Swine Flu in Decline

Novinite, 3 May 2009, 18:58
https://www.novinite.com/articles/103328/Mexico+Declares+Swine+Flu+in+Decline

"The Mexican Health Minister, Jose Angel Cordova said Sunday the swine flu virus appeared to have peaked between 23-28 April." (Photo)

The outbreak of swine flu, with Mexico as epicenter, is *already in decline*, according to the Mexican Health Minister, Jose Angel Cordova.

Cordova, cited by BBC, said the virus, blamed for at least 19 deaths in Mexico, appeared to have peaked between 23-28 April.

"The evolution of the epidemic is now in its *declining phase*," the Health Minister stated at a news conference.

The World Health Organization officials warned the authorities should remain vigilant as the virus could return.

CBS NEWS

H1N1 Spreading Deeper in Americas, Europe.

CBS/AP News, 3 May 2009, 1: 58 p.m.
https://www.cbsnews.com/news/h1n1-spreading-deeper-in-americas-europe/

The H1N1 epidemic spread deeper into the United States, Europe and Latin America - and in Canada, back to pigs - even as Mexico's health chief hinted Sunday it may soon be time to reopen businesses and schools in the nation where the outbreak likely began.

The virus spread to Colombia in the first confirmed case in South America, worrisome because flu season is about to begin in the Southern Hemisphere. More cases were confirmed in Europe and North America; health officials said at least 937 people have been sickened worldwide.

Dr. Richard Besser, acting chief of the U.S. Centers for Disease Control and Prevention, said H1N1 (swine) flu is spreading just as easily as regular winter flu.

"The good news is when we look at this virus right now, we're not seeing some of the things in the virus that have been associated in the past with more severe flu," Besser said. "That's encouraging, but it doesn't mean we're out of the woods yet."

"It's a rapidly evolving situation, and it's still one that is cloaked in uncertainty," Besser said on CBS' Face The Nation. "But each day we're getting more information … and we're starting to see encouraging signs."

On Sunday, health officials raised the number of confirmed U.S. swine flu cases to 244 in 34 states. The new number, up from 160 on Saturday, reflects streamlining in federal procedures and the results of tests by states, which have only recently begun confirming cases, said Dr. Anne Schuchat of the CDC.

Mexican Health Secretary Jose Angel Cordova said the virus that has killed 19 people in Mexico and sickened at least 506 apparently *peaked here between April 23 and April 28*. A drastic nationwide shutdown appears to have helped prevent the outbreak from becoming more serious, he said.

"The evolution of the epidemic is now in its declining phase," Cordova declared.

He said officials would decide Monday whether to extend the shutdown or allow schools and businesses to reopen on Wednesday.

Pablo Kuri, an epidemiologist advising Cordova, told The Associated Press on Sunday that tests have confirmed a swine flu death in Mexico City on April 11, two days earlier than what had been believed to be the first death.

He also said there have been no deaths among health care workers treating swine flu patients in Mexico, an indication that the virus may not be as contagious or virulent as initially feared.

The closed events made for a surreal Sunday in Mexico, as parishioners celebrated Mass via television, camera operators were the only ones in stadium bleachers and parks, museums, restaurants, theaters and other attractions were closed.

Sunday also marked the official start of campaigning for July 5 congressional elections - but all public campaigning was banned to prevent gatherings where the virus could spread.

Gabriela Cuevas Barron of the conservative National Action Party giddily claimed she was launching Mexico's first virtual campaign, promising in a Webcast to work for a cleaner and safer Mexico City for now, through Twitter, Facebook and YouTube. Meanwhile, the leftist Democratic Revolution Party was already up with a Facebook page for its candidates.

The United States said it had sent 100,000 protection kits worth $1 million to Mexico for use by first responders. The kits include respiratory masks, protective goggles and overalls. In all, the U.S. has sent $16 million in aid to Mexico since the emergency began, the U.S. Embassy said.

CBS News correspondent Bianca Solorzano reported that 470 schools have closed in at least 18 states, stranding some 270,000 children at home.

Officials in New Mexico announced Sunday that 14 schools in four towns were being closed for at least a week after the state's first swine flu case was confirmed, and the New Mexico Activities Association suspended all athletic and activity programs until further notice at member schools across the state.

In Arizona, all 10 public schools in the border city of Nogales canceled classes this week after a student tested positive for swine flu.

California officials, meanwhile, suspended all visitations at prisons pending results of tests on an ill inmate at Centinela State Prison.

In the Canadian province of Alberta, officials quarantined about 220 pigs that became infected from a worker who had recently returned from Mexico. It was the first documented case of the H1N1 virus being passed from a human to another species. Canada stressed that pigs often get the flu and there's no danger in eating pork.

Egypt has ordered all pigs in the country slaughtered as a precaution, sparking riots Sunday by pig farmers who threw stones at police.

According to tallies by the CDC, World Health Organization and governments, there were 101 confirmed cases of swine flu in Canada; 40 in Spain; 18 in Britain; eight in Germany; four in New Zealand; two each in Italy, France, Israel, and South Korea; one each in Colombia, Costa Rica, Ireland, Switzerland, Austria, Hong Kong, Denmark and the Netherlands.

Fear spread in other parts of the globe, much of it directed at Mexican nationals or those who have traveled to Mexico.

China quarantined more than 70 Mexican travelers in hospitals and hotels there, and Mexicans on arriving flights were being taken into isolation, said Mexico's ambassador, Jorge Guajardo. Even the Mexican consul in Guangzhou was briefly held after returning from a vacation in Cambodia, Guajardo said.

"In many cases we have gotten reports that they were being quarantined for the sole fact that they had a Mexican passport, whether or not they came from Mexico, whether or not they had been in Mexico, whether or not they had been in contact with someone else from Mexico," Guajardo said.

Hong Kong isolated 350 people in a hotel after a Mexican traveler there was determined to have the swine flu.

In Trinidad, crew aboard a Mexican tanker had been isolated since Friday at the Point Lisas Port. The Ministry of Health said Sunday they were tested and cleared of any flu infection and that the vessel was expected to be released.

Health officials around the world cautioned that despite encouraging signs, swine flu still poses a very real threat.

"Most experts would agree that the current outbreak that we are experiencing is mild to moderate in severity," Dr. Jon Andrus of the Pan American Health Organization said in a teleconference from Washington. "That is not to say that things cannot change very rapidly and very dramatically."

Under one scenario, the virus could peter out now, only to roar back in the fall when flu seasons begins. That's why health officials are watching the Southern Hemisphere so closely.

"Certainly, maybe, this current round of activity has peaked, but we are only 10 days into this outbreak," WHO spokesman Gregory Hartl told reporters in Switzerland. "I think we would want to wait a while before making a definitive decision."

NEWSru.com В РОССИИ

Вирус свиного гриппа не опаснее обычных сезонных, пришли к выводу в американских лабораториях

News.ru, 4 мая 2009 г., 03:08
https://web.archive.org/web/20111103164257/http://www.newsru.com/world/04may2009/virus.html

Поступающие в распоряжение американских специалистов данные позволяют говорить о том, что вирус A/H1N1 не опаснее обычных сезонных вирусов гриппа. Об этом заявил глава федеральных Центров по контролю и профилактике заболеваний Ричард Бессер.

"От (обычного) гриппа в США ежегодно гибнет 36 тысяч человек, - сказал он в интервью телекомпании Fox. - Сейчас мы видим обнадеживающие признаки того, что пока этот вирус не выглядит более опасным, чем обычный штамм во время сезонной вспышки гриппа".

Это дает американским медикам определенные основания для оптимизма, однако говорить о том, что распространение вируса "нового гриппа" пошло в США на спад, пока рано. Напротив, власти ожидают еще большего его распространения и увеличения числа инфицированных, сказал Бессер.

"Но сегодня мы знаем о природе этого вируса, о том, как он распространяется, гораздо больше, чем неделю назад, - добавил он. - Информация, которую мы получали последние пару дней, обнадеживает".

По данным федеральных Центров по контролю и профилактике заболеваний, к настоящему времени подтверждено 226 случаев заражения свиным гриппом в 30 штатах.

В основном вирус поражает молодых людей. У тех же, кому за 50, он встречается в единичных случаях.

Пока в стране от вируса A/H1N1 скончался только 23-месячный ребенок, чьи родители являются выходцами из Мексики. Но власти не исключают новых летальных исходов.

Вакцину - к осени

При этом власти США рассчитывают, что вакцина против нового вируса гриппа будет готова к осени нынешнего года. Об этом заявила министр здравоохранения и социальных служб Кэтлин Сибелиус. Одновременно в США разрабатывается вакцина для борьбы с обычным сезонным гриппом.

"Мы будем готовы (к производству обеих вакцин) к осени", - сказала министр в интервью телекомпании NBC. Однако, как заметила Сибелиус, вопрос о массовом производстве вакцины против вируса A/H1N1 пока остается открытым.

"Фармацевтические компании сейчас должны провести испытания (вакцины), убедиться, что они получили необходимый антидот для борьбы с данным конкретным штаммом, что выбрана правильная доза, а затем, опираясь на научные данные, принять решение о целесообразности массового производства вакцины", - сказала министр здравоохранения.

Стратегический запас антигриппозных препаратов в США составляет 50 млн доз. Из них четверть уже распределена между пострадавшими от гриппа штатами. Кроме того, правительство закупило дополнительно 13 млн доз лекарств Tamiflu и Ralanza.

В США из-за распространения свиного гриппа временно закрыты уже более 430 школ.

P GUERRA NA UCRÂNIA TITANIC EXAMES NACIONAIS 2023 OPINIÃO PODCASTS NEWSLETTERS

Ana Fonseca Pereira

México acredita que o surto entrou na "fase descendente"

Publico, 4 de Maio de 2009, 0:00
https://www.publico.pt/2009/05/04/jornal/mexico-acredita-que-o-surto--entrou-na-fase-descendente-305188

Há menos casos graves e não há registo de mortes desde o dia 28. Nos EUA há "sinais encorajadores", mas teme-se o regresso do vírus no Outono

a O Governo mexicano anunciou ontem que o surto de gripe A H1N1 entrou na "fase descendente", registando-se uma diminuição dos casos de internamento. Também as autoridades de saúde dos Estados Unidos dizem existir "sinais encorajadores" na evolução da doença, mas temem um novo pico no próximo Outono. Com o cenário de pandemia ainda em jogo, os analistas alertam para o impacto da doença na economia global.Na Cidade do México, epicentro do surto, as ruas permanecem vazias e ontem foram poucos os que arriscaram assistir à missa dominical, seguindo os conselhos do Governo para ficarem em casa. Terá sido, por isso, com alívio que os mexicanos ouviram o ministro da Saúde, José Angel Córdova, dizer que "há cada vez menos casos graves" a chegar aos hospitais e que a "taxa de mortalidade tem estado a baixar".

Segundo o responsável, o pico do surto terá ocorrido "entre 23 e 28 de Abril" e desde esse dia não há registo de novas mortes suspeitas. No último balanço, a Organização Mundial de Saúde (OMS) deu conta de 19 mortes, de um total de 506 casos confirmados no país, mas insiste que se trata de amostras recolhidas há vários dias.

Córdova acredita, por isso, que "a epidemia está numa fase descendente". Contudo, disse que é demasiado cedo para "baixar a guarda", dando a entender que poderão passar vários dias até ao regresso à normalidade.

Questionado sobre estas declarações, o porta-voz da OMS, Gregory Hartl, admitiu que a epidemia no México pode estar em declínio, mas instou os serviços de saúde a manterem-se vigilantes: "Há uma forte possibilidade de o vírus regressar", em particular quando as temperaturas baixarem, no próximo Outono.

Nos Estados Unidos, os serviços de saúde vêem também razões para algum optimismo. O director do Centro para o Controlo de Doenças (CDC), Richard Besser, disse que o novo vírus "não se mostra mais agressivo do que as estirpes observadas na gripe sazonal", que mata anualmente 36 mil americanos. O CDC confirmou ontem 226 casos no país (mais 62 do que na véspera), mas há apenas uma vítima mortal - um bebé de 23 meses, residente no Texas, que morreu nos primeiros dias do surto.

A secretária de Saúde, Kathleen Sebelius, disse estar também "prudentemente optimista", ainda que considere " muito provável" que a OMS eleve o nível de alerta, declarando o estado de pandemia (surto sustentado em duas regiões do globo). E o principal risco, adverte, é o "regresso do vírus no Outono", explicando que a sua eventual combinação com a gripe sazonal daria origem a um vírus "mais agressivo".

Os analistas fazem, entretanto, contas às consequências económicas de uma pandemia. Um artigo publicado na revista Foreign Policy recorda que o surto de pneumonia atípica, que em 2003 matou perto de 700 pessoas na China, teve um custo estimado de 40 mil milhões de dólares. Uma análise do Council on Foreign Relations admite que a actual epidemia terá um impacto superior, a começar pelo México, onde as receitas do turismo e restauração estão em queda acentuada, contribuindo para a desvalorização do peso.

A Foreign Policy recorda ainda que uma simulação realizada em 2006 conclui que uma pandemia semelhante à registada em 1968 (mais de um milhão de mortos) custaria à economia mundial 330 mil milhões de dólares, só no primeiro ano.

EL PERIÓDICO DE MÉXICO

En fase de descenso, la epidemia de influenza humana

El Periodico de Mexico, 4 May 2009.
https://elperiodicodemexico.com/nota.php?id=248820

México, (Notimex).- El titular de la Secretaría de Salud (SSA) federal, José Angel Córdova Villalobos, informó que la epidemia del virus de influenza humana ha evolucionado y está en fase de descenso.

En conferencia, detalló que entre el 23 y el 28 abril hubo un "pico" en el índice de casos de contagios, sin embargo el virus ha sido susceptible a los antivirales que había almacenados y se han administrado en el país, así como a las medidas ordenadas por el gobierno y aplicadas por la sociedad.

El titular de la SSA externó que la epidemia va en fase de descenso, pues se han revisado las curvas de los casos, las cuales son analizadas por los expertos en estadísticas nacionales e internacionales, y datos preliminares permiten hacer esta afirmación.

Añadió que se tienen los registros de varias instituciones médicas y organismos nacionales como el Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE), donde en estos últimos días disminuyeron las solicitudes de atención.

Tras hacer un recuento de las acciones tomadas desde que se detectó el primer caso en Perote, Veracruz, a la fecha, Córdova Villalobos detalló que la efectividad de esas medidas ha permitido que el número de contagios y de víctimas mortales haya disminuido.

Hasta las 23:00 horas del sábado 2 de mayo, la SSA había realizado mil 498 pruebas, de las cuales mil 280 son válidas y el resto deben repetirse; de esa cifra 506 casos resultaron positivos: 487 son pacientes vivos y 19 han muerto.

Tras aseverar que el brote de influenza en el Reclusorio Norte ha sido controlado, el funcionario federal presentó un recuento de la evolución de la enfermedad y de las medidas de prevención aplicadas y reiteró que el riesgo de contagio es mínimo si se cumplen las recomendaciones sanitarias.

En otro rubro, el secretario de Salud reconoció el golpe que ha provocado la aparición del virus AH1N1 a la economía y a los diferentes sectores productivos del país, entre ellos el turismo.

Sin embargo, enfatizó que de no haber actuado tan rápido y de esta manera, de acuerdo al plan nacional para enfrentar una pandemia, como lo establece la Organización Mundial de la Salud (OMS), el problema económico hubiera sido peor, e insistió en que lo primordial debe ser la salud de México y del mundo. Sigue

El funcionario federal afirmó que existen elementos para ratificar que México actúo rápido y a tiempo, "de acuerdo con lo que tenemos como obligación en el reglamento sanitario internacional".

Comentó que está consciente de la implicación del aislamiento social y la suspensión de actividades en el retraso en los cursos para niños y jóvenes en sus estudios y en la actividad económica, a lo que se tiene que sumar la crisis financiera que vino de otros países.

"También estamos conscientes de esto, pero es evidente que lo primero es lo sanitario, porque si no podemos resolverlo las complicaciones económicas no sólo van a continuar sino que se van a incrementar, y por ello es que todas las decisiones tiene que tener un fundamento científico", enfatizó.

Córdova Villalobos aclaró que regresar a las actividades no significa que se vayan a escuelas y trabajos para ver qué pasa, sino que se tiene que preparar el regreso a clases.

El objetivo es evitar que pudieran repuntar los casos, en especial en algunas ciudades del país donde ha habido incremento del brote y se podría hacer un cerco especial.

Aseguró que ahora se tiene la capacidad de prácticamente diagnosticar el día a día, y que además de los 23 estados de la República donde se ha comprobado la presencia de la epidemia, no sería extraño que se encontrara en otras entidades.

A pregunta expresa de si ya ha pasado el peligro de una propagación mayor del virus, Córdova Villalobos respondió que es difícil afirmarlo porque es la primera experiencia de este tipo, no sólo en México sino en el mundo.

"De hecho todo el mundo, no solamente México, está aprendiendo del comportamiento del virus, por ello también los ministros de salud nos han estado hablando para conocer el comportamiento. Es muy importante porque es algo inédito", insistió el funcionario federal.

Añadió que se analiza la situación de acuerdo a su evolución, y de ahí la importancia de hablar de casos confirmados para ver cómo evoluciona; y cuando los casos confirmados sean mínimos se podrá hablar de que la circulación se ha detenido, pero todavía no se llega a ese momento.

En este punto, el secretario de Salud dio a conocer que hasta este domingo se han realizado mil 498 pruebas, y que en lo que va de este día se analizarán unas 400 más.

De las mil 280 pruebas válidas que se han aplicado, 506 resultaron positivos, que representan 39.5 por ciento, y de estos 487 afectados están vivos y 19 fallecieron; 272 son mujeres y 234 hombres.

Entre los casos positivos 24 por ciento, es decir 122, son niños y niñas de cero a nueve años; 120 son enfermos de entre 10 y 19 años; 98 son personas de entre 20 a 29 años; 69, de 30 a 39 años; 51 afectados tienen entre 40 y 49 años; 34, de 50 a 59 años y sólo hay nueve casos de personas mayores de 60 años. Existen tres casos que no se supo su edad.

FrankfurterRundschau

WHO warnt vor heftiger zweiter Welle

Frankfurtter Rundschau, 4 May 2009
https://www.fr.de/panorama/warnt-heftiger-zweiter-welle-11494582.html

Hongkong/Berlin/Mexiko-Stadt/Washington. Die Chefin der Weltgesundheitsorganisation (WHO), Margaret Chan, hat vor einer zweiten, heftigeren Welle der Schweinegrippe gewarnt. Der derzeitige scheinbare Rückgang der Sterblichkeitsrate bedeute nicht, dass die Grippewelle zuende gehe, sagte Chan der britischen "Financial Times" vom Montag. "Wir hoffen zwar, dass das Virus sich totläuft", sagte Chan. Doch könne eine zweite Schweinegrippe-Welle jederzeit "mit aller Macht" zuschlagen. Wenn das geschehe, "steht uns ein großer Ausbruch bevor".

"Ich sage jetzt nicht, dass eine Pandemie losbricht", betonte die WHO-Chefin: "Aber wenn ich etwas versäume, und wir bereiten uns nicht richtig vor, bin ich gescheitert. Ich treffe lieber zuviel als keine Vorsorge."

Auch das Robert-Koch-Institut (RKI) kann bei der Schweinegrippe weiterhin keine Entwarnung geben. Hierfür sei es sicherlich zu früh, sagte RKI-Präsident Jörg Hacker am Montag im ZDF-"Morgenmagazin". Es kämen bei den Infektionen noch Länder hinzu, und die internationalen Zahlen stiegen noch. "Wir müssen in Deutschland durchaus auch mit weiteren Fällen rechnen", sagte Hacker.

...

Die Zahl der Menschen, die sich in Mexiko nachweislich mit dem neuen Influenza-Virus A/H1N1 infiziert haben, ist auf 590 gestiegen. Davon seien 22 gestorben, gab der mexikanische Gesundheitsminister José Ángel Córdova am Sonntagabend in Mexiko-Stadt bekannt. Am Samstag waren es noch 19 Tote gewesen.

Córdova sagte, die Epidemie habe ihren Höhepunkt erreicht und sei rückläufig. "Der Höhepunkt auf nationalem Niveau war zwischen dem 23. und 28. April", sagte der Minister. Er machte aber auch gleichzeitig darauf aufmerksam, dass sich das Virus jetzt regional ausgebreitet habe. Mittlerweile seien in 23 Bundesstaaten Fälle aufgetreten. So wurden am Sonntagabend neue Erkrankungen aus Tabasco und Tamaulipas gemeldet.

Die Weltgesundheitsorganisation (WHO) hat 985 Fälle der sogenannten Schweingrippe in 20 Ländern bestätigt. Am stärksten betroffen seien Mexiko mit 590 Infektionen und die USA mit 226, teilte die Behörde am Montag mit. Deutschland liegt mit acht Erkrankten hinter Kanada (85), Spanien (40) und Großbritannien (15) auf Platz sechs.

WHO erwartet Erreichen der höchsten Warnstufe

In einem Interview der spanischen Tageszeitung "El Pais" (Montagsausgabe) sah WHO-Chefin Margaret Chan Anzeichen für das Erreichen der höchsten Warnstufe und damit einer Pandemie.

"Stufe sechs bedeutet aber nicht das Ende der Welt. Es ist wichtig, dies deutlich zu machen, weil Stufe sechs (andernfalls) eine unnötige Panik auslösen würde", sagte Chan. "Grippeviren sind sehr unberechenbar Wir sollten nicht übermäßig zuversichtlich sein. Man darf dem H1N1-Virus nicht die Möglichkeit geben, sich mit anderen Viren zu vermischen. Das ist der Grund, warum wir auf Alarmstufe stehen", sagt Chan weiter.

Dabei wies sie vor allem auf den Höhepunkt der Grippesaison auf der Südhalbkugel hin, wo in Kürze der Winter anbricht. Niemand könne vorhersagen, was dann passiere.

SÀIGÒN

Worst of Mexico's flu nightmare is over: president

Saigon.News, 4 May 2009, 14:15:00
https://en.sggp.org.vn/worst-of-mexicos-flu-nightmare-is-over-president-post34374.html

Mexico is finally getting the upper hand on a flu epidemic that has killed 22 people, and is poised to lift an economically crippling clampdown on public venues and activities on Wednesday, authorities said.

Mexico was about to "overcome" the virus, which had also infected 568 people over past weeks, President Felipe Calderon told state television and radio on Sunday. "We have been able to hold or at least reduce the rate of propagation of the virus to contain the epidemic," he said.

His health minister, Jose Angel Cordova, said: "It is very likely that restaurants and other points of economic activity will re-open on Wednesday."

A lifting of restrictions would spell relief for restaurants, cafes, bars, clubs, cinemas, theaters and gyms in Mexico City which were ordered on April 28 to close to prevent contagion among clients.

The city's hospitality sector estimated the measure was costing the economy 100 million dollars a day and risking 450,000 jobs, as well as deepening a sharp tourist slump caused by flu fears.

Non-essential offices ordered to shut over a five-day holiday weekend were due to reopen Wednesday.

Schools across the nation shut for more than a week were also to be sanitized in readiness for a return to classes at a date yet to be determined.

Cordova told reporters Sunday the epidemic had peaked in Mexico April 23-28.

He noted fewer people were now being admitted to hospitals with symptoms of the virus, "and those cases are less and less serious."

Fifteen of the fatalities were women and seven were men, he said. Most died in Mexico City.

Although restrictions were about to be eased, the government warned that caution should still be exercised. It said it established on Sunday a list of public recommendations – particularly for restaurants, public transport and other enclosed spaces – to ensure the epidemic did not flare up again. "These are instruments for all the population, empowering it to keep itself healthy," Cordova said, adding they would be revised constantly on his ministry's website.

The shift from mandatory virus-containment measures to voluntary rules was also an effort to revive a devastated tourism sector – an important source of foreign currency revenue for Mexico.

Cordova said the longer restrictions stayed in place, "the more difficult it will be to restore credibility so the tourists return to the tourist sites."

The government defended its handling of the epidemic, saying officials had been responsible in preparing for a worst-case scenario and prompt in acting.

At the peak of the crisis, the health minister had spoken of 159 "probable" deaths, prompting the World Health Organization to raise its alert over the flu to warning a pandemic was "imminent."

Since then, though, stringent tests by US and Canadian labs have excluded the majority of the "probables," leaving the significant though much-smaller confirmed toll.

Bertha Teresa Ramírez

Exige Ebrard condenar xenofobia hacia mexicanos por la influenza
El brote, en etapa de estabilización, aunque no significa que se haya superado la emergencia, dice
Ayer, la cifra más baja de casos y la más alta de egresos
El 6, vuelta a la normalidad

Periodico La Jornada, 4 de mayo de 2009, p. 23.
https://www.jornada.com.mx/2009/05/04/capital/023n1cap

El jefe de Gobierno del Distrito Federal, Marcelo Ebrard Casaubon, exigió condenar los actos de xenofobia contra mexicanos por el brote de influenza atípica en México. Indicó que para empezar no está comprobado que el virus haya salido de la ciudad (de México), y aunque así fuera, no es rechazo lo que se requiere, sino apoyo y solidaridad.

Al presentar un informe sobre el *operativo* sanitario impuesto en la ciudad de México, tras la declaración de alerta preventiva epidemiológica, aseguró que en la capital hay una etapa de estabilización en la emergencia por el brote de influenza tipo A/H1N1, y que la situación parece claramente mejorar.

No obstante, llamó a los ciudadanos a mantener las medidas preventivas básicas recomendadas, como lavado de manos frecuente y uso habitual de cubrebocas, pues el hecho de que no se hayan reportado más fallecimientos a consecuencia de esta enfermedad infecciosa no significa que se haya superado la emergencia.

Hasta este domingo, el reporte de personas con síntomas de influenza indica la cifra más baja desde que se lanzó la alerta sanitaria, inclusive también se registra la cantidad más elevada de pacientes dados de alta, que es de 22, añadió.

Durante la presentación del informe, aseguró que la decisión de regresar a clases el miércoles 6 de mayo dependerá del gobierno federal; la administración local, por su parte, se mantiene en contacto para, en caso de ser así, poner en marcha un programa exhaustivo de control sanitario en las escuelas.

En cuanto a la actividad económica, precisó: hasta este momento la postura del gobierno de la ciudad es que el 6 de mayo se reactivaría la actividad en la ciudad, con diferentes características y medidas sanitarias. Así sería, salvo que se encontrara alguna otra cifra o dato diferente el día de hoy, apuntó.

Ebrard también manifestó su preocupación por los actos de xenofobia contra mexicanos en el extranjero y en el país, y en ese contexto afirmó que México y su capital han expresado siempre su solidaridad y apoyo ante los grandes problemas que han sufrido otros países, como dato mencionó el caso de la ciudad de Nueva Orleáns, la cual fue practicamente destruida a causa del huracán *Katrina* en 2005, así como el de la gripe aviar, que surgió en Asia en 2003.

Por ello se pronunció por impedir, protestar y actuar frente a este fenómeno, lo que se requiere hoy no es condena y xenofobia, sino solidaridad, reiteró el mandatario, quien añadió que no tiene sentido establecer una condena, pues constituimos una humanidad y el virus no tiene nacionalidad.

En ese contexto, pidió que se haga un seguimiento puntual a la estancia de mexicanos en Estados Unidos, quienes por esa situación pueden comenzar a vivir acciones de racismo.

En su oportunidad, el secretario de Salud, Armando Ahued Ortega, informó que las 22 personas dadas de alta tuvieron una respuesta positiva al tratamiento, no hay defunciones y el número de pacientes hospitalizados por cuestiones respiratorias bajó a 84.

Informó que en los centros de salud se han brindado 74 mil 572 consultas durante la alerta epidemiológica. Ayer se recibieron 2 mil 23 llamadas para orientación telefónica y en el portal de Internet, mil 507 personas ingresaron al chat con el mismo fin.

En entrevista, agregó que el sábado se realizó un *operativo* en los reclusorios y 19 mil 410 personas que ingresaron a ver a sus familiares fueron valoradas clínicamente.

Indicó que en los centros de readaptación se procedió a realizar un tamizaje, así como un diagnóstico a todos los internos, estamos hablando de prácticamente 40 mil, y señaló que se hizo un estudio caso por caso.

El sábado, debido a que es día de visita, se estableció un filtro muy estricto, ya que fueron casi 20 mil personas las que ingresaron a ver a sus familiares internos, por lo que a cada una de estas personas se le tomó la temperatura, se les preguntó si tenían algún signo o síntoma respiratorio, todo ello con el fin de evitar que alguien enfermo entre al reclusorio y pueda provocar un contagio, pero afortunadamente todo está controlado agregó.

SPUTNIK International

Mexico says swine flu outbreak easing off

Sputnik, 4 May 2009, 08:39 GMT
https://sputnikglobe.com/20090504/155000050.html

The Mexican government has said the swine flu outbreak has peaked in the country and is now in decline, with a confirmed human death toll of 22.

Mexico City, May 4 (RIA Novosti) - The Mexican government has said the swine flu outbreak has peaked in the country and is now in decline, with a confirmed human death toll of 22.

Health Minister Jose Angel Cordova told reporters on Sunday: "The evolution of the epidemic is now in a phase of decline."

According to the latest data, "578 people have been officially confirmed as infected with the H1N1 virus, of whom 22 have died," he said. Health authorities had earlier suspected over 150 fatalities due to the virus.

The spread of the virus peaked between April 23 and 28, Cordova said. Seven men and 15 women have died in Mexico, mainly in Mexico City.

The number of swine flu cases worldwide has reached 985 in 20 countries, according to WHO data, the vast majority in Mexico, the United States and Canada. Spain has reported 40 cases.

The Egyptian government has begun a highly controversial pig cull, despite assurances from the WHO that swine flu cannot be passed to humans via cooked pork. The cull has prompted clashes between farmers and police trying to seize the animals.

Russia, which has banned raw pork imports from several U.S. states, extended the ban on Monday to South Carolina, classed as "risk zone 1".

Russia and China, which jointly buy 20% of exported American pork, have so far blocked pork imports from California, Texas, New York, Alabama, Arizona, Arkansas, Georgia, Indiana, Kansas, Louisiana, New Jersey, New Mexico, Ohio, Oklahoma and Florida.

The Russian agricultural regulator Rosselkhoznadzor said the extended ban "applies to products produced after May 1."

Russia has also banned pork from Spain and three Canadian provinces - British Columbia, Nova Scotia and Ontario - which Rosselkhoznadzor listed as "risk zone 2".

The U.S. has urged Russia and China to lift their ban, citing the WHO's statements on the safety of pork.

Media group / Tajikistan
ASIA-Plus

Swine flu epidemic in Mexico past its peak – health minister

Asia-Plus, ITAR-TASS, 4 May 2009, 13:58,
https://www.asiaplustj.info/en/news/world/20090504/swine-flu-epidemic-mexico-past-its-peak-health-minister

The swine flu epidemic in Mexico is past its peak, Health Minister Jose Angel Cordova Villalobos said on Sunday.

The number of recovered and recovering patients grew by 33 to 487 over the day. The death rate has been unchanged, 19, since Saturday.

In all, Mexico has done 1,280 swine flu tests.

The disease was registered in 18 states of Mexico, mostly in the capital area.

As of 3:00 p.m. Moscow time on May 3, the number of countries reporting A/H1N1 cases had grown from 15 to 17, according to the World Health Organization (WHO). In all, 787 cases were reported, including 20 lethal.

Russian authorities will have an intercom conference on Monday to discuss the prevention of swine flu cases in the country, the Federal Consumer Rights and Human Well Being Service said on Sunday.

CNN Health

Elizabeth Cohen

When a pandemic isn't a pandemic

CNN, Health, 4 May 2009 // 22:42 GMT (06:42 HKT)
https://edition.cnn.com/2009/HEALTH/05/04/swine.flu.pandemic/index.html

Atlanta, Georgia (CNN) – When the World Health Organization raised its influenza pandemic alert from a Phase 4 to a Phase 5 last week, there was a bit of a gasp heard round the world.

News about the pandemic sent people to line up at a mobile health clinic in Mexico City.
After all, Phase 5 "is a strong signal that a pandemic is imminent," according to WHO.

"All countries should immediately activate their pandemic preparedness plans," the organization's director-general, Dr. Margaret Chan, said Wednesday. "After all, it really is all of humanity that is under threat during a pandemic."

But the word "pandemic" isn't quite as scary as it sounds, explained **David Ozonoff**, professor of environmental health at the Boston University School of Public Health.

"When people hear the words 'pandemic' and 'flu,' the first thing that comes to mind is 1918, which was a real horror show," Ozonoff said, referring to the flu pandemic that killed some 50 million people 91 years ago. But you can have a pandemic without a large number of deaths, he said. "The word pandemic refers to how widely dispersed a disease is, not to how severe the disease is," he said.
Confusion about the meaning of "pandemic" is understandable, Ozonoff said, considering the definition of the word is "not set in stone."

Until Monday morning, the WHO *had a definition on its Web site saying* that a pandemic flu causes "enormous numbers of deaths and illness." After a CNN reporter pointed this out, WHO spokeswoman *Natalie Boudou*[*] called back to say the definition was in error and had been pulled from the WHO Web site.

"It was a mistake, and we apologize for the confusion," she said. "(That definition) was put up a while ago and paints a rather bleak picture and could be very scary."
The correct definition is that "pandemic" indicates outbreaks in at least two of the regions into which WHO divides the world, but has nothing to do with the severity of the illnesses or the number of deaths.

Based on lessons from the past, "influenza may cause mild disease in affluent countries, but more severe disease, with higher mortality, in developing countries," Chan said at Wednesday's news conference.

There have been three influenza pandemics in this century, said Andrew Pekosz, associate professor of microbiology and immunology at Johns Hopkins University's Bloomberg School of Public Health. The other two, in 1957 and 1968, also were caused by new viruses to which no one had immunity, but didn't cause nearly the number of deaths as the one in 1918.

"I think people need to be reminded that this current H1N1 outbreak is going to resemble much more the pandemics in 1957 and 1968, where there was an increase in deaths from other years, but nothing like the millions of deaths we saw in 1918," Pekosz said.

[*] Natalie Boudou-Jacobs, Communications Officer, WHO Geneva, email: boudoun@who.int
See: https://web.archive.org/web/20130617215844/http://www.who.int/mediacentre/news/notes/2008/np11/es/
& https://context.reverso.net/traduction/anglais-francais/who+geneva+telephone

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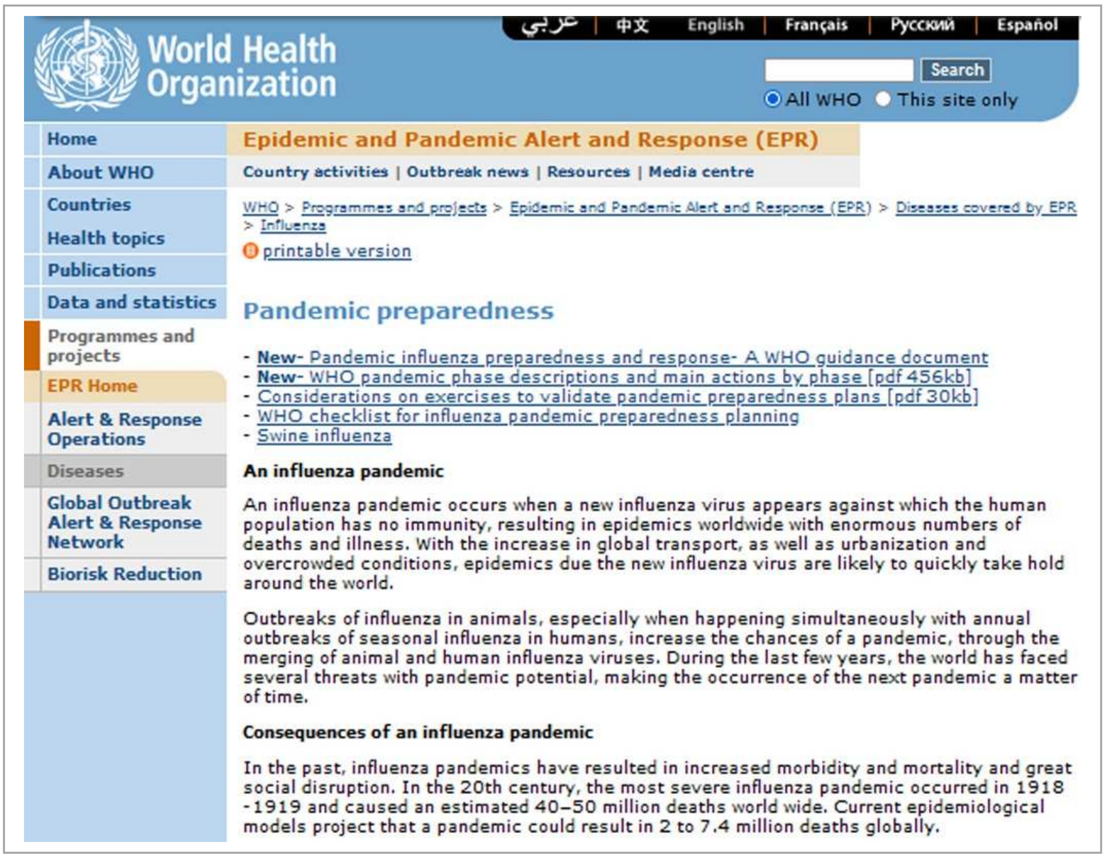
Pandemic preparedness, Geneva, WHO, 4 May 2009; *00:56:05*
https://web.archive.org/web/20090504005605/http://www.who.int/csr/disease/influenza/pandemic/en/



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Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks of seasonal influenza in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic a matter of time.

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See: Teppone M. *Definition of Pandemic on the WHO website*: A Collection of articles, documents, news, and remarks on the history of changing the definition of a pandemic on the WHO website. – *Preprint*, July, 2023. DOI: 10.13140/RG.2.2.11046.29760/1

Власти Мексики заметили спад заболеваемости вирусом А (H1N1)

РБК, 7 мая 2009, 10:34
https://www.rbc.ru/society/07/05/2009/5703d3cc9a79473dc814e26d?from=materials_on_subject?from=materials_on_subject

Власти Мексики зафиксировали спад заболеваемости вирусом гриппа А (H1N1), который последние недели распространялся из этой страны по всему миру, сообщает агентство Associated Press.

В связи с наметившимися позитивными тенденциями в столице страны возобновляют работу компании, предприятия и общественные организации, офисы которых были временно закрыты.

Откроют в том числе рестораны и кафе. Однако их владельцам и персоналу дано предписание следовать жестким инструкциям в области гигиены.

Что касается работы офисов, то всех руководителей компаний обязали немедленно докладывать в органы здравоохранения обо всех случаях, похожих на заболевания гриппом.

По последним данным, вирусом гриппа А (H1N1) заразились 1 тыс. 25 человек в 20 странах. Число жертв вируса в Мексике, по официальным данным, достигло 42 человек.

Стоит отметить, что быстрое распространение доселе неизвестного вируса изначально вызвало небольшую панику во многих странах. Многие государства вынуждены были начать проверку всех приезжающих из Мексики. Россия с целью недопущения попадания вируса на свою территорию запретила ввоз свинины из Мексики, целого ряда американских штатов, а также Великобритании.

До сегодняшнего дня ни одного случая заболевания вирусом А (H1N1) в нашей стране зафиксировано не было.

ELUNIVERSO
El Mayor Diario Nacional

México reanuda sus actividades y baja alerta por la gripe porcina

El impacto económico por la epidemia en el país azteca sería de unos $ 2.300 millones

El Universo, 7 de mayo 2009, 00h00
https://www.eluniverso.com/2009/05/07/1/1361/476A34BE4A094E71AF08FCD81EDCEAA1.html

Los bares, teatros, cines y eventos deportivos serán reabiertos al público hoy en Ciudad de México, donde ya volvieron a funcionar restaurantes, así como los sitios arqueológicos en todo el país, tras superarse el pico de la gripe porcina que deja 44 muertos y 1.070 infectados.

Las autoridades de la capital mexicana, la más afectada por la gripe, bajaron ayer la alerta sanitaria de naranja (elevado) a amarilla (medio).

Desde hoy pueden volver a funcionar "bares, cabarets, centros nocturnos, discotecas, salón de baile, estadio deportivo, plaza de toros, estadio de fútbol, cine, teatro, billar, salón de fiestas, centro deportivos, parques diversiones", indicó Melquiales López, vocero del Comité de Vigilancia Epidemiológica de la ciudad.

Unos 30.000 restaurantes capitalinos y los sitios arqueológicos en todo México reabrieron sus puertas ayer y millones de mexicanos retornaron a sus trabajos después de un receso de cinco días por la epidemia de la gripe AH1N1.

Los muertos por la epidemia subieron de 29 a 44 y el número de contagiados llegó a 1.070, anunció ayer el ministro de Salud, José Ángel Córdova.

En un acto en Michoacán, su estado natal, el presidente Felipe Calderón afirmó que México está ganando la batalla contra la epidemia, aunque llamó a "no cantar victoria" porque el nuevo virus AH1N1 seguirá expandiéndose.

Millones de mexicanos regresaron a sus labores bajo estrictas medidas de prevención, luego que las autoridades decretaron el pasado jueves un largo fin de semana de cinco días para reforzar las medidas de resguardo contra la gripe.

El impacto económico por la epidemia de gripe porcina en México sería de unos 2.300 millones de dólares, equivalentes a alrededor de 0,3% del Producto Interno Bruto (PIB), pronosticó el martes el ministro de Hacienda, Agustín Carstens.

Sin embargo, se mantienen las medidas denominadas de "distanciamiento social" en los sectores público y privado, que consisten en evitar las aglomeraciones, observar las medidas de higiene y no saludarse con beso ni con la mano.

Mientras, Estados Unidos, informó el martes de la muerte por el virus AH1N1 de "una mujer (...) que tenía problemas crónicos de salud", en Texas, llevando a dos los casos letales de gripe porcina en EE.UU., que confirmó además 642 casos de contagio. El anterior había sido un niño mexicano.

Más casos en Europa

La nueva gripe AH1N1 continúa extendiéndose en Europa, donde la Organización Mundial de la Salud (OMS) confirmó más infecciones en Gran Bretaña, España, Italia y Alemania.

El virus ha llegado a 22 países, de los que Guatemala es el último en sumarse a la lista de la OMS, con un caso confirmado por esta enfermedad.

ABC NEWS

Mexico to erect statue to swine flu 'patient zero'

ABC News, 26 May 2009, at 6:34am
https://www.abc.net.au/news/2009-05-26/mexico-to-erect-statue-to-swine-flu-patient-zero/1694318

A state in eastern Mexico is to erect a statue to a small boy suspected as being the first case of swine flu, to be modelled on the famous Manneken Pis statue of a child urinating in Brussels.

Five-year-old Edgar Hernandez appeared in media across the world in April after the health ministry confirmed that he had contracted, and overcome, the A(H1N1) virus at the start of the epidemic's outbreak.

Edgar's role in putting his poor village of La Gloria on the map merited recognition in the shape of a small statue - resembling the famous Belgian landmark - Fidel Herrera Beltran, the governor of Veracruz state in eastern Mexico, said.

"La Gloria is now an important tourist destination. Next week we'll inaugurate a statue of the child Edgar Hernandez that resembles the Manneken Pis in Brussels for having carried out a similar exploit," Mr Beltran said.

There are several legends behind the Manneken Pis, including one in which an infant lord urinated on enemy troops who were eventually defeated.

The statue of Edgar would be erected on one of the country's highest mountains, the Cofre de Perote, Mr Beltran said.

Suspicions that La Gloria - which lies near a large pig plant - could have been the launching point of the swine flu virus prompted a wave of media attention on the boy.

It is still unclear where the virus originated following initial cases in both the southern United States and Mexico.

The number of swine flu cases worldwide is more than 12,500, including 91 deaths, the United Nations' World Health Organisation said.

The figure included 80 deaths and more than 4,000 cases in Mexico.

Mirror

Matt Roger

Statue erected of first boy in world who caught swine flu

Mirror, 25 Jul 2009, 00:00
https://www.mirror.co.uk/news/uk-news/statue-erected-of-first-boy-in-world-408563

They're calling the statue Nino Cero – Little Boy Zero.

Modelled on the famous Mannekin Pis statue in Brussels, its subject is a five-year-old lad... a real one who lives barely five minutes walk from his bronze likeness in the remote mountain village of La Gloria in Mexico.

Edgar Hernandez has been identified as the first person in the world known to have contracted the H1N1 virus – better known as swine flu.

This spring, it seemed half of La Gloria were coming down with something. One villager described how the sickness swept through the village.

She said: "Some people started getting ill in February and an eight-month-old baby died. After that another baby died on 21 March. Suddenly, most of the village got ill.

We asked the authorities what it was and they said it was a severe cold. They said influenza had been eradicated from Mexico."

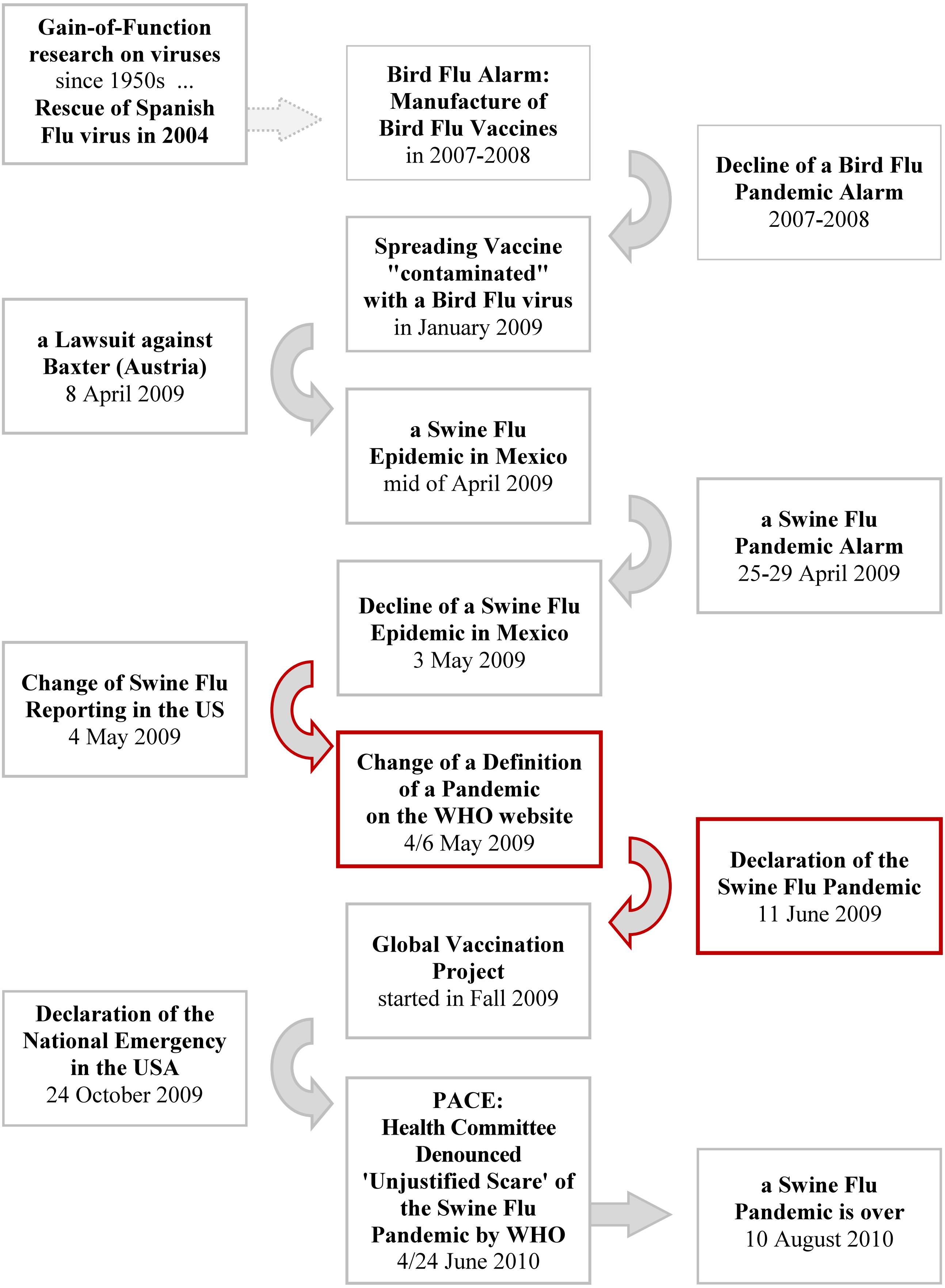
A week later, little Edgar woke with a high fever and headache. Doctors from the village clinic dismissed it as a common cold, but after he continued to deteriorate, medical staff from the local government came to the Hernandez home to take saliva samples.

On April 27, his mother Maria was informed Edgar had the H1N1 virus.

Chapter 5

Change of the Definition of a Pandemic on the WHO website

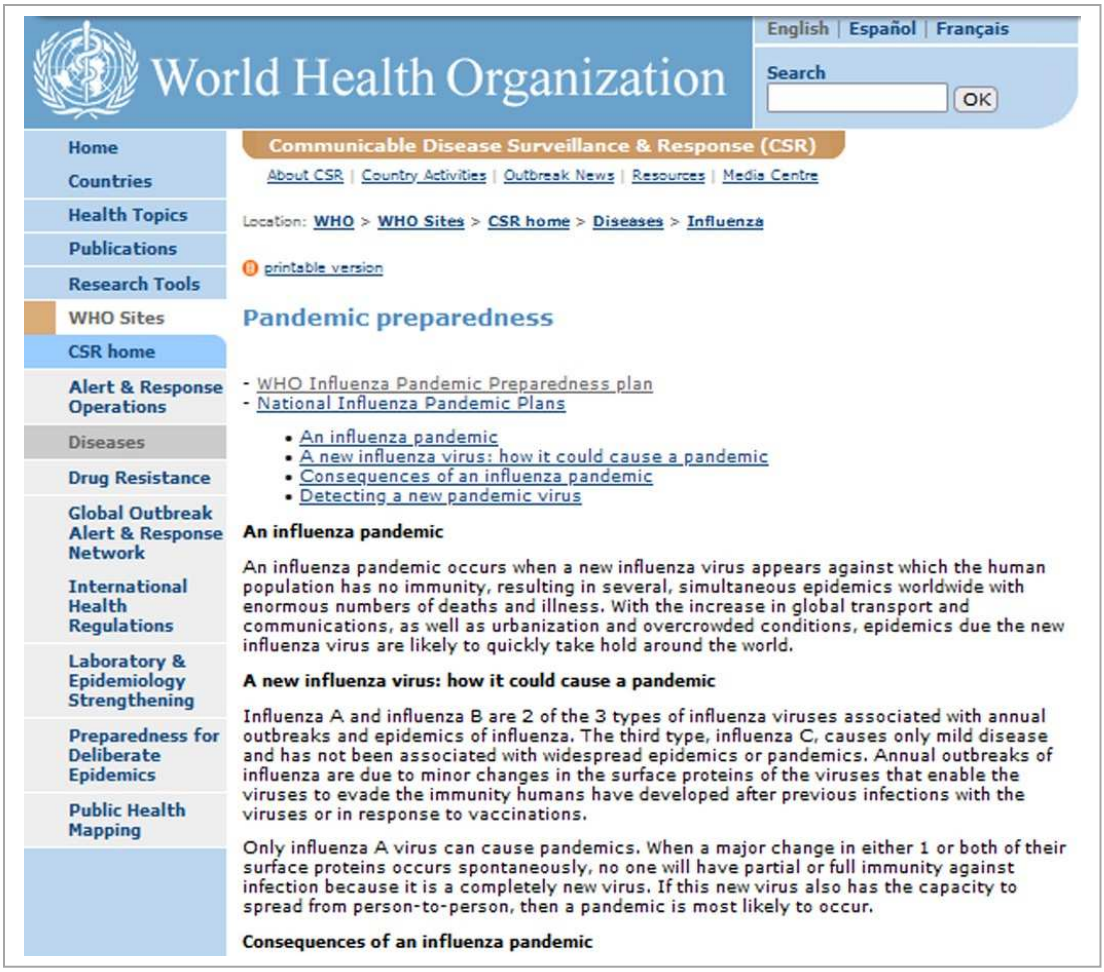
Roadmap
of the Swine Flu Pandemic



World Health Organization

Communicable Disease Surveillance & Response (CSR)

Pandemic preparedness, Geneva, WHO, 2 February 2003; 14:05:45
https://web.archive.org/web/20030202145905/http://www.who.int/csr/disease/influenza/pandemic/en/



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- WHO Influenza Pandemic Preparedness plan
- National Influenza Pandemic Plans

- An influenza pandemic
- A new influenza virus: how it could cause a pandemic
- Consequences of an influenza pandemic
- Detecting a new pandemic virus

An influenza pandemic

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.

A new influenza virus: how it could cause a pandemic

Influenza A and influenza B are 2 of the 3 types of influenza viruses associated with annual outbreaks and epidemics of influenza. The third type, influenza C, causes only mild disease and has not been associated with widespread epidemics or pandemics. Annual outbreaks of influenza are due to minor changes in the surface proteins of the viruses that enable the viruses to evade the immunity humans have developed after previous infections with the viruses or in response to vaccinations.

Only influenza A virus can cause pandemics. When a major change in either 1 or both of their surface proteins occurs spontaneously, no one will have partial or full immunity against infection because it is a completely new virus. If this new virus also has the capacity to spread from person-to-person, then a pandemic is most likely to occur.

Consequences of an influenza pandemic

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A new influenza virus: how it could cause a pandemic

...

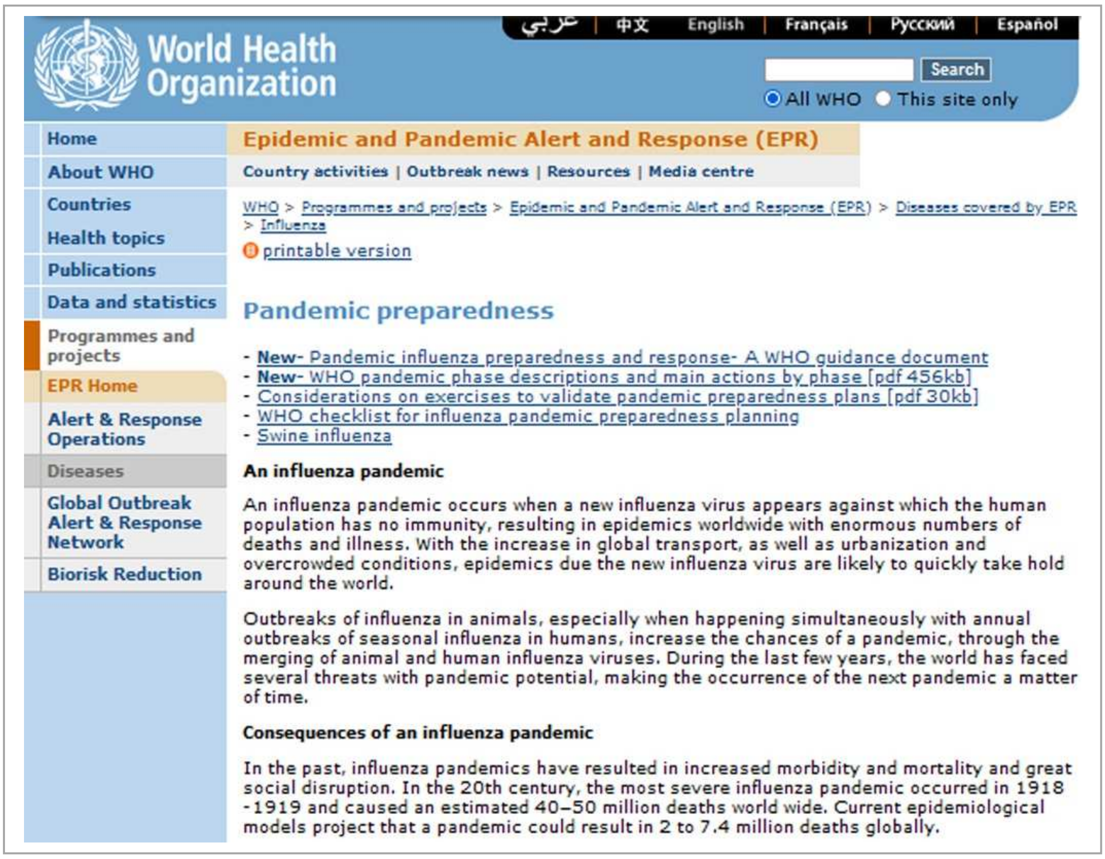
Consequences of an influenza pandemic

During the last century, 3 influenza pandemics caused millions of death worldwide, social disruption and profound economic losses. Influenza experts agree that another pandemic is likely to happen ...

World Health Organization

Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 4 May 2009; 00:56:05
https://web.archive.org/web/20090504005605/http://www.who.int/csr/disease/influenza/pandemic/en/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- Swine influenza

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In the past, influenza pandemics have resulted in increased morbidity and mortality and great social disruption. In the 20th century, the most severe influenza pandemic occurred in 1918-1919 and caused an estimated 40–50 million deaths world wide. Current epidemiological models project that a pandemic could result in 2 to 7.4 million deaths globally.

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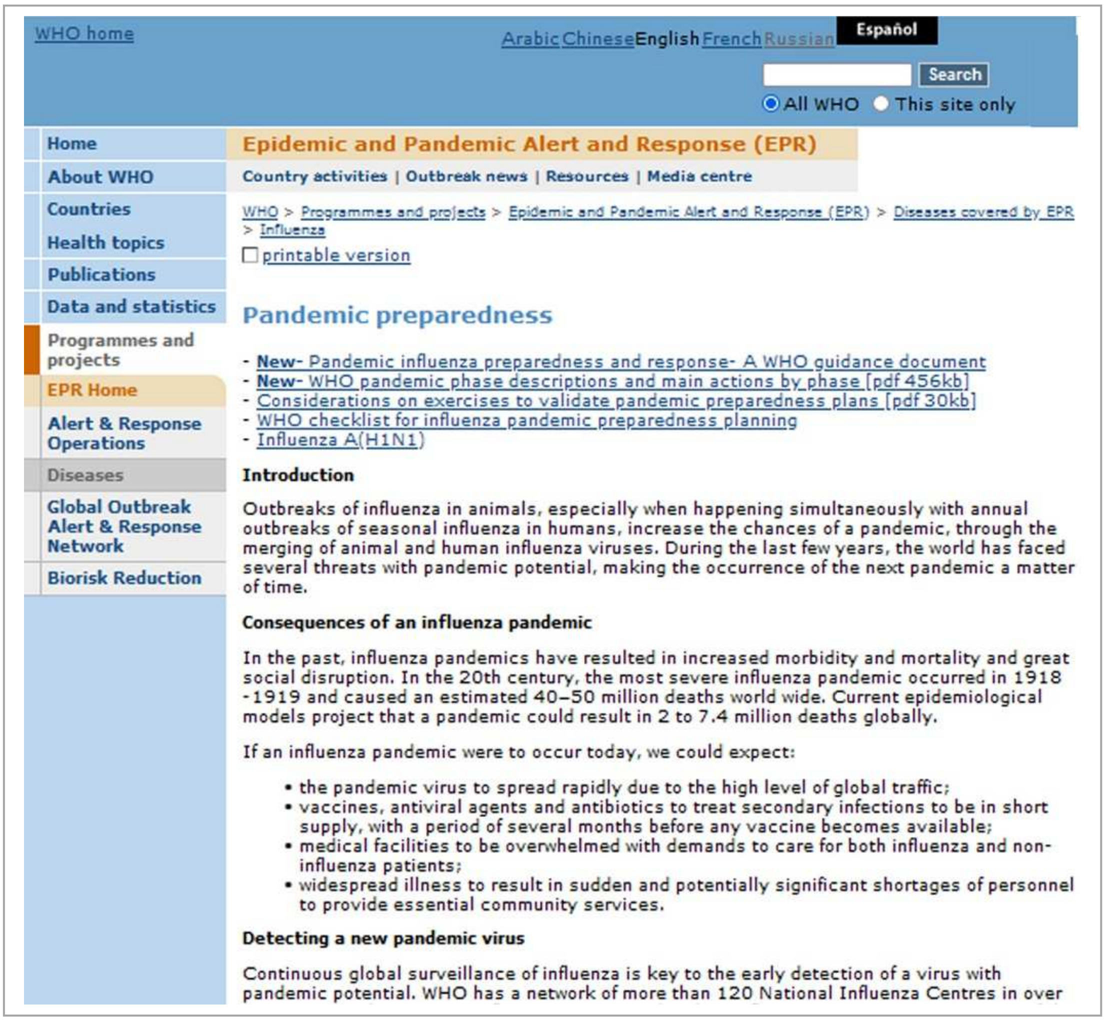
World Health Organization

Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 4 May 2009; 20:58:39

https://web.archive.org/web/20090504205839/http://www.who.int/csr/disease/influenza/pandemic/en/



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Introduction

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If an influenza pandemic were to occur today, we could expect:

- the pandemic virus to spread rapidly due to the high level of global traffic;
- vaccines, antiviral agents and antibiotics to treat secondary infections to be in short supply, with a period of several months before any vaccine becomes available;
- medical facilities to be overwhelmed with demands to care for both influenza and non-influenza patients;
- widespread illness to result in sudden and potentially significant shortages of personnel to provide essential community services.

Detecting a new pandemic virus

Continuous global surveillance of influenza is key to the early detection of a virus with pandemic potential. WHO has a network of more than 120 National Influenza Centres in over

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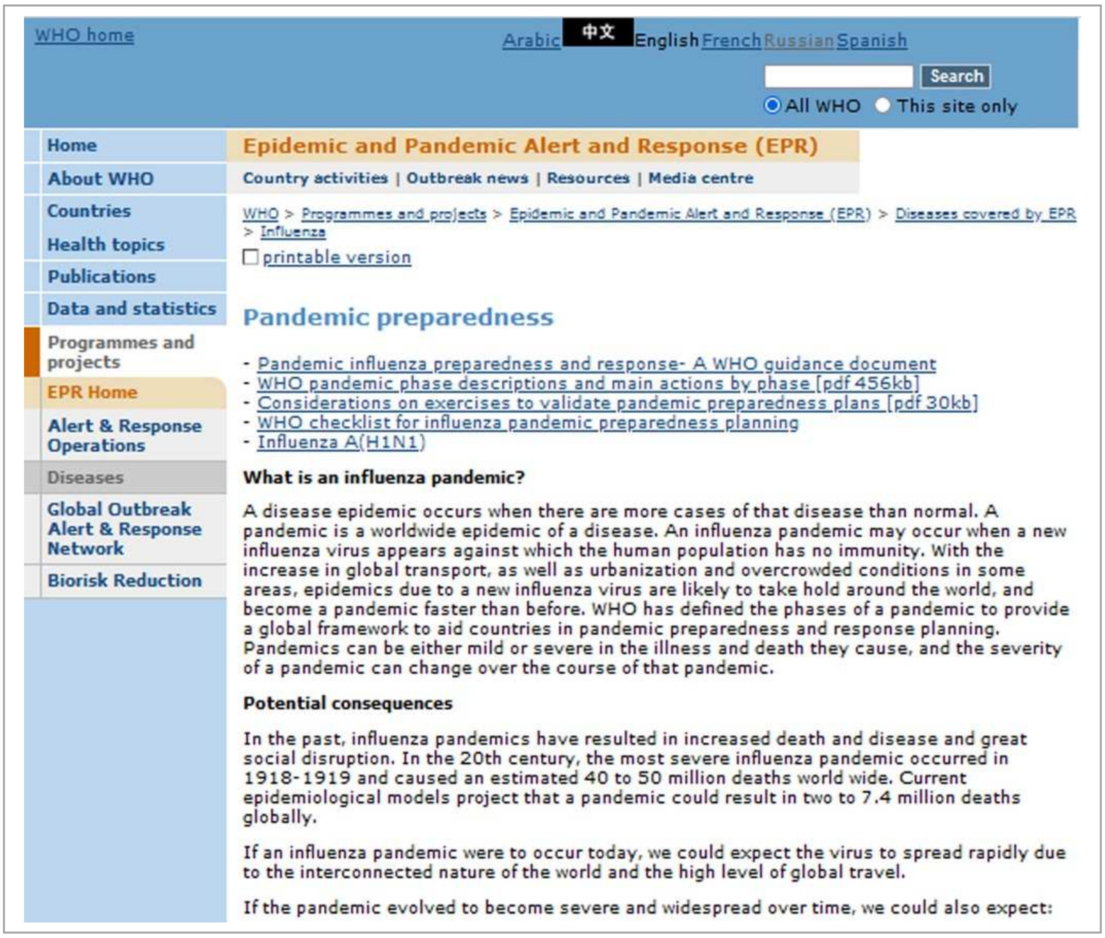
World Health Organization

Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 6 May 2009; 00:51:07
https://web.archive.org/web/20090506005107/http://www.who.int/csr/disease/influenza/pandemic/en/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- Influenza A(H1N1)

What is an influenza pandemic?

A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity. With the increase in global transport, as well as urbanization and overcrowded conditions in some areas, epidemics due to a new influenza virus are likely to take hold around the world, and become a pandemic faster than before. WHO has defined the phases of a pandemic to provide a global framework to aid countries in pandemic preparedness and response planning. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.

Potential consequences

In the past, influenza pandemics have resulted in increased death and disease and great social disruption. In the 20th century, the most severe influenza pandemic occurred in 1918-1919 and caused an estimated 40 to 50 million deaths world wide. Current epidemiological models project that a pandemic could result in two to 7.4 million deaths globally.

If an influenza pandemic were to occur today, we could expect the virus to spread rapidly due to the interconnected nature of the world and the high level of global travel.

If the pandemic evolved to become severe and widespread over time, we could also expect:

What is an influenza pandemic?

A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity. With the increase in global transport, as well as urbanization and overcrowded conditions in some areas, epidemics due to a new influenza virus are likely to take hold around the world, and become a pandemic faster than before. WHO has defined the phases of a pandemic to provide a global framework to aid countries in pandemic preparedness and response planning. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.

Potential consequences

In the past, influenza pandemics have resulted in increased death and disease and great social disruption. In the 20th century, the most severe influenza pandemic occurred in 1918-1919 and caused an estimated 40 to 50 million deaths world wide. Current epidemiological models project that a pandemic could result in two to 7.4 million deaths globally.

If an influenza pandemic were to occur today, we could expect the virus to spread rapidly due to the interconnected nature of the world and the high level of global travel.

Global Alert and Response (GAR)

Pandemic preparedness, Geneva, WHO, 3 September 2011; 07:04:02

https://web.archive.org/web/20110903070402/http://www.who.int/csr/disease/influenza/pandemic/en/

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Pandemic preparedness

- WHO Influenza Pandemic Preparedness plan
- National Influenza Pandemic Plans

- An influenza pandemic
- A new influenza virus: how it could cause a pandemic
- Consequences of an influenza pandemic
- Detecting a new pandemic virus

An influenza pandemic

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.

A new influenza virus: how it could cause a pandemic

Influenza A and influenza B are 2 of the 3 types of influenza viruses associated with annual outbreaks and epidemics of influenza. The third type, influenza C, causes only mild disease and has not been associated with widespread epidemics or pandemics. Annual outbreaks of influenza are due to minor changes in the surface proteins of the viruses that enable the viruses to evade the immunity humans have developed after previous infections with the viruses or in response to vaccinations.

Only influenza A virus can cause pandemics. When a major change in either 1 or both of their surface proteins occurs spontaneously, no one will have partial or full immunity against infection because it is a completely new virus. If this new virus also has the capacity to spread from person-to-person, then a pandemic is most likely to occur.

An influenza pandemic

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.

Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks of seasonal influenza in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic a matter of time.

Consequences of an influenza pandemic

In the past, influenza pandemics have resulted in increased morbidity and mortality and great social disruption.

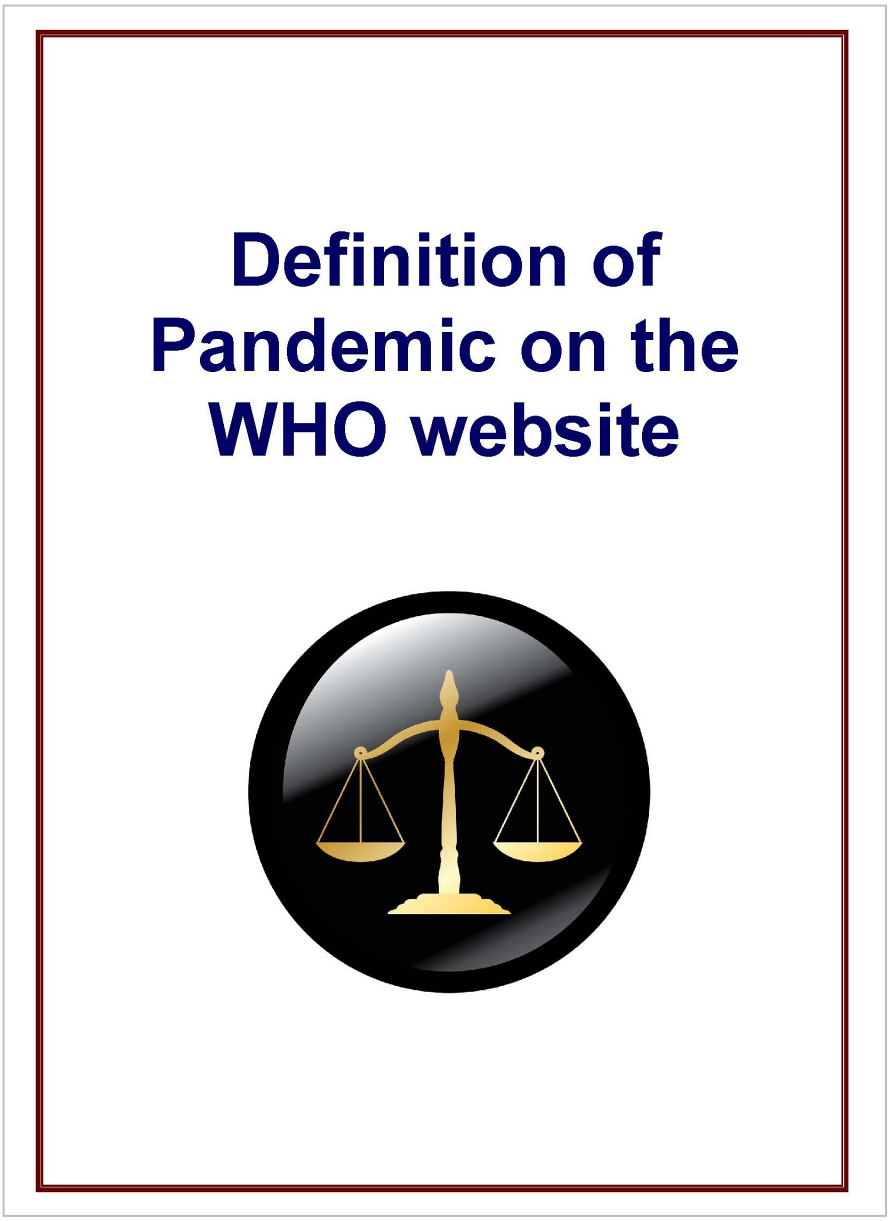
=> see detailes in the Volume 3.

ResearchGate

Mikhail Teppone

Definition of Pandemic on the WHO website:
a Collection of articles, documents, news, and remarks
on the history of changing the definition of a pandemic on the WHO website

July, 2023, 160 pages. DOI: 10.13140/RG.2.2.11046.29760/1
https://www.researchgate.net/publication/372418909_Definition_of_Pandemic_on_the_WHO_website
https://archive.org/details/definitionof-pandemic



Михаил Теппоне // Mikhail Teppone

Историко-эпидемиологические события, предшествовавшие и сопровождавшие изменения в описании пандемии на веб-сайте ВОЗ

May 2024; DOI: 10.13140/RG.2.2.33031.82088
https://www.researchgate.net/publication/380365936_Istoriko-epidemiologiceskie_sobytia_predsestvovavsie_i_soprovozdavsie_izmenenia_v_opisanii_pandemii_na_veb-sajte_VOZ

Краткое содержание

Данное исследование было проведено с целью выявления исторических и эпидемиологических событий, которые предшествовали изменениям определения пандемии, произошедшим на сайте ВОЗ в 2009 и 2011 годах.

В связи с тем, что причина изменения определения пандемии была неизвестна, поэтому возникла необходимость провести анализ литературы, посвященной эпидемиям и пандемиям, а также документов ВОЗ, веб-сайта ВОЗ, и статей, опубликованных в печатных изданиях и в Интернете.

До четвертого мая 2009 года, при описании пандемии основное внимание уделялось «большому числу случаев заболевания и смертей». Шестого мая 2009 года было опубликовано новое описание пандемии, в котором основное внимание уделялось распространенности заболевания. В 2011 году описание пандемии на веб-сайте ВОЗ было возвращено к первоначальному варианту без какихлибо комментариев.

...

Поскольку основным фактором, препятствующим развитию пандемии, является эффективное лечение нового инфекционного заболевания, поэтому, для минимизации вероятности возникновения новой пандемии в будущем, необходимо повысить качество специального медицинского образования, а также изучить и адаптировать к современным условиям все эффективные методы и лекарственные препараты, использовавшиеся для лечения инфекционных заболеваний в прошлом.

...

В результате проведенного исследования выявлена следующая последовательность событий:

2003-2009: Нарастающая, но затем снижающаяся угроза развития пандемии птичьего гриппа;

2004-2009: Разработка и производство вакцин от виртуального пандемического штамма вируса птичьего гриппа;

2009, Январь: Австрийская компания Baxter разослала «вакцины», содержавшие живой вирус птичьего гриппа;

Апрель, 8: В прокуратуру города Вены подан иск против австрийского филиала компании Baxter и против компании Avir Green Hills Biotechnology;

Апрель, 14: CDC: Американский Центр по контролю и профилактике заболеваний (CDC) сообщил о выявлении первого случая лихорадочного заболевания на территории США, вызванного новым штаммом свиного гриппа

Апрель, 29: ВОЗ: Уровень предупреждения о пандемии гриппа повышен с 4-й фазы до 5-й;

Май, 2: Министр здравоохранения Мексики, заявил, что, эпидемия идет на спад, и, вероятно, на следующей неделе страна вернется к обычной жизни;

Май, 4: ВОЗ: Во время пресс-конференции, *Натали Буду, заявила*, что *определение пандемии* на веб-сайте ВОЗ, где пандемия гриппа характеризовалась «большим числом случаев заболевания и смертей», *было ошибочным*... и оно будет исправлено;

Май, 6: На веб-сайте ВОЗ появилось новое определение пандемии;

2011, Июль-Август: На веб-сайте ВОЗ определение пандемии *вернулось к первоначальному варианту* с акцентом на высокую заболеваемость и смертность.

National Library of Medicine
National Center for Biotechnology Information

Mikhail Teppone

The definition of pandemic: causes and consequences of its adjustment in 2009 and 2011

Probl Sotsialnoi Gig Zdravookhranenniiai Istor Med. 2024 Jul;32(4):691-697.
doi: 10.32687/0869-866X-2024-32-4-691-697. PMID: 39158863.

Probl Sotsialnoi Gig Zdravookhranenniiai Istor Med. 2024 Jul;32(4):691-697.
doi: 10.32687/0869-866X-2024-32-4-691-697.

The definition of pandemic: causes and consequences of its adjustment in 2009 and 2011

M Teppone

PMID: 39158863 DOI: 10.32687/0869-866X-2024-32-4-691-697

Abstract

The article considers results of the study evaluating historical and epidemiological events that preceded and accompanied adjustment of the pandemic description on the WHO website in 2009 and 2011. The analysis covered publications related to epidemics and pandemics issues, the WHO documents, the WHO website. The descriptions of pandemic mostly focused on "enormous numbers of cases and deaths". Since May 2009, new description of pandemic was published, focusing on disease prevalence. In 2011 it reverted to initial one with no comments. From perspective of the WHO document of 2009, declaration of swine flu pandemic in June 2009 seemed justified. However, considering previous pandemic history, common sense and consequences of declaring pandemic of disease with low both number of cases and mortality, it was premature move. Since primary factor hindering development of pandemic is effectiveness of infectious disease treatment, to minimize likelihood of new pandemic it is necessary to improve special medical education quality and to study and to adapt to modern conditions all effective medications and methods used in the past.

Mikhail Teppone
Definition of Pandemic:
the causes and consequences of its adjustment in 2009 and 2011

SSRN, 31 May 2024
https://ssrn.com/abstract=4848086

Besides the main text this Preprint contains the 11th part, titled – *The Chronology of the events*

...

2003-2009: Increasing, but then decreasing in probability of an Avian Flu pandemic.[32]

2004-2009: Development and production of vaccines against a virtual pandemic strain of the Avian Flu virus.[77]

2009, January: The Austrian company Baxter delivered "vaccines" against seasonal flu which contained live deadly Avian Flu virus.[33]

April 8: A lawsuit was filed with the Vienna City Prosecutor's Office against the Austrian branch of Baxter and Avir Green Hills Biotechnology.[78]

April 14: CDC: The American Centers for Disease Control and Prevention (CDC) announced the identification of the first case of a febrile illness in the United States caused by a new strain of swine flu.[34]

...

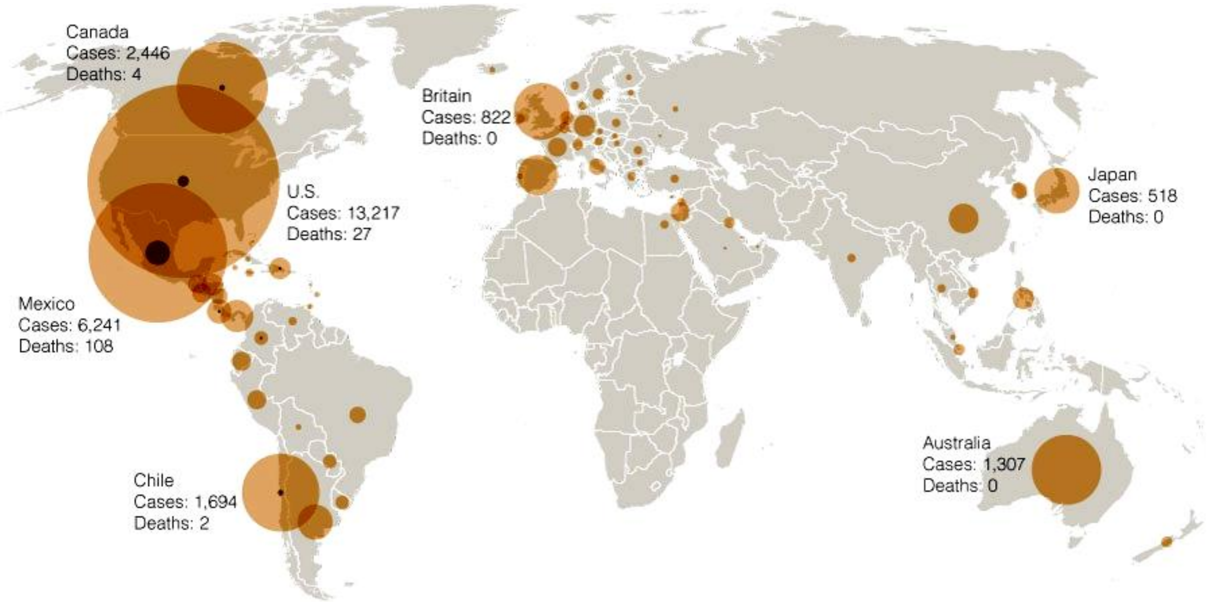
May 4 (20:58): The definition of a pandemic has disappeared from the WHO website.[42]

May 6 (00:51): A new definition of the pandemic has appeared on the WHO website.[43], etc

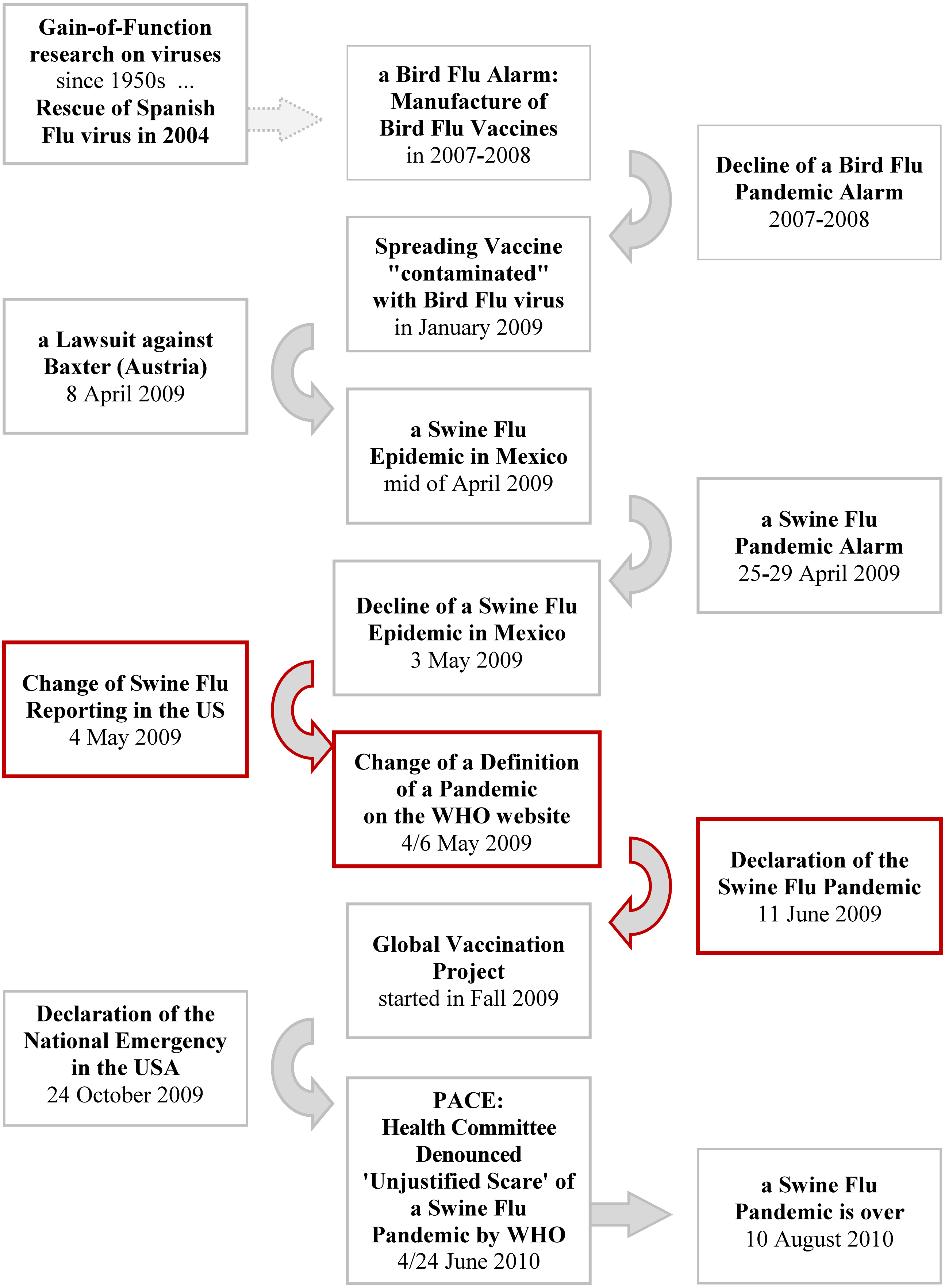
Chapter 6

Swine Flu (II):

Preparing for the Pandemic
and
Declaring the Pandemic



Roadmap
of the Swine Flu Pandemic



CTV NEWS

WHO elects to keep pandemic alert level steady

CTV.ca News, 4 May 2009, 11:39AM EDT
https://www.ctvnews.ca/who-elects-to-keep-pandemic-alert-level-steady-1.395363?cache=kpovskyhahbqhz

The World Health Organization said it would keep its pandemic alert at the second-highest level Monday, the same day Mexico announced it would reopen most businesses that had closed in the wake of the H1N1 flu outbreak.

In New York, UN Secretary-General Ban Ki-moon said the WHO will keep the pandemic alert level at Phase 5, if the situation "remains as it is."

Also on Monday, WHO chief Margaret Chan told the UN General Assembly via videolink from Geneva that "we are not there yet."

Currently the WHO has set its pandemic alert level to Phase 5, meaning the probability of a pandemic is "high to certain," as H1N1 continues to spread around the world.

Phase 6 is the alert level that signifies "a global pandemic is underway."

Keiji Fukuda, the WHO's acting assistant director-general for health, security and environment, told reporters that there is no sign of that the H1N1 virus has transferred person-to-person outside of North America.

"We do not have any evidence that the virus has taken hold and has led to community-level transmission in any other countries right now," he said Monday, during a news conference in Geneva.

The decision to keep the pandemic alert level steady came on the same day that the Mexican health secretary announced his country's intention to reopen most businesses later this week.

Jose Cordova said his country would reopen most businesses on Wednesday, citing the fact that Mexico's national outbreak has slowed.

But while Mexican officials say the epidemic is waning, health officials around the globe say its still too early to make that claim.

"Certainly, maybe, this current round of activity has peaked, but we are only 10 days into this outbreak," WHO spokesman Gregory Hartl told reporters in Switzerland. "I think we would want to wait a while before making a definitive decision."

In Mexico, businesses and schools have been shut down since last Friday and officials are deciding when to allow things to get back to normal.

"We have succeeded in detaining or at least slowing the spread of the virus precisely because the measures have been the correct ones," Mexican President Felipe Calderon said Monday in an interview with state television.

...

As of 11 a.m. ET on Monday, the World Health Organization says there have been 1,025 cases of the H1N1 flu virus and 26 deaths from the virus in Mexico.

CDC Web Archive

Richard Besser

CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Flu)

CDC, 4 May 2009, 1:00 p.m. EST
ttps://www.cdc.gov/media/transcripts/2009/t090504.htm
https://web.archive.org/web/20090505083849/https://www.cdc.gov/media/transcripts/2009/t090504.htm

(...) Good afternoon, and thank you all for holding the. At this time, your lines have been placed on listen-only until we open up for questions and answers. Please be advised, today's conference is being recorded. If you do have any objections, you may disconnect at this time. I would now like to turn the conference over to Mr. Glen Nowak. Please go ahead, sir.

Glen Nowak: Good morning. Welcome to the press briefing on the H1N1 around the world. Today we have Dr. Richard Besser, Acting Director of the CDC for an update. And I will turn the podium over to Dr. Besser.

Richard Besser: Thank you for coming to today's update. As I've said, each day, this is a situation of much uncertainty, but with each day, we learn a lot more information to help us understand this outbreak and understand the best means of control. While we're not out of the woods, we are seeing a lot of encouraging signs, and I want to share with you some of that information. Let me start with the case updates. And today I'm going to, in addition to giving you information on confirmed cases, just give you a sense of what we're seeing in the area of probable cases, and then we're going to be looking in the future to be able to post on our website some more information about probable cases.

The reason for that is that what we're seeing – *a probable case is someone who has the flu-like symptoms* and is tested with regular flu testing and comes up negative, so there's no strains. It's a very good test. We're seeing that over 99% of those are ending up confirmed. So, that's going to be useful information to get a sense of what's happening across the country. We continue to see this spread widely across the United States. There are 286 confirmed cases in 36 states. That's an increase of six states from yesterday. And we're seeing over 700 probable cases in a total of 44 states. This likely represents an underestimation of the total number of cases taking place across the country. In order to be counted, you have to have your flu-like symptoms and see your doctor and be tested. And we know that for a lot of people, those steps do not take place. And because this is flu, the situation will change rapidly. The median age of confirmed cases is 16 years with a range of 3 months to 81 years. The most recently confirmed cases made first. There are 35 known hospitalizations in the United States with the one reported death. 62% of the confirmed cases are under 18 years of age. The World's Health Organization earlier today was reporting 898 cases in 18 countries. I like to each day put this in context with seasonal flu. With seasonal flu, we see in the United States over 30 million cases. We see 200,000 hospitalizations and, on average, 36,000 deaths.

We have teams working in Mexico as part of the tri-national effort there, and they're hard at work to try and understand the situation in Mexico. What we're seeing from Mexico is what has been reported in the news, as well – it appears things are leveling off in Mexico. They are reporting less activity in Mexico City. But as we're seeing here, they're seeing different things in different parts of the country. So, some of the encouraging signs – the situation in Mexico is encouraging. Some of the initial lab studies are encouraging, and Dr. Cost talked about those earlier, the lack of the factors in the virus

that has been associated with more serious disease in previous pandemics. We're not seeing those. We're not seeing a lot of variations between the isolates, and that's very helpful as we start to think about the issues around vaccine and developing vaccines. And so far, the *severity of illness in this country is similar to that of flu*, and that's very encouraging.

Let me talk a little bit about some of the public health actions that we've been taking, give you an update on those. As we said last week, the strategic national stockpile, the first 25% allotment is being distributed across the country. At this point, all states have received their share of the stockpile. There is additional resources, part of the share for Guam and American Samoa is still in process. We have distributed test kits to every state, and this will allow for more rapid diagnosis at the state level. What happens when a state receives their kit, we will work with them on the first five isolates to make sure that the test is up and running properly, and once that's done and we've confirmed their ability to use the test kit, then they're able to do that testing all on their own. We have 81 folks from CDC who are in the field assisting state and local public health as well as 16 of them who are in Mexico. We have 35 more people who are pending deployment in the very near future. Vaccine is something we've been talking about every day, and I just want to clarify that we are doing all of the steps that are necessary should we decide to produce a vaccine. The decision doesn't need to be made now whether to manufacture a vaccine and clearly doesn't need to be made now about should people be vaccinated for next season. What needs to be done now are the steps of determining which virus you want to use, growing up seed stock of that virus and having the conversations with manufacturers around what would need to be done to manufacture a vaccine. And those things are all taking place.

There have been questions each day about world health organization and what phase we're in. We're currently in phase five. And the question of whether the World Health Organization will move to phase six. What they're looking for is are they seeing sustained human-to-human transmission outside of more than one World Health Organization region. So, they see this in this region, which includes Canada, the U.S. and Mexico, and they're looking to see, is that something in any other region. So far, they haven't seen that. They've had case reports in many countries around the world, but they have yet to see sustained human-to-human transmission. So, were that to occur – and we anticipate at some point, it will, given that flu viruses spread easily from person to person – should that occur, they would raise the alert level to indicate that we have met all the criteria for a pandemic.

That would not change what we're doing in the United States. We have this virus spreading in our communities. We continue to take aggressive action based on it being in our communities. And as we learn more, we continue to adapt and adjust our recommendations and our guidance so that they are appropriate for the situation that we're seeing.

So, going forward, here are some things that we're thinking about and things that are important. One is what happens in the southern hemisphere. We have the flu season here as our winter, as in the southern hemisphere, they have flu season in their winter. So, we'll be working very closely with the international community to understand what happens to this virus over the next few months as flu season begins in the southern hemisphere. That will tell us a lot about whether the virus is changing, whether it's becoming more severe and what measures we might want to take in the fall. We expect that all states will likely have confirmed cases. They don't yet, but it's a matter of time. Flu viruses don't respect borders, and with travel, we expect that there will be more cases.

To put this in context, I keep saying that it's looking like it's along the severity of seasonal flu. We know that each year with seasonal flu, people are hospitalized and people die, and unfortunately, we expect here that with a virus of this severity that there will be ongoing hospitalizations and that there will be additional deaths. It's important that as we talk about the encouraging signs that people don't take that as an indication that they have to let up their guard. Personal responsibility, the things that we talk about every day about hand-washing, about covering your cough with your sleeve and not with your hand, about staying home when you're sick, about keeping your children home when they're sick, those things are critically important. They're important every flu season, but they're

really important now, when we have a virus that we're just learning more about, that's spreading through our communities. These measures will help to keep people healthy and decrease the number of people around them who get sick. So, you know, we're going to continue to tell you what we know when we know it. Information changes daily. And during this briefing every day, we hope to be able to address your questions. So, I'll stop there and open it up for questions. First here in the audience. Yes.

Fox 5: Hi, I'm with Fox 5. I was wondering what you've seen in the lab, what can you tell us? Has anything changed as far as severity, as far as, you know, anything else you're testing for, antiviral resistance?

(Glen) Sure. Dr. Nancy Cox is here, who is Director of the Division of Influenza. Would you mind coming up and answering that?

Besser: Sure. We're keeping very close tabs and looking at all of the markers and all of the resistance markers for any viral. And so far, we have very good news. We haven't seen any changes that would cause alarm. So, the viruses are remaining very consistent with respect to their genetic properties and their resistance properties, their susceptibility to the N viral drugs and their susceptibility to the inhibitors but resistance to vaccine.

Nancy Cox: So, Tamiflu and Relenza, we're not seeing any resistance in that area. Another question here in the audience and then we'll go to the phones.

I actually have two questions. One is, how many health care workers in the U.S. have been infected, and that being either from the community in that they may be a danger to their patients or from work exposure in a hospital or another health care facility?And my second question has to do with a recent report from some health care workers union. They surveyed 104 facilities in 14 states and found that one-third of the union leaders said there was no pandemic preparedness plan in their facility. So, I'm wondering what you're seeing in terms of hospital preparedness. And I'm sure they're trying to prepare now, but that was supposed to be taking place for a number of years.

Besser: Right, right. I can't answer the question in terms of number of health care workers who have been infected. I can see if for tomorrow we can have a sense of that. We haven't been hearing about large numbers of health care workers, but I don't know whether we have a tally of the total number of health care workers. You know, in terms of facility preparation, what we've seen over the past number of years is that there's been variability in terms of how people approach emergency preparedness in general and how many have emergency response plans for whether it's a new flu or whether your facility's hit by a tornado or a hurricane. It's important that those facilities that haven't done that work do it, because you cannot predict what emergency will come along, and there are things that institutions can do to be ready and decrease the impact on their facilities and their communities. Let's go to the phones.

(Glen) Thank you. Helen Branswell, the Canadian Press, go ahead.

Canadian Press: Thank you. I was hoping you could talk to us a little bit about numbers. I'm wondering how long numbers are really relevant. I know it's helpful to know where the virus is spreading, but you know, confirmed tests will always be just a tip of an iceberg, and I'm wondering how – if you think maybe people are sort of overfixating on numbers.

Besser: Thank you for that question. I think that that really raised a very important point. It's important for an area to know if they have H1N1 disease in their community. That's really important, because that can guide some of the actions that they take, and it's important for us, as we've been trying to study and understand how this virus moves and what type of disease it causes, but once you have widespread disease and once you have this in each community, the numbers become much less important because the actions you want to take, you should be taking. And so, we're going to be trying to move away from focusing on the numbers and looking at the distribution across the country and how this outbreak progresses around the country. Another question from the phone?

(Glen) Thank you. Marin McKenna, go ahead.

McKenna: Hi. Thanks so much for doing this. To follow up on that question, since you're going to be talking more about probable cases, since they seem so likely to turn into real cases, do you expect any difficulty with a lack of match between the U.S. numbers and the WHO's numbers for different countries? And as a second question, can you give us more detail as to what you'll be looking for in the southern hemisphere?

Besser: In terms of the World Health Worse, our relationship with the WHO, through them and with Canada and Mexico in particular has been really outstanding.I was on a conversation with the Director General just about a half hour ago to see what she's seeing and let her know what we're seeing. And at the technical level, we talked about those issues of what is the testing strategy here, of what are we doing in that regard. Over time, the more cases you have, the less resources you really want to put into the testing. One of the strategic approaches that I've talked about over the course of the past week is you want to put your investments and your efforts towards those things that are going to make a difference in people's health. You always want to be re-evaluating that. Early in an outbreak, individual case testing and detection is very important. It's very important in terms of understanding who is at the greatest risk, are there groups that are having more severe disease? You want to make sure that you're gathering case information. At some point, though, you want to transition to understanding the movement through populations, and you don't want to both use up laboratory scientists' time and expensive resources where they're not going to make a difference. So, those discussions are things we have all the time with the World Health Organization. In terms of the southern hemisphere, there are a number of things you want to look at. One is what are the attack rates? Does this become a predominant strain while there are other strains circulating? Here in the United States, this is occurring at a period that we're at the very end of the flu season. And so, there aren't a lot of other flu viruses that are around and competing with it. What happens when it goes into countries where there are other flu viruses causing disease? What happens in terms of resistance? What happens in terms of subtle changes in the virus? What impact could that have here on a vaccine strategy? So, those are just some of the things that we'd be looking at. Here in the room.

The Washington Post: From "The Washington Post." I understand you have not made a decision whether or not to go forward with large-scale vaccine production, but at the same time, you all have been clear that you're positioning yourselves if you need to make that decision. That being said, you're heading into uncharted territory here. You're talking about the prospect of two flu vaccines being simultaneously produced and administered on a large scale. Can you start to talk about the decision-making process and what kinds of things you're going to have to think about, about potentially pulling something like that off?

Besser: Right. Well, we're already working to ramp up the production of the seasonal flu vaccine so that, should we decide to manufacture a vaccine for the H1N1, we'd be able to do that. It's going to be a big decision to decide whether to do that, given the resource implications and how much is unknown and uncertain. And so, thankfully, the steps that we're taking now will put us in position, should we decide to move forward on that. This is involving a work group from across the department. It's involving engagement with industry. And we don't have to make that decision right now. Apart from the decision of do you manufacture a vaccine, if you decide to go down that road, it will then be, who should get that vaccine, how much vaccine do you make, what are the implications for the global community in terms of that there? I've been saying that moving to a stage or phase six doesn't really change what we do here. What it really does do is recognize that infectious agents don't recognize borders. And we as a country have far greater resources to address something like this than much of the world. And so, we really want to ensure that the rest of the global community and World Health Organization is taking a really marvelous lead in this area, is thinking about how do we support countries that don't have as many resources to respond. Next question from the phone.

(Glen) Thank you. Dr. McKay, "Wall Street Journal." Please go ahead.

Wall Street Journal: Hi, Dr. Besser. Thanks very much. In light of the course the disease is taking right now in the U.S., I'm wondering if you're considering revising any of your guidance, like the school guidance? Secondly, I was wondering if -- you said that 62% of the cases right now are under 18 years old. And in general, know that this is striking younger people. I'm wondering if that's something in particular about this virus or is it just the way in which it entered the United States, with you know, a lot of students coming back from Mexico? Thanks.

Besser: Thanks very much. So, the issue of school guidance. Our approach, as I've said, has been very aggressive. You may only get one chance to get out in front of a new infectious disease, and so, that's what we've been doing all along. But as we've gathered more information, we're continually evaluating our guidance. As a pediatrician and as a parent, I know the place where I want kids is in the school learning, but you want to make sure they're doing that in a way that their health is protected. When you think about closure of schools, there are a couple of things you're trying to do. One is protect children from getting this flu from each other and the other is trying to prevent children in being amplifiers in the community. Children tend to share infectious diseases with each other, and then they go in the community and they tend to multiply this in their communities. What we're hearing is that schools that are seeing clusters, that are seeing cases, it appears that the virus is already pretty well established in those communities. And so, closing schools as a means of not letting it spread through the community isn't very effective. And what we're also learning is that the spectrum of the disease, the severity is more similar to what we have seen with seasonal flu. With that information, we are looking at our school closure guidance and we're having very active discussions about whether it's time to revise them. One option would be to do something like they're doing in Seattle, and that they're discussing in other parts of the country, and that's to really push hard on the personal responsibility so that parents in the morning are checking to make sure their kids are not sick, and if they're sick or starting to feel a little sick, they're staying home and they're staying home for a good seven days of that illness. Even if they're feeling better. Having school – really look, and teachers look around that room and see, are any of these kids looking sick? And if they are, send them home until it's certainly whether or not they're sick. Then using schools as a way of really teaching the importance of hand-washing and covering your cough. These are things that schools can do. It's an approach that Canada uses. So, we're in active discussions on this. You know, each day that we get more information makes us feel more comfortable about the progress of this outbreak. And you know, I would expect that as we get more information, we will be looking to revise that guidance in particular. Your other question had to do with the age distribution. And you know, we look at the age distribution and we asked some of the same questions you were asking, and that's, is the age distribution having to do with how the virus was introduced, with more young people going to Mexico, a lot of spring break travel, and then coming back? Is it a delay? Could we see this going into an older population later as this spreads through the community? And we're watching for that. Other possibilities are that, perhaps, older people have some protection, because each year we're all exposed to flu viruses and you develop some immunity. If there were some cross protection, that's another thing that might explain why we're seeing more in younger people and less in the older folks. But that question isn't – don't have a firm answer on that yet. Another question from the phone.

>> Thank you. Brian Walsh, "Time" Magazine, please go ahead.

>> Hi, Dr. Besser. Thanks for taking the call. I know this situation is still one that's evolving, but I was wondering if you could look back at this last week, week and a half, at this response by the CDC and any lessons you've learned in terms of changes you would have made, in terms of how you would have responded to this. Anything you can take from this experience for inevitably, the next emerging infection or emerging pandemic?

Besser: One of the things that we do, whenever there's an outbreak or even when we're exercising, we do what's called an after-action review. We review every aspect of the outbreak. During the event, we ask people to collect ideas of things that we are doing that didn't work, so we can make sure to change our procedures and not do them anymore, and novel things that we've tried that have

worked very well, so we can make sure to incorporate that in our plans moving forward. And we're going to do that here. One of the things that has struck me incredibly over the past two weeks is how prepared we were at the state and local level, how we didn't have to start by explaining to people what influenza was and how it transmitted. We didn't have to talk about how you set up to respond to a very complex, unknown outbreak. There's been an enormous investment around the country in state and local public health in emergency preparedness. A lot of it following the criticisms from Hurricane Katrina and our ability to respond. And those systems have allowed for a very rapid response. Those systems have allowed us to now very rapidly distribute the Strategic National Stockpile. The states know what they're getting. They're going to know how they're distributing that. State laboratories know how to receive a test kit and know what that means and know how to fit into a broader network. The communication materials that we've been sharing over these past two weeks are really modifications to materials that were developed in the event that we had an outbreak of the Avian strain. So, those preparing efforts have been enormously rewarding. And while no micro reads the plan or follows the plan it allows us to respond in a very nimble way.

Another question from the phone?
(Glen) Thank you. Donna Young, "Bio World." Please go ahead.

Bio World: Hi, yes, thank you for taking my call. I had a question again about the vaccine. If they do make a decision to go forward with a vaccine, and it's the vaccine that's against the current virus, what happens when the virus, if it mutates and comes back as a, you know, as a completely different virus? How will that vaccine protect people? And then also, going back again to when you were talking about the immunities that people are building up. Isn't there a chance with all of this now, you know, in trying to keep people away from getting the virus, that maybe, it's maybe doing more harm than good if they could get the virus now at, you know, when it's milder than when it may come back later as something more heavy-duty, like in the 1918 flu?

Besser: Let me take your first question first about the vaccine. You know, each year there's a process for selecting what strains are going to be in the next season's flu vaccine. And Dr. Cox is part of that process and is part of the World Health Organization committee that helps select that strain. Some years, we get it right on target, and some years not as much. And a lot of that has to do with the subtle changes that take place in the virus over time. And so, your question is right on target. You could see a major change in the virus that makes the vaccine less effective. Do you want to add anything to that? No. The issue about exposure now and whether it's protective – there has been work done looking back at previous pandemics. I think 1918 in particular. And some have suggested that in the early first wave, some of those people may have been protected from later disease. There are a number of unknowns right now. One is, will there be later disease, and if so, will it be more severe? But it's very difficult right now to say that you would not want someone to get – that you would want someone to get this infection, given what we know about flu viruses and the fact that each year, there are a lot of people who get very sick and many who die. And so, we don't have a firm answer to that, but it's our belief that protecting people from this infection is the right way to go. Two more from the phone. Telephone?

(Glen) Thank you. Malcolm Ritter, "Associated Press," please go ahead.

Associated Press: Hi. Thank you very much. Dr. Besser, can you tell us anything more about those hospitalization cases? How many of these patients have underlying conditions other than the flu, and how many went on ventilators? Were they hospitalized for problems you wouldn't normally see with seasonal flu? And have any of them been released?

Besser: All I can share with you about the hospitalizations, because we don't have detailed case reports on all of the hospitalizations, is that it appears the age distribution is the same or very similar to what we're seeing with the cases in general, but I can't -- I don't have additional information for you now on underlying diseases and those kinds of things. Another question from the phones?

(Glen) Thank you. Tom Costello, NBC News, please go ahead.

NBC News: Hi, doctor, thank you. I just wanted to clarify the incubation period. Last week, we were told you thought it was somewhere between two and seven days. Is that still the case? Can you give us an update on that?

Besser: Okay. Yeah. Yeah, that's correct, we're still going with that estimate. Last question here in the room? Or is there someone who hasn't asked a question? Yeah?

Hospital Employee Health newsletter: I'm Michelle Mauro with Hospital Employee Health newsletter. I just want to follow up with questions about the vaccine. Historically, we've seen some reluctance on the part of health care workers to receive the seasonal flu vaccine. We have some interesting history with vaccines from the smallpox vaccine and the earlier swine flu vaccine. Do you think there will be a distrust in this vaccine or do you think people will embrace it because it might prevent the spread of something that could become very serious?

Besser: It's very important as we develop vaccines, whether it's for this H1N1 disease or for any infectious disease, that we take proper precautions and do safety testing and do all we can to ensure that, you know, something we're injecting into someone is safe and it's going to prevent the illness that's intended. And that's critically important. As a pediatrician, you know, I don't think that there's anything that I do for my patients that has more of an impact on their health than assuring that they're vaccinated when they start school. That I know saves lives. I've worked in clinics around the world and taken care of children who had vaccine-preventible disease, and it just breaks my heart. That's something we know that works. But we have the responsibility of assuring that any vaccine we give to people, we believe fully that it's safe. Thank you all very much. Appreciate it.

(Glen) Thank you. This does conclude today's conference call. We thank you for your participation. You may now disconnect your lines.

CIDRAP

Michael T. Osterholm

How soon can you expect phase 6, and what really changes when the phase does?

CIDRAP, University of Minnesota, May 4, 2009
https://www.cidrap.umn.edu/business-preparedness/how-soon-can-you-expect-phase-6-and-what-really-changes-when-phase-does

As the novel H1N1 influenza virus (aka the "swine flu") spreads to more countries and sickens more people, the question invariably arises, when will the World Health Organization (WHO) change the pandemic alert level to phase 6?

It's a fair question, though not necessarily the most important one. We often measure the magnitude of events and dilemmas by numbers. The problem is I hear a great deal of confusion about what such a change means.

So let me set the record straight

The WHO phases measure the *transmission ability* of the virus, **not** the *severity of a pandemic*. If your plan hinged on a severe scenario, you may be finding yourself in a tough spot at the moment, trying to explain what all the fuss has been about.

Don't be surprised if the WHO bumps the phase to 6 any day now. In some ways, Margaret Chan, MD, director-general of the WHO, has been foreshadowing just such an announcement. But know that phase 6 is not necessarily a proclamation of disaster.

What about severity?

With the exception of the severe illnesses it caused in Mexico, the new virus is behaving in many ways like a mild seasonal influenza strain. And even the proportion of cases in Mexico that can be considered severe may be very small if we consider the many mild cases that were likely missed with the current disease surveillance conducted by the Mexican public health authorities.

If and when the WHO announces a move to phase 6, the outbreak will be officially dubbed a pandemic. As such, according to the new WHO definitions, the virus will be causing "sustained community level outbreaks in at least one other country in another WHO region." In other words, phase 6 means the virus is causing widespread human infection.

Will it continue to cause mild illness? First, let me say that if you or someone in your care has come down with seasonal influenza any time recently, you may not think "mild" is an adequate word to describe the illness. Any strain of flu will make a person feel horrible, and some people worse than others. Which is exactly why we work so hard to immunize people each year.

As to the question, will the novel virus continue to cause so-called mostly mild illness, the truth is that not a soul on the planet can provide an answer yet. As I've said before, the virus could fizzle out in days, weeks, or months without causing more severe illness than a mild seasonal influenza strain would. Or it could go away for a few months, only to reappear in a form that could cause severe sickness and death. And yet another scenario is the virus continues on its present course, mutating as it passes through the population to become much more dangerous.

Can you cancel 'red alert'?

As I mentioned in my last column, the best response is always a *proportional response*. Actions need to be tied to the level of risk. Only in this way can we maintain our credibility. And that brings me to the topic of school closures.

Given that the novel virus is behaving like the seasonal influenza, certain community mitigation measures implemented early on out of caution are no longer warranted. For example, the Minnesota Department of Health (MDH) today announced that it would no longer recommend school closures when a student is identified as having the novel H1N1 influenza. That's a prime example of proportional response.

Don't be surprised to see the US Centers for Disease Control and Prevention (CDC) revise its guidelines about school closures, too, if the current pattern of mild illness persists. It makes so much more sense to keep one sick child home (whether the illness is caused by the new virus or a strain of seasonal influenza) than to cause the disruption of entire schools, which can put an unnecessary burden on your employees and your business. And, in the long run, it's an action that should reinforce credibility.

I'd urge your organization to think in terms of proportional response, too. Would you ban travel to places like Mexico if the seasonal influenza virus were causing illness similar to the illness that this new H1N1 influenza strain is causing? I don't think so. My rule of thumb right now is to ask, "Would I recommend our organization take this action if we were responding to routine seasonal influenza?" If your answer is yes, then that's a proportional response. If not, ask yourself why you are making this recommendation for dealing with the novel H1N1.

What to make of media coverage

The whipsaw of media attention is stunning. Just last week, in search of a new angle to the novel influenza strain, reporters from prestigious media outlets were sleuthing for evidence that government officials had not been forthcoming soon enough about how serious the outbreak was. This week, the prattle has flip-flopped. Now the media suspect that much ado has been made about the outbreak and that that public health officials overreacted.

What is distressing is that as the media industry, particularly the print business, has contracted, some of the finest health reporters in the nation have lost their positions. I have tremendous respect for solid journalism, and I make myself available to reporters as much as possible to help keep the record straight. So I can tell you that without a doubt the quality of questions coming my way indicates a growing ignorance about the field of infectious diseases.

Not only is this discouraging, it's downright dangerous. You cannot count on the media (with notable exceptions) to give you reliable information. So I urge great caution when reading, listening to, or reviewing any story that relates to this novel H1N1 influenza outbreak. I urge you to caution your C-suite about this as well. They need to know that decision-making simply cannot be made based on the popular media.

From what I've seen – and I've been in the thick of this – for one to believe accusations that public health officials are either underplaying or overblowing information about what could be an emerging pandemic is quite frankly ludicrous.

To make matters worse, as one of my colleagues mentioned today, if you consider the growing new milieu of social networking, you could say that narrow-casting of information has created a kind of echo chamber for misinformation.

Rest assured, that will not be the case with news, information, and resources that come from the Center for Infectious Disease Research and Policy (CIDRAP). Everyone makes mistakes from time to time, but at CIDRAP Business Source, we go the extra mile to make sure you are getting intelligence that is authoritative and reliable.

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You have my word on that.

And here is today's breaking news:

- The WHO reported **1,085 confirmed cases of influenza A/H1N1 (swine flu) and 26 deaths in 21 countries** as of 18:00 p.m. GMT (noon US EST) today, up from 985 cases in 20 countries reported earlier in the day. Mexico has reported 590 confirmed cases and 25 deaths. The WHO's latest total reflects today's updated US numbers from the CDC, which stand at 286 cases and 1 death. [WHO update 14]

- At a WHO media briefing today, Keiji Fukuda, MD, the WHO's assistant director-general for health security, emphasized that the rationale for **any future move to pandemic alert phase 6 wouldn't be based on disease severity, but rather on sustained outbreaks** in more than one WHO region. On Apr 29 the WHO raised the pandemic alert to its current level, phase 5, which signifies sustained community outbreaks in two or more countries within one WHO region.

- The CDC will begin reporting "probable" cases of flu in addition to confirmed cases to **give a better sense of the size of the US epidemic**, acting director Dr. Richard Besser said Monday. In addition to the 286 confirmed cases, there are more than 700 probable cases in the United States.

- The CDC will work with international health authorities to **monitor the southern hemisphere's flu season**, beginning shortly, to see how the novel H1N1 strain behaves in competition with other flu viruses. "That will tell us a lot about whether the virus is changing and what measures we might want to take in the fall," Besser said.

- Tomorrow the WHO will host its **second scientific teleconference to address clinical issues** surrounding patients who have influenza A/H1N1 (swine flu) infections, the WHO's Fukuda said today at a media briefing. The conference will allow scientists to share information on crucial topics such as disease severity. The topic of the first teleconference, held on Apr 29, was the influenza situation in Mexico.

REUTERS

Maggie Fox

More get flu across U.S., 286 cases in 36 states

Reuters, 5 May 2009, 3:25 AM
https://www.reuters.com/article/idUSN04415844

WASHINGTON, May 4 (Reuters) - The new H1N1 swine flu has infected 286 people in 36 U.S. states and it is likely to spread to every state, the U.S. Centers for Disease Control and Prevention reported on Monday.

Most cases remain mild but 35 have been hospitalized, the CDC's acting director, Dr. Richard Besser, told a news conference. A toddler who died in Texas last week remains the only death in the United States so far.

In Mexico, officials say they hope cases there will continue to decline, but it was clear the outbreak of the never-before-seen strain of influenza was growing elsewhere.

Besser said the virus was so clearly everywhere that the CDC might step down its recommendations to test people so that state and federal health officials could spend their limited time and resources elsewhere.

"We are seeing over 700 probable cases in a total of 44 states," Besser said. So far, 99 percent of probable cases have, upon further testing, turned out to be the new H1N1 strain, Besser said.

"This likely represents an underestimation of the total number of cases across the United States," Besser added, because most people with flu-like symptoms – fever, aching muscles and cough – are not even getting tested.

Besser said the CDC was even reconsidering the strategy of closing schools where cases turn up. More than 500 U.S. schools have been closed because of outbreaks.

Schools are closed to protect children, and to keep children from being "amplifiers" who spread an infection in the community. But this virus is looking to be as mild as seasonal flu, which only rarely kills children.

"It appears that the virus is already pretty well established in those communities," Besser said. "So we are looking at the school closure guidance."

That does not mean the virus is harmless, he noted. Seasonal flu infects an estimated 30 million Americans every year, about 10 percent of the population, kills 36,000 and puts 200,000 into the hospital.

"People are hospitalized and die every year with seasonal flu," Besser said. The new virus has killed people in Mexico and can expect to kill elsewhere, as well, he said.

He said he was pleased at how well-prepared state and local officials were for the outbreak – a result of years of planning for pandemic influenza and other disasters that started with the 2001 anthrax attacks, accelerated when H5N1 avian influenza re-emerged in 2003 and kicked into high gear when the response to Hurricane Katrina in 2005 was so poor.

United Nations | General Assembly of the United Nations

Paul Hunt

Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, including the Right to Development

New York, UN, General Assembly, 5 May 2009; GE.09-13131 (E) 130509
www.reports-and-materials.org/Paul-Hunt-report-on-GSK-5-May-2009.pdf

[Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health, Paul Hunt].

Summary

The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health visited the headquarters of GlaxoSmithKline, one of the world's leading research-based pharmaceutical companies, in June 2008 for substantive interviews with the company's senior management.

In the Special Rapporteur's previous reports, he examined States' responsibilities in relation to access to medicines. However, enhancing access to medicines is a shared responsibility. The Millennium Development Goals recognize that pharmaceutical companies have a responsibility to improve access to medicines.

In the present report, the Special Rapporteur outlines the responsibilities of pharmaceutical companies, including innovator, generic and biotechnology companies, with regard to the right to health in relation to access to medicines.

From the perspective of the right to health, the Special Rapporteur reviews some GlaxoSmithKline policies regarding access to medicines, especially in relation to developing countries. Besides highlighting some good practices, the Special Rapporteur outlines some of the obstacles impeding the company's attempts to improve access, such as failing health systems, and makes numerous recommendations addressed to GlaxoSmithKline, pharmaceutical companies in general, States and others. The Special Rapporteur is most grateful to GlaxoSmithKline management for inviting him to prepare the present report and for their cooperation throughout the mission.

Conclusion and Recommendations

This report includes numerous conclusions and recommendations for GSK, all pharmaceutical companies, States, international organisations and others - and they will not be repeated here.

107. A member of the senior management of an innovator pharmaceutical company recently remarked to the Special Rapporteur that the company's patents were "its crown jewels". The image was revealing. In one sense, the image is legitimate – patents are immensely valuable. In another sense, the image reflects a profound misunderstanding of the role of a company that develops a life-saving medicine. As discussed in chapter II, such a company has performed a critically important social, medical, public health and right-to-health function. While the company's "reward" is the grant of a limited monopoly over the medicine, enabling it to enhance shareholder value and invest

in further research and development, the company also has a right-to-health responsibility to take all reasonable steps to make the life-saving medicine as accessible as possible, as soon as possible, to all those in need. For a limited period, the company holds the patent for society - but the patent must be worked, so far as possible, for the benefit of all those who need it.

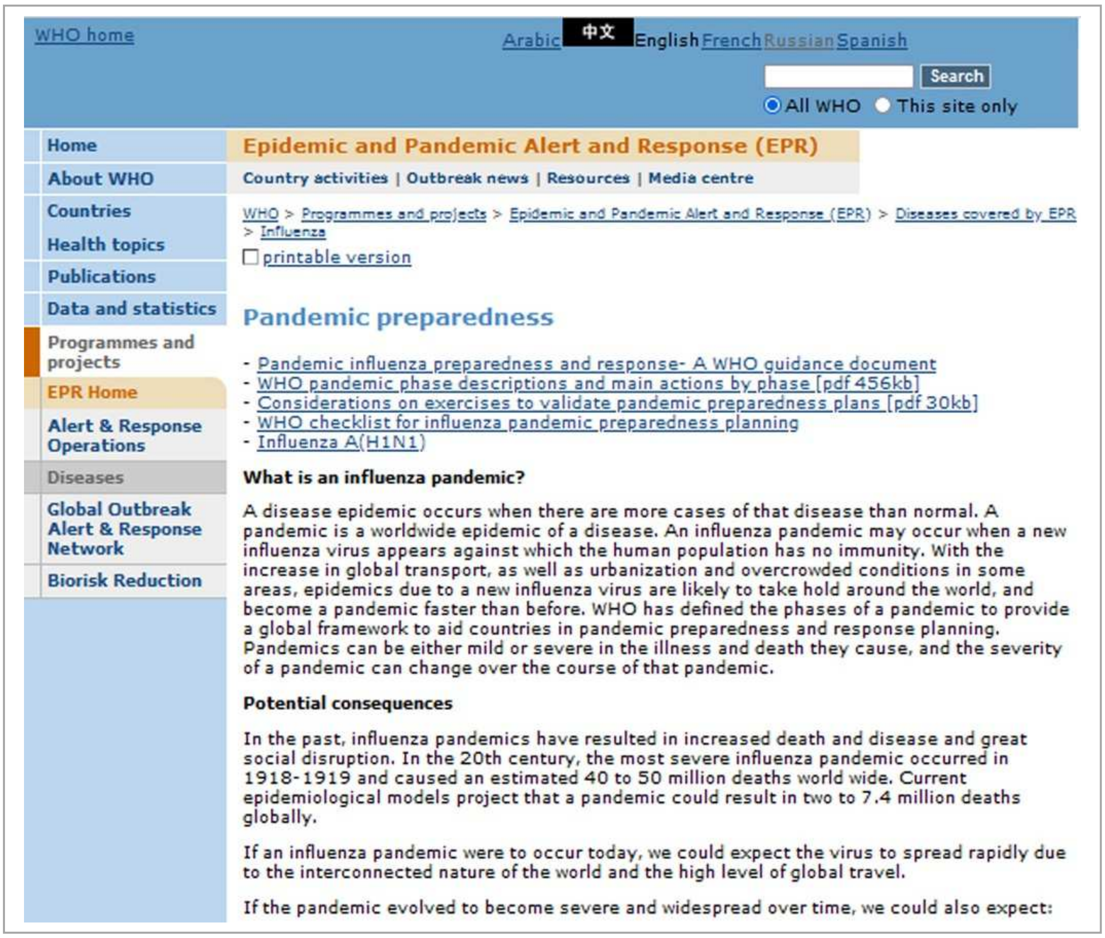
108. The status of innovator companies would be immeasurably enhanced if they did not see, and treat, patents as their “crown jewels”. Companies must grasp, and publicly recognize, their critically important social function and right-to-health responsibilities. They must demonstrably do everything possible, within a viable business model, to fulfil their social function and human rights responsibilities. Presently, this is not happening. If it were to happen, it would not only greatly enhance companies’ status but also pressurize States, generic manufacturers and others to provide the environment that companies need if they are to enter into arrangements, such as commercial voluntary licences, that enhance access to medicines for all.

109. In 2008, the Special Rapporteur presented to the General Assembly Human Rights Guidelines for Pharmaceutical Companies in relation to Access to Medicines (A/63/263). These provide detailed guidance for all pharmaceutical companies on their right-to-health responsibilities, as well as society’s legitimate “expectations” of the pharmaceutical sector.

World Health Organization

Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 6 May 2009; 00:51:07
https://web.archive.org/web/20090506005107/http://www.who.int/csr/disease/influenza/pandemic/en/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Pandemic preparedness

- Pandemic influenza preparedness and response- A WHO guidance document
- WHO pandemic phase descriptions and main actions by phase [pdf 456kb]
- Considerations on exercises to validate pandemic preparedness plans [pdf 30kb]
- WHO checklist for influenza pandemic preparedness planning
- Influenza A(H1N1)

What is an influenza pandemic?

A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity. With the increase in global transport, as well as urbanization and overcrowded conditions in some areas, epidemics due to a new influenza virus are likely to take hold around the world, and become a pandemic faster than before. WHO has defined the phases of a pandemic to provide a global framework to aid countries in pandemic preparedness and response planning. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.

Potential consequences

In the past, influenza pandemics have resulted in increased death and disease and great social disruption. In the 20th century, the most severe influenza pandemic occurred in 1918-1919 and caused an estimated 40 to 50 million deaths world wide. Current epidemiological models project that a pandemic could result in two to 7.4 million deaths globally.

If an influenza pandemic were to occur today, we could expect the virus to spread rapidly due to the interconnected nature of the world and the high level of global travel.

If the pandemic evolved to become severe and widespread over time, we could also expect:

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The New York Times

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Donald G. McNeil Jr.

Debating the Wisdom of 'Swine Flu Parties'

The New York Times, 6 May 2009
https://web.archive.org/web/20110501104849/http://www.nytimes.com/2009/05/07/health/07party.html

What at first appears an absurdity – seeking out infection with swine flu instead of avoiding it – is being actively debated on flu Web sites and by some flu experts.

Infectious disease specialists say they understand the logic – that surviving the current, apparently mild strain of the virus might be protective if a more virulent strain emerges next fall. But they are generally against it.

Dr. Anne Moscona, a flu specialist at Weill Cornell Medical College, said she had been called by a reporter for a women's magazine "asking if mothers should hold swine flu parties, like chicken pox parties."

("Chicken pox parties" – in which children gather so they can all be infected by a child who has the pox – are often held by parents who distrust chicken pox vaccine or want their children to have the stronger immunity that surviving a full-blown infection affords, and are willing to take the risk that their child will not get serious complications.)

"I think it's totally nuts," Dr. Moscona said. "I can't believe people are really thinking of doing it. I understand the thinking, but I just fear we don't know enough about how this virus would react in every individual. This is like the Middle Ages, when people deliberately infected themselves with smallpox. It's vigilante vaccination – you know, taking immunity into your own hands."

The idea has arisen from the history of the 1918 Spanish flu. A mild spring outbreak was followed by two deadly waves in the early and late winter of 1918-1919. Some believe – though there is little evidence beyond anecdotal reports in old newspapers – that those who got sick in the first wave were less likely to get sick in the second and third.

Many cite as the source of their thinking the book "The Great Influenza," a history of the 1918 pandemic by John M. Barry.

Mr. Barry, in a telephone interview, said he had never publicly suggested deliberate self-infection, "but I used to joke with my wife, and I may have jokingly said it in speeches, that if a virus emerged and looked mild, I'd be on an airplane to Indonesia."

He referred to Indonesia, he explained, "because that's where the action is with H5N1." The highly pathogenic H5N1 is the avian flu strain circulating in poultry in Indonesia, China, Egypt and China, occasionally passing into and killing people. Since 2002, world health authorities have feared it would become pandemic.

Those toying with the idea of self-infection with the current H1N1 swine flu strain now circling the globe doubt there will be enough effective vaccine to stop the virus if it returns in the fall, especially if it swaps genetic material with the H5N1 strain or has picked up resistance to the antiviral drug Tamiflu. Even if drug makers switched to making a vaccine against a pandemic strain now, their total capacity is

only enough to make one to two billion doses in a year, the World Health Organization said yesterday. Triage decisions would have to be made about which of the world's 6 billion people got it.

The online debates are often over details: Should you wait to self-infect till the season's end, when the virus has evolved into the strain most likely to return in the fall? Should you get Tamiflu and take it at the first symptom? Should you check to see if local hospitals are empty, in case things go wrong and you need to be on a ventilator?

Michael Olesen, chief of infection control at Abbott Northwestern Hospital in Minneapolis and an expert on flu pandemics, said he was not planning to seek out infection but now was "taking a passive approach to getting infected."

When he heard about Mexico's outbreak, he said, he bought extra N95 face masks and had been planning to wear one on a flight to Detroit soon.

"Now I'm thinking of taking my chances" and foregoing the mask, he said. "That's a change from a week ago. I think to myself: 'Yeah, I'll be miserable for a week – but that'll beat maybe being seriously sick later.' "

One of the first open debates of the idea of intentional self-infection was on Effect Measure, a public health blog with many posts by thoughtful people who say they are clinicians, epidemiologists, veterinarians and other professionals, sometimes in government, but who post under pseudonyms in order to speak freely.

On April 28, a user calling herself OmegaMom posted: "Just a quick note – I just got a Tweet from a mom suggesting 'swine flu parties' because the U.S. version seems to be a mild version. "Can you speak to the utter insanity of doing this, please?"

Several posters weighed in to say it would be foolish given the number of deaths in Mexico, the lack of information on the virus and the unpredictability of flu.

The chief moderator of another blog, flutrackers.com, who posts as Florida1, said one of her long-time members, GaudiaRay, had raised the idea for debate three days ago. She called him at home, she said, and he told her he had decided not to put his family at risk.

Dr. Andrew T. Pavia, chairman of the pandemic influenza task force of the Infectious Diseases Society of America, opposes self-infection.

"Twenty years ago, it might have made some sense," he said, "and with 20/20 hindsight, getting infected in the spring wave of 1918 probably would have been highly protective." And in poor countries that will probably be left out of vaccine supplies, he added, it might make sense.

But even normal seasonal flu kills more American children each year than chicken pox does, he said. By getting deliberately infected, "you'd really be jumping into the unknown," he said.

The Centers for Disease Control and Prevention has not posted guidance on the question yet, but Dr. Richard Besser, the agency's acting director, was asked about it this week and said "we don't have a firm answer, but it's our belief that protecting people from this infection is the right way to go."

In any case, many experts noted that there is a big flaw in any self-infection plan: it's not easy to find and cuddle up to someone with swine flu. More than 100 viruses cause cold or flu symptoms, and there were only 642 confirmed cases in the country as of Wednesday..

One obvious place to look would be St. Francis Preparatory School in Queens, N.Y., the epicenter of New York's outbreak.

The headmaster, Brother Leonard Conway, was asked if any of his students had been asked to spare a few germs. "I have not heard of anyone being approached," he replied in an e-mail. "That surely is a different idea."

An earlier version of this article misstated the number of vaccine doses that drug makers could produce.

L'EXPRESS

Jacques Attali

Avancer par peur
Move forward out of fear

l'Express, 6 May 2009, à 10:23, mis à jour à 16:39
https://www.lexpress.fr/sciences-sante/sante/avancer-par-peur_758721.html

Une pandémie majeure ferait surgir la prise de conscience de la nécessité d'un altruisme, au moins intéressé.

L'Histoire nous apprend que l'humanité n'évolue significativement que lorsqu'elle a vraiment peur: elle met alors d'abord en place des mécanismes de défense; parfois intolérables (des boucs émissaires et des totalitarismes); parfois futiles (de la distraction); parfois efficaces (des thérapeutiques, écartant si nécessaire tous les principes moraux antérieurs). Puis, une fois la crise passée, elle transforme ces mécanismes pour les rendre compatibles avec la liberté individuelle et les inscrire dans une politique de santé démocratique.

La pandémie qui commence pourrait déclencher une de ces peurs structurantes.

Si elle n'est pas plus grave que les deux précédentes frayeurs de ces quinze dernières années liées à un risque de pandémie (la crise de la vache folle en Grande-Bretagne et celle de la grippe aviaire en Chine), elle aura d'abord des conséquences économiques significatives (chute de l'activité des transports aériens, baisse du tourisme et du prix du pétrole) ; elle coûtera environ 2 millions de dollars par personne contaminée et fera baisser les marchés boursiers d'environ 15 % ; son impact sera très bref (lors de l'épisode de la grippe aviaire, le taux de croissance chinois n'a baissé que pendant le deuxième trimestre de 2003, pour exploser à la hausse au troisième) ; elle aura aussi des conséquences en matière d'organisation (toujours en 2003, des mesures policières très rigoureuses ont été prises dans toute l'Asie ; l'Organisation mondiale de la santé a mis en place des procédures d'alerte à l'échelle planétaire ; et certains pays, en particulier la France et le Japon, ont constitué des réserves considérables de médicaments et de masques).

Si l'épidémie est un peu plus grave, ce qui est possible, puisqu'elle est transmissible par l'homme, elle aura des conséquences véritablement planétaires : économiques (les modèles laissent à penser que cela pourrait entraîner une perte de 3 trillions de dollars, soit une baisse de 5 % du PIB mondial) et politiques (en raison des risques de contagion, les pays du Nord auront intérêt à ce que ceux du Sud ne soient pas malades, et ils devront faire en sorte que les plus pauvres aient accès aux médicaments aujourd'hui stockés pour les seuls plus riches); une pandémie majeure fera alors surgir, mieux qu'aucun discours humanitaire ou écologique, la prise de conscience de la nécessité d'un altruisme, au moins intéressé.

Et, même si, comme il faut évidemment l'espérer, cette crise n'est pas très grave, il ne faudra pas oublier, comme pour la crise économique, d'en tirer les leçons, afin qu'avant la prochaine – inévitable – on mette en place des mécanismes de prévention et de contrôle, ainsi que des processus logistiques de distribution équitable des médicaments et de vaccins. On devra, pour cela, mettre en place une police mondiale, un stockage mondial et donc une fiscalité mondiale. On en viendra alors, beaucoup plus vite que ne l'aurait permis la seule raison économique, **à mettre en place les bases d'un véritable gouvernement mondial**. C'est d'ailleurs par l'hôpital qu'a commencé en France, au xviie siècle, la mise en place d'un véritable Etat.

En attendant, on pourrait au moins espérer la mise en oeuvre d'une véritable politique européenne sur le sujet. Mais, là encore, comme sur tant d'autres sujets, Bruxelles est muet.

Google translation

[Eng] To do this, we will have to set up a global policy, global storage and therefore global taxation. We will then come, much more quickly than economic reasons alone would have allowed, **to put in place the foundations of a real world government**.

[Rus] Для этого нам придется настроить глобальную политику, глобальное хранилище и, следовательно, глобальное налогообложение. Затем мы придем, гораздо быстрее, чем позволили бы одни только экономические причины, **заложить основы реального мирового правительства**.

AGWEEK

People on Alberta pig farm where H1N1 flu virus found test negative

AG WEEK, 6 May 2009, 2:25 PM
https://www.agweek.com/news/people-on-alberta-pig-farm-where-h1n1-flu-virus-found-test-negative

Toronto – Canada's chief public health officer says the people who live on an Alberta pig farm where pigs were found to be infected with swine flu have tested negative for the virus.

A number of people living on the unidentified pig farm experienced flu-like symptoms after the pigs fell ill and were tested to see if they too were infected.

But Dr. David Butler-Jones says tests suggest the people were not infected with the H1N1 swine virus.

Butler-Jones says, though, that there may have been "sampling issues" and blood samples from the people will be tested for antibodies to look for a definitive answer on whether they were infected.

He won't say how many people were tested or what he means by sampling issues.

The pigs are thought to have been infected by a worker who had been in Mexico and was ill on his return to work in mid-April. The unidentified carpenter also tested negative for the virus, but it is believed that is because he was too far along in his recovery to be still shedding virus.

A nasal swab from the man was only collected after the pigs started falling sick and that was more than 10 days after his return from Mexico. Officials intend to test his blood too looking for antibodies to the new H1N1 swine flu virus.

The antibody test was developed at Canada's National Microbiology Laboratory, which has played a key role in the investigation into this new flu virus.

It was the Winnipeg lab that determined that an unusual outbreak of severe respiratory illness in Mexico was being caused by a new swine flu virus U.S. researchers had found was infecting people in the United States.

On Wednesday, Canadian officials announced the Winnipeg lab has completed full virus sequencing of three sample viruses – two from Canadian swine flu cases and one from Mexico. They say the viruses are virtually identical.

The full genetic sequences of viruses retrieved from the pigs have not yet been completed. That work is being done at the National Centre for Foreign Animal Diseases, the National Microbiology Laboratory's animal health counterpart. The two labs are co-located.

Experts will be keen to study the genetic sequences of the viruses isolated from the pigs to determine if there are an mutations that arose when the virus went back into swine.

Butler-Jones says the sequences of those viruses will be posted in open access databases once the work is done.

Congressional Research Service
Informing the legislative debate since 1914

The 2009 Influenza A(H1N1) Outbreak: Selected Legal Issues – R40560

Congressional Research Service, 6 May 2009
https://web.archive.org/web/20101222101801/http://opencrs.com/document/R40560/2009-05-06/

Summary: Recent human cases of infection with a novel influenza A(H1N1) virus have been identified both internationally and in the United States. Since there has been human to human transmission and the new virus has the potential to become pandemic, it is timely to examine the legal issues surrounding this emerging public health threat. This report provides a brief overview of selected legal issues including emergency measures, civil rights, liability issues, and employment issues.

There are a number of emergency measures which may help to contain or ameliorate an infectious disease outbreak. The Public Health Service Act and the Stafford Act contain authorities that allow the Secretary of Health and Human Services and the President, respectively, to take certain actions during emergencies or disasters. While the primary authority for quarantine and isolation in the United States resides at the state level, the federal government has jurisdiction over interstate and border quarantine.

Border entry and border closing issues may arise in the context of measures designed to keep individuals who have, or may have, influenza A(H1N1) from crossing U.S. borders. Aliens with the H1N1 virus can be denied entry, but American citizens cannot be excluded from the United States solely because of a communicable disease, although they may be quarantined or isolated at the border for health reasons.

Airlines have considerable discretion to implement travel restrictions relating to the safety and/or security of flights and other passengers and crew. In addition, the federal government has broad legal authority to regulate and control the navigable airspace of the United States in dealing with incidents involving communicable diseases. States have authority to initiate other emergency measures such as mandatory vaccination orders and certain nonpharmaceutical interventions such as school closures, which may lessen the spread of an infectious disease.

The International Health Regulations adopted by the World Health Organization in 2005 provide a framework for international cooperation against infectious disease threats. The use of these emergency measures to contain the influenza A(H1N1) virus outbreak may raise a classic civil rights issue: to what extent can an individuals liberty be curtailed to advance the common good? The U.S. Constitution and federal civil rights laws provide for individual due process and equal protection rights as well as a right to privacy, but these rights are balanced against the needs of the community.

Liability issues may become particularly important during the influenza A(H1N1) virus outbreak. The Public Readiness and Emergency Preparedness Act limits liability with respect to the use of countermeasures for pandemic flu or other public health threats. A patchwork of federal and state laws exists which generally operates to protect volunteers, which may include volunteer health professionals (VHPs) under certain circumstances, and there are also laws that trigger liability protection specifically for VHPs.

Questions relating to employment are among the most significant issues presented by an influenza pandemic, since, if individuals fear losing their employment or their wages, compliance with public health measures such as social distancing and isolation or quarantine may suffer. It would seem possible for a court to conclude that the isolation or quarantine of individuals during a pandemic serves the public good and that the termination of individuals who are isolated or quarantined violates public policy. Employees may also have some job protection under the Family and Medical Leave Act.

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MMWR

Novel Influenza A (H1N1) Virus Infections – Worldwide, May 6, 2009

Morb Mortal Wkly Rep, 6/8 May 2009, 58 (17): 453-458
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5817a1.htm

Since mid-April 2009, CDC, state and local health authorities in the United States, the World Health Organization (WHO), and health ministries in several countries have been responding to an outbreak of influenza caused by a novel influenza A (H1N1) virus (*1*). In March and early April 2009, Mexico experienced outbreaks of respiratory illness subsequently confirmed by CDC and Canada to be caused by the novel virus. The influenza strain identified in U.S. patients was genetically similar to viruses isolated from patients in Mexico (*2*). Since recognition of the novel influenza A (H1N1) virus in Mexico and the United States, as of May 6, a total of 21 additional countries had reported cases, with a total of 1,882 confirmed cases worldwide. Several WHO member states are conducting ongoing investigations of this worldwide outbreak, and WHO is monitoring and compiling surveillance data and case reports. On April 29, WHO raised the level of pandemic alert from phase 4 to phase 5, indicating that human-to-human spread of the virus had occurred in at least two countries in one WHO region. This report provides an update of the initial investigations and spread of novel influenza A (H1N1) virus worldwide.

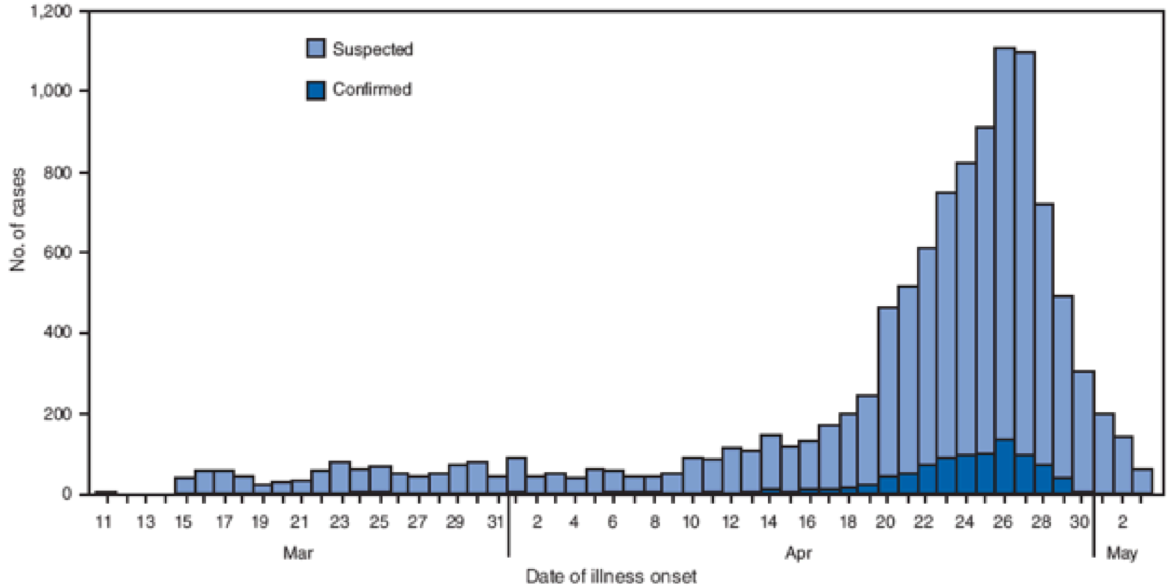

Fig. 1. Number of confirmed (N = 822) and suspected (N = 11,356) cases of novel influenza A (H1N1) virus infection, by date of illness onset - Mexico, March 11 - May 3, 2009

Mexico

Since implementing enhanced surveillance on April 17, the number of suspected cases has increased rapidly, along with hospitalizations for severe acute respiratory illness (Figure 1). As of May 5, using an updated case definition of fever plus cough or sore throat for a suspected case and real-time reverse transcription-polymerase chain reaction (rRT-PCR) or viral culture for a laboratory-confirmed case, Mexico had identified 11,932 suspected cases and 949* cases of laboratory-confirmed novel influenza A (H1N1) virus infection, including 42 patients who died. Cases with laboratory-confirmed

infection have been identified in 27 of 31 Mexican states and the Federal District. Confirmed cases in Mexico and in the United States have a similar age distribution (Table). Information is available on the clinical course of illness for 22 patients with laboratory-confirmed illness who were hospitalized, including seven patients who died. Five of the 15 surviving patients and one of the seven patients who died had underlying chronic medical conditions. Additional details on the clinical signs and symptoms of these and other patients are being collected. Among patients with confirmed cases for whom information was available, 56 (98%) of 57 reported fever, 49 (94%) of 52 reported cough, 23 (79%) of 29 reported dyspnea, 35 (80%) of 44 reported headache, and 34 of (83%) 41 reported rhinorrhea. The government of Mexico has instituted several measures to slow disease transmission and reduce mortality, including closure of all schools and avoidance of large public gatherings, distribution of oseltamivir to all health-care units, publication of specific clinical guidelines, and establishment of a call center to educate members of the public who are seeking health-care information.

United States

After recognition of the first cases of infection with the novel influenza A (H1N1) virus, CDC and state health departments initiated enhanced surveillance measures to identify additional cases. As of May 6, a total of 1,487 confirmed† and probable cases had been reported from 43 states, including 642 confirmed cases (reported from 41 states) and 845 probable cases (reported from 42 states). Current experience with laboratory testing results indicates that the probability of laboratory confirmation for probable cases is >99%. States with the most confirmed cases are Illinois (122 cases), New York (97), California (67), Texas (61), and Arizona (48). Dates of illness onset for patients with confirmed or probable illness range from March 28 to May 4 (Figure 2), although the most recent case counts do not account for testing and reporting delays. Among persons with laboratory-confirmed illness, 35 hospitalized patients have been reported from 16 states, including two patients from Texas who died, both with underlying medical conditions. The age distribution of persons with laboratory-confirmed disease ranged from 3 months to 81 years (Table). A total of 18 patients were aged <2 years, and 31 were aged 2-4 years.

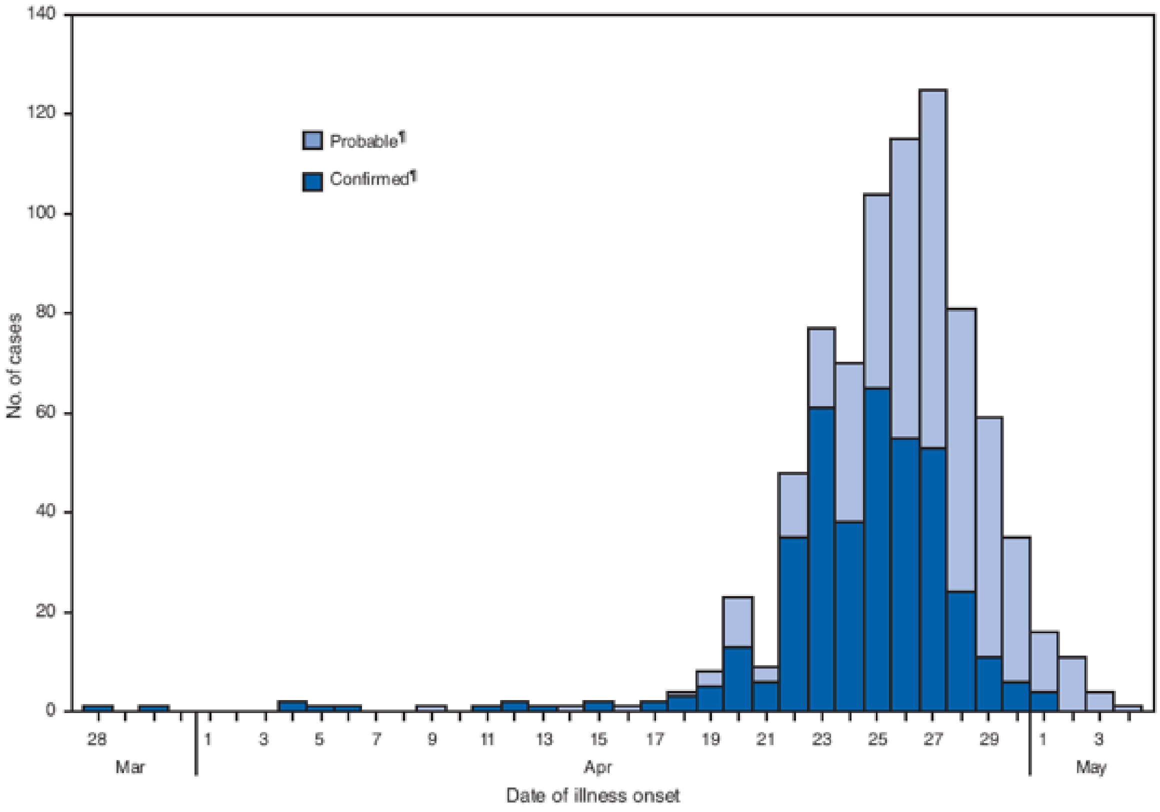

Fig. 2. Number of confirmed (N = 394)* and probable (N = 414)† cases of novel influenza A (H1N1) virus infection with known dates of illness onset - United States, March 28-May 4, 2009§

The age distribution of the 35 laboratory-confirmed hospitalized patients ranged from 6 months to 53 years (median: 15 years). Among patients with confirmed disease for whom data were available, 262 (90%) of 292 reported fever, 249 (84%) of 296 reported cough, 176 (61%) of 290 reported sore throat, 65 (26%) of 249 reported diarrhea, and 54 (24%) of 221 reported vomiting.

Other Countries

On April 26, the first cases of novel influenza A (H1N1) virus infection outside of the United States and Mexico were reported in Canada. As of May 6, WHO had reported that 309 persons with laboratory-confirmed disease had been identified in 21 countries other than Mexico and the United States. Confirmed cases have been reported from Asia (Hong Kong S.A.R. and Korea), the Pacific region (New Zealand), the Middle East (Israel), Europe, and Central and South America (El Salvador, Costa Rica, Colombia, and Guatemala) (Figure 3).

Of 178 patients for whom travel history was available, 145 (82%) reported recent travel to Mexico, and four (2%) reported travel to the United States. Among those who had not traveled to Mexico, 17 (52%) reported contact with a returning traveler from Mexico. Canada, Germany, Spain, and the United Kingdom all have reported evidence of in-country, second-generation, human-to-human transmission (e.g., a health-care worker in Germany who had cared for a patient with a confirmed infection). No reports have been made of sustained, community-wide transmission in affected countries. Consistent with cases in North America, most of the cases reported from other countries have been among young adults, with a median age of 27.1 years (range: 2--62 years, N = 45). The majority of cases in other countries have been uncomplicated, and no deaths have been reported; four patients have been hospitalized.[§]

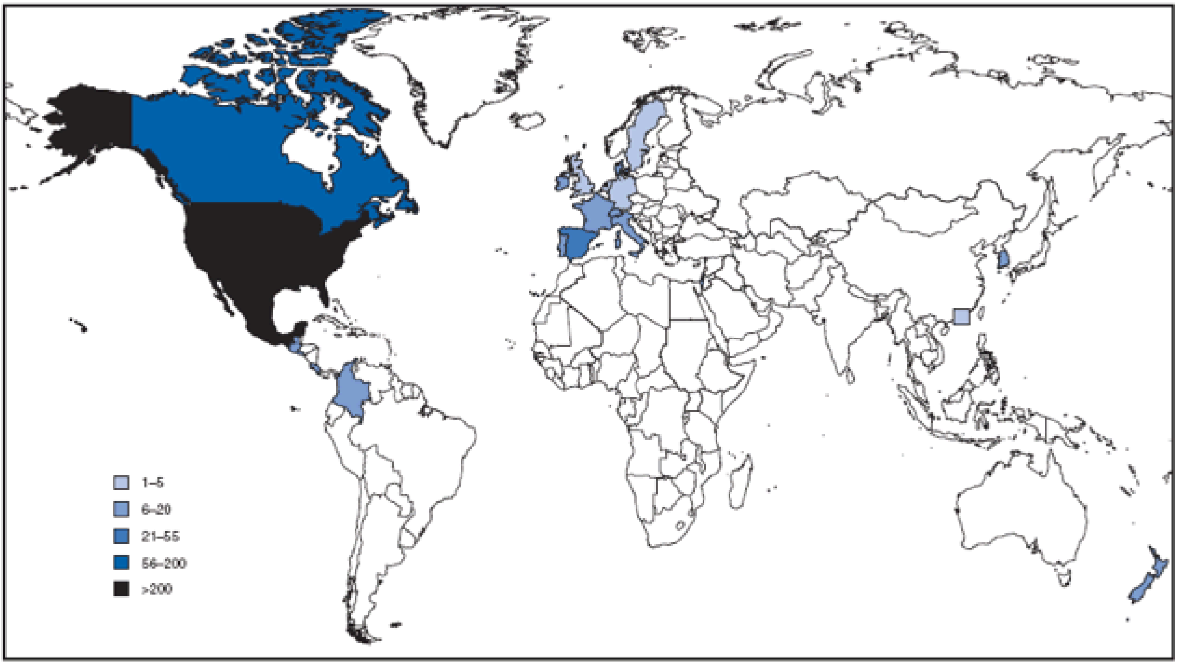

Fig. 3. Number of confirmed cases (N = 1,882) of novel influenza A (H1N1) virus infection --- worldwide, May 6, 2009*

Editorial Note:

Early surveillance data from this outbreak suggest that the novel influenza A (H1N1) virus has the potential for efficient, rapid spread among countries. Although the illness associated with infection generally seems self-limited and uncomplicated, a substantial number of cases of severe disease and death has been reported in previously healthy young adults and children. Several characteristics of this outbreak appear unusual compared with a typical influenza seasonal outbreak. First, the percentage of patients requiring hospitalization appears to be higher than would be expected during a typical influenza season (*3*). Second, the age distribution of hospitalizations for novel influenza A (H1N1)

virus infection is different than that of hospitalizations for seasonal influenza, which typically occur among children aged <2 years, adults aged ≥65 years, and persons with chronic health conditions (*3*). In Mexico and the United States, the percentage of patients requiring hospitalization has been particularly high among persons aged 30--44 years.

Two deaths have been reported in the United States, resulting in a preliminary case-fatality rate of 0.2% among patients with laboratory-confirmed disease. However, such case-fatality rates should be viewed with caution. The actual case-fatality rate is difficult to ascertain in a rapidly evolving outbreak because an unknown proportion of currently infected patients might die, denominators might be uncertain because of unreported cases, and groups at high risk for death from seasonal influenza (e.g., older adults and patients with chronic disease) might not yet have been exposed to the novel influenza A (H1N1) virus.

Summertime influenza outbreaks in temperate climates have been reported in closed communities such as prisons, nursing homes, cruise ships, and other settings with close contact (*4--8*). Such outbreaks typically do not result in community-wide transmission, but they can be important indicators of viruses likely to circulate in the upcoming influenza season (*8*). The novel influenza A (H1N1) virus has been circulating in North America largely after the peak influenza transmission season. For that reason, the epidemiology and severity of the upcoming influenza season in the southern hemisphere or in the northern hemisphere cannot be predicted. The imminent onset of the season for influenza virus transmission in the southern hemisphere, coupled with detection of confirmed cases in several countries in the southern zone, raise concern that spread of novel influenza A (H1N1) virus might result in large-scale outbreaks during upcoming months. Countries in the southern hemisphere that are entering the influenza season should anticipate outbreaks and enhance surveillance accordingly. Influenza virus can circulate year round in tropical regions; therefore, these countries should maintain enhanced surveillance for novel influenza A (H1N1) virus.

Studies in countries affected by the novel influenza A (H1N1) virus should help guide surveillance, case management, and prevention strategies in countries not yet affected. Key concerns that should be addressed in these studies include assessment of the potential impact on public health; clinical progression of disease, including rates and types of complications for different age and risk groups; and information on virus transmissibility. Assessment of potential disease severity associated with this novel virus will help inform decisions on prevention strategies to slow the spread of infection. Effective control measures will depend on the ability of national governments to quickly gather and share virologic, epidemiologic, and clinical information from multiple sources as new cases appear.

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* As of May 6, 2009, the number of laboratory-confirmed cases had increased to 1,112.
† Case definition available at http://www.cdc.gov/h1n1flu/casedef.htm.
§ Additional information is available at http://www.who.int/csr/don/2009_05_06.

CDC Web Archive

Richard Besser

CDC Briefing on Investigation of Human Cases of H1N1 Flu

CDC, 7 May 2009, 12 noon ESR
https://www.cdc.gov/media/transcripts/2009/t090507.htm

Operator: At this time all lines on listen only. During the question and answer session, you may press star one to ask a question. At this time, I'll turn the call over to Mr. Glen Nowak, you may begin, sir.

Glen Nowak: Thank you, thank you all for come calling in for today's press briefing as well as being here. Today's update will be conducted again by Dr. Richard Besser, acting director of the CDC, I'll turn the podium over to Dr. Besser.

Richard Sesser: Thanks very much, Glen. Thanks for joining today's briefing. This continues to be a dynamic situation. What I want to do today is provide an update on the current situation, but also talk about some of the studies going on to identify information gaps, to provide better information for guidance.

First thing I would like to talk about though is our school guidance. And we issued changed modified guidance a couple of days ago. In this guidance, we called on an approach that focused on individuals who are sick and called on personal responsibility so that if a child was sick or if a grown-up was sick, they stayed home for seven days so that their illness would run its course and they wouldn't put other people at risk I want to address the issue of these children returning to school. And I know that people are concerned well, what if they're still sick, what if they put my child at risk? You know, I think we should flip this around and congratulate these children and their families for doing the right thing, for following the recommendations for keeping their children home when they're sick We know that most children shed this virus for seven days. And that staying home for that period staying home at least one day past symptomatic if you're symptomatic for seven days will greatly reduce the risk of transmission. We want to encourage children at that point to return to schools an encourage schools and families to welcome them back. We're doing additional studies to look at viral shedding and I'll talk about that in a moment.

An update on diagnostic test kits, I've mentioned these have gone out around the country so states have these kits. There is a ramp-up here from when a state receives the kit to when they get skilled in using that kit and get validation. While states can report a suspect probable case where they have that validation, that validation step is very important and many states are holding on that validation before reporting their own results. Much of the confirmatory testing is still being done at CDC. We're working very hard to try and keep up with that testing. We've had requests for diagnostic kits from around the world. And we feel it's an important role of CDC to meet some of that demand and we have received requests from 131 countries and so far have been able to provide kits to 78 countries were working to meet the other requests as well.

Moving on to today's case update. These numbers are as of 11:00 A.M. today. We are reporting 1,823 probable and confirmed cases in 44 states. This is an increase of around 330. We are reporting 896 confirmed cases in 43 states, that's an increase of 254 cases and around 925 probable cases. Again, I want to reiterate that as soon as I say the numbers, they're wrong because ongoing testing is taking place at CDC; it takes place in every state. And so as you go to states, you will come up with numbers than are on our website. That is expected. The work continues. The median age remains

15. The range is one month to 87 years. 12 of the cases are under age one. So I do want to remind you that individuals of all ages can acquire this virus. Only about 10% of confirmed cases have a travel history from Mexico. This indicates as well ongoing transmission in communities. We would expect as this travels more around the country, that we're going to see that number go down further. So that while there may have been introduction from travel to Mexico, the spread that's ongoing does not require travel to Mexico. 58% of our confirmed cases are under 18 years of age. 5% have been hospitalized. That's 42 of the 896 confirmed cases. And two individuals died from this disease. The W.H.O. numbers from earlier today, 1,893 cases in 23 countries. They use different time periods, so it's very hard to look and see the numbers line up by country, but we report the W.H.O. numbers once a day based on their reporting scheme.

The case counts in Canada and Spain continue to increase by large numbers. In terms of what's going on in Mexico, there are 949 confirmed cases and 29 confirmed deaths. What they're seeing in Mexico is very similar to what were seeing here and that's a series of outbreaks at different stages of progression around the country. And that's what you expect. Just like we see here with seasonal flu, you'll see seasonal flu occurring at different stages around the country. *They're seeing that in Mexico. Businesses are reopening around Mexico, country-wide today and that's going to be followed by their school's reopening next week.* I really want to recognize the collaboration that's been taking place in Mexico. They have been very open to working as part of a trinational effort and inviting experts from Canada and United States to participate. This is really, I think, a remarkable model and example for the global community. When you see a new emerging infection, you really need to bring to bear in the place that ifs occurring the best scientists around.

And so the World Health Organization, the Pan American Health Organization, Mexico, U.S., Canada, all working there together to try and understand the situation. What we've learned in Mexico has been incredibly important to our response efforts here in the United States and I want to personally thank the public health community there for welcoming us as part of that effort. Again, I want to put the numbers into context. We expect to see a large increase in those numbers over the coming days. There are still backlogs in most states in terms of testing and as those backlogs are taken care of the case numbers are going to go up.

Another point I want to make is that when it comes to testing, there's usually a priority put on the sickest individuals. And so you may see in certain states higher -- what appears to be higher rates of severity and that is usually a testing artifact. So what people will do is test hospitalized patients first, test sicker individuals second and then work to see what is going on in the community as a whole. As we move forward, we will be moving to much more of a system like we used with seasonal flu. And those of you who have followed the seasonal flu picture and have looked at our website, we tend to report on flu activity. So at some point reporting on individual cases no longer has value from a public health perspective but knowing where in the country we're seeing a large amounts of flu activity does remain important. So we will transition into that kind of a system. Right now, we can say that the virus is continuing to spread both domestically and around the world.

Let me talk about some of the public health actions and just give you a heads up on a couple publications. Later today, the New England Journal of Medicine will be posting online two studies, one is looking at the first 241 U.S. cases providing detailed information on those. The second study looks at over the past four years, the ten cases of swine associated H1N1 disease. So this looks at the picture that we had been seeing and provides some insight into that. Later today, were also publishing an update on the MMWR, the Morbidity and Mortality Weekly Report, that will be reporting object global picture of H1N1 and what's being seen around the world. It really summarizes a lot of the information that we've been talking about here over the past two weeks.

I mentionedat the beginning, I wanted to talk about some of the studies that are going on to give you a flavor of the type of work that takes place during an outbreak investigation. We are undertaking multiple field studies in conjunction with states. One is looking at the evaluation of a rapid diagnostic test. Whenever you a new emerging infection, you look to develop diagnostic tests that can be used very

quickly to provide information. So there's a study that is looking at can we have a rapid diagnostic test that performs as well as the PCR test, which is the gold standard. We're looking at viral shedding. The question of how long do individuals shed this virus? So we would be looking at different age groups to see how long individuals shed this either in the respiratory secretions or in their stool. We'll look to see what the impact of antivirals is. Does that have any impact on shedding of the virus? We'll be looking at -- we are looking at virus transmission related studies. Looking at transmission within households. How much household transmission is taking place. We're doing studies looking at health care setting transmissions, were doing community surveys to see how much background disease is there. This will be very helpful to help put into perspective the numbers. You may see a state that is only reporting a small number of cases but if a community survey is showing that there's really broad based influenza-like illness, that would be very helpful to know how is this progressing, where are we in the state of the outbreak? The health care worker investigation work as I mentioned before, there's some of that is taking place here in the United States. And some of that taking place in Mexico. And the goal here is to make sure we are providing the best guidance possible for health care workers. Some of the these studies are very difficult to undertake in that we know that seasonal flu virus is still circulating in the community. And H1N1 virus circulating in the community. So for a given health care worker, attributing the source of the infection can be tough. It may be that it's acquired in the health care setting, it may have been actually that the infection was acquired in the community, but these studies are still important and can giveus a sense of what is taking place. Okay.

So in closing, a few things I wanted to mention. From the beginning I've been trying to stress this is a marathon, not a sprint. And you know, across the country, this is what were seeing. We expect this to continue to progress. We expect it to progress around the world. We expect additional countries to be affected. It's very important that we continue to pay attention and study this and learn from this and provide the best guidance we can based on available science at that time.

In the future, we will likely change our approach to these media briefings. And dial that back to a cycle that fits that kind of marathon pattern. Right now, while we're seeing new information still coming up on a regular basis, well continue this. We want to make sure that were meeting your needs in terms of information. But as we dial back, I don't want that to be taken as a sign that this outbreak isn't continuing. And that the ongoing efforts aren't still warranted. It's very important are that we keep our focus on that.

World Health Organization, has this at a level 5. And as I've explained before, they are looking in countries that have not had sustained transmission yet to see if that's starting to occur. We expect that once that occurs, we would revisit the issue of level. And then as we go forward, I want to remind people of the issue of shared responsibility. There are things that public health is doing, there are things that community groups are doing and there's so much that needs to be done on the individual level, the importance of hand washing and use of alcohol hand gel, the importance of covering your cough, the real importance of staying home when you're sick and keeping your children home when they're sick from school. And then, the importance of planning. And planning for now, but also planning for the future. Because as we've been saying, we don't know what the fall will bring. What's been seen with some previous outbreaks is that the virus goes away, because flu season ends during the winter, these viruses transmit much better than during other parts of the year. The virus could go away and come back. There are all kinds of information sources on what you can do to plan.

I would refer you to a website called pandemicflu.gov, that has great information for individual, it has information for businesses, community groups, things that you need to be thinking about because as we as a government are thinking about the fall, as we've talked about vaccines and whether that's something that's going to be done, the response to a potential pandemic is not just about vaccines, ifs been all of the things we've been talking about over the past two weeks. During this period of time, between now and the fall is critically important to individual preparedness, the community preparedness and how the impact of this could be on our communities should this virus come back in a severe form. We'll be following it very closely in the southern hemisphere that will give us clues

to what we might see in the fall and efforts people take now are empowering, they can give people some control in the event this does come back and can ensure that should this come back in a severe form, we've done all that we could to reduce the impact on the health of our population and people around the world. So with that, I'll stop and take your questions.

Operator: Thank you, ready to begin the question and answer session. If you would like to ask a question, please press star one. Again, press star one to ask a question. One moment for our first question.

Ceci Connolly: Ceci Connolly from "The Washington Post" I wanted to ask you about the 1976 experience and in what specific ways that is beginning to inform your thinking about actions in the fall. It may affect how you approach the decision around vaccination, I'm guessing it may affect how you handle public messaging. What are you already studying and thinking about there?

Richard Heuer: Yeah, thanks. In 1976, the country was faced with decisions around whether to develop and administer a vaccine for a new flu strain. We may as a nation be faced with similar decisions. Ifs important that these decisions be informed by science. But ifs also important for us to understand where science takes you and what's left beyond that. And this administration has taken a very proactive stance in terms of public engagement. And that's something CDC as an agency has found extremely valuable. Engaging the public around some of these decisions. Things that we'll be looking at will include what would take place in the southern hemisphere. Are we seeing severe disease, are we seeing a virus that's competing very well with seasonal flu strains that are circulating down there. That will give some of the scientific information that goes into this. We'll be looking at the virus to see has it mutated into something more severe? Has it picked up any of the factors that we know have been associated with severe disease in the past. Has it developed any resistance? What is happening in terms of the age distribution of who is getting sick-Those – that will be very important scientific information. At the same time, were working on the development process in terms of vaccine to see -- to move us forward in terms of developing a safe and effective vaccine. But in the end, the decision will need be to be made and we're all reviewing the process that took place in 1976, trying to understand lessons learned. And we'll be getting a lot of input from people around the country, around that decision.

Richard Sesser: Next question from the phone.

Operator: We have a question from Helen Branswell from the Canadian Press. You may ask your question.

Helen Branswell: Hi, thanks very much. Hi, Dr. Besser, I was hoping you could give us a sense of whether your sense is that there's a lot of ongoing transmission or if ifs starting to peter out with the sort of rise in temperatures. You know, you mention the fact that some of this would be backlogged testing in the labs. There had been an anticipation this would start to peter out towards the summer. Are we actually seeing that? Or are you seeing continuing evidence this thing is still spreading?

Richard Heuer: Thanks. As we look at the data so far, we are not seeing any sign of this petering out. And we would not expect that we would at this point. We are still in the upswing of what we call the epidemic curve. We fought the cases over time and were on the upswing. When we look at the data from Mexico, there's still significant ongoing transmission there, but they're seeing similar phenomena to what were seeing here but that's a different picture were seeing in other parts of the country. This would be very early for us to see any kind of leveling off here. We expect to see far more cases and that's part of why we're going to be moving away from case counts. It doesn't become as useful as being able to talk about widespread activity in a given place, limited activity. You know, isolated activity, the kinds of terms that we've used in seasonal flu. Hopefully well be aided by warmer weather and periods of time when flu viruses don't transmit as easily. But at this point, we see ongoing transmission, we expect that to continue. That's why people need to continue to wash their hands or use alcohol based gels. Cover their coughs, stay home when they're sick, keep their children home when they're sick. Next question from the phone.

Operator: Thank you. Our next question comes from Sharon Otterman with "The New York Times," your line is open. Sharon Otterman with "The New York Times," your line is open. Please check your mute feature. We'll go ahead to the next one. That's John Cohen with "Science" Magazine. you may ask your question.

John Cohen: Hi, thanks for taking my call. The MMWR coming out today says and I'll quote from it, the percentage patients requiring hospitalization appears to be higher than would be expected during a typical influenza season. Can you clarify whether that's because of the testing issue that you mentioned later or whether that's accurate as is?

Richard Sesser: It appears to us that that is a testing phenomenon. And you know, that was summarized I think yesterday, we had a visit from the mayor of New York who said you want 200 more cases let me know and we'll test 200 more people. What you're going to see and what were already seeing at some of the state level is that they are change are their testing policy. Because it uses resources, laboratory resources, personnel resources and if it's not going to affect the care of the individual or the public health decision, once you have widespread activity, that individual testing loses a lot of that value. So we're seeing some shifting around in that percent as we see more testing of the less acute cases but were not seeing this as more severe than what has been seen with recent seasonal flu outbreaks. Next question from the phone.

Operator: Thank you. Our next question comes from Mike Stobbe with the Associated Press. You may ask your question.

Mike Stobbe: Hi. Thanks for taking the call. Two questions, the first one, doctor, earlier, there had been a lot of questions about what's going on in Mexico versus the United States and why does it seem more severe there and an explanation was they were further along, probably more cases going on, so it was hard to compare. Now we've got about roughly equal numbers of confirmed cases in both countries. 949 versus 896, but we've got two deaths in the U.S. and I've seen 29 and I've seen 42 in the number of deaths in Mexico. Can we compare those numbers and do we have a better understanding right now of why does it does seem a little more severe in Mexico?

Richard Besser:Thanks, Mike. I don't think we can compare that. Because the outbreaks occurred sooner in Mexico. One of the things you see in flu outbreaks is that mortality, death is a lag indicator. You can have an outbreak and people who are sick in the hospital who are lingering for quite a while and death occurs late and so I wouldn't feel comfortable saying that we have a great handle on that number. I expect that as we see more cases in more places, as we see more severe cases that we will see more deaths in this country. And so I wouldn't put much on that. One of the things were able to look at and will be looking at over time is treatment practices in the two countries and presentation practices. You know, we don't have good data on it yet but the general sense in Mexico is that people tend to wait longer to come to the hospital. And that may have an impact in terms of treatment and treatment outcomes. So right now, I cannot say that there is a true difference between what's taking place in Mexico and what we're seeing here. Next question from the phone?

Operator: Next question comes from Craig Schneider with Atlanta journal Constitution. You may ask your question

Craig Schneider: Hello. Pm sorry if somebody asked this before, but did want to get a general sense of what the CDC's guidelines or as to who should be tested now I know the states are making own policies but is the CDC saying anything in general as to who should be tested now?

Richard Sesser: The use of testing will vary by location. And that's appropriate. I understand that New York state is backing off on some of their testing because they have a fair amount of disease in that state. And so where you are in terms of the outbreak in –

Craig Schneider: Let's say Georgia.

Richard Heuer: What you want to do is early on, especially before you've had any documented cases, you want to do more widespread testing. You want to do testing of cases across the continuum, you want to make sure that you, that you're definitely testing severely ill people wherever, if

someone is in the hospital and ifs acutely ill with respiratory illness, you want to test them for this virus. Where you're going to start to see the differences is in the milder cases. And I think also you want to make sure that in individuals where the diagnosis would impact on your treatment, individuals who may have certain underlying tonic disease where is it could impact on other treatment they received, you want to make sure that doctors are involved in those decisions. Individuals who are sick should be contacted from their doctors around those decisions. But the differences you see from state to state, most frequently relate to where they are in the outbreak. We've been saying the number of states each day that have cases and today we're reporting that there are confirmed cases in 43 states. Well, the seven states that don't have confirmed cases, I would expect they're going to be doing much broader use of testing than the states that already have confirmation. Two more questions from the phone.

Operator: Our next question comes from Erin Sykes with NBC News Channel, you may ask your question.

Erin Sykes: Hi, there's so much. I would like to get your opinion on swine flu parties and what perspective can you provide on this? It seems to go against the advice that you've been providing to Americans about how to protect themselves from the flu but there's till this I idea that exposing yourself to the illness may about way to protect yourself from the virus in the fall.

Richard Sesser: I've been hearing a little bit about this and I appreciate the question. I think that having swine flu H1N1 parties is a big mistake. This is the new emerging infection. And were learning more each day. But you know, how an individual person will be impacted by the infection is not something we know. And I think that it is – you know it is a big mistake, ifs that putting individuals and children at risk. And CDC does not recommend that people follow that course. One last question from the phone.

Operator: Our next question comes from Kate Traynor with the American Journal. You may ask your question.

Kate Traynor: That's the American Journal of Health System Pharmacy. Thanks for taking my question. CDC late last night updated its interim guidance on anti-viral use in H1N1 infected people and it looks like you're pretty much telling clinicians to handle this as if it were seasonal flu a whereas before people thought to have H1N1 but weren't necessarily very sick were supposed to be getting anti-virals. Can you tell me a little bit about how that has evolved?

Richard Sesser: As we learn more each day, were going to be revising our various guidance documents. You will see as I've said from day one, you will see some inconsistencies between various guidance documents as we transition. One of the first documents that we revised is the school closure guidance. We've just revised the clinical treatment guidance and clinical treatment guidance now is much more in line with what we do with seasonal flu, the reason for that is that we have additional information in terms of severity. And our feeling in terms of severity is that this strain is currently acting much more like the seasonal flu strain and that is allowing us to adapt that. Our other guidance documents are also going to review and will be updated as well when we find documents that are based on a level of severity that we no longer think is occurring in our communities.

Reporter: Okay. Thank you.

Richard Sesser: So we appreciate when people bring some of these inconsistencies to our attention. We are reviewing them and were working very hard to make sure that there's – that what is said in one guidance document in terms of severity, in terms of approach is consistent with what is in other documents. Thank you very much for your time. Thank you.

End

CDC informed on **May 7, 2009**, that ...
businesses are reopening around Mexico, country-wide today
and that's going to be followed by their school's reopening next week ...

Science

Jon Cohen

Out of Mexico? Scientists Ponder Swine Flu's Origins

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https://web.archive.org/web/20160222210828/https://www1.paho.org/hq/dmdocuments/2010/ScienceMagazine_AH1N1.pdf

Each scientist at the forefront of the current swine flu outbreak remembers the day when it became clear that this was not a typical influenza season. For Celia Alpuche, that date was 7 April, more than 2 weeks before hundreds of other scientists, doctors, secretaries of health, and even presidents would also start losing sleep over a virus now officially known as 2009 A (H1N1).

Alpuche is an infectious disease microbiologist who heads the Instituto Nacional de Diagnóstico y Referencia Epidemiológicos (InDRE) in Mexico City, the country's main lab for testing influenza samples. On that Tuesday in early April, she learned that the nearby National Institute of Respiratory Diseases had severe cases of pneumonia in young adults – the age bracket that typically suffers the least harm from flu. “It sounded unusual,” says Alpuche. “Immediately, we started to get the data around this cluster.”

Alpuche and her team analyzed data on the country's influenza from this season and the one before, looking at the distributions of the virus's two strains, A and B. They noticed that this year's flu season seemed unusually long and that B cases accounted for 37% of the total, up from 15%. Surveillance data in the United States looked similar.

It turned out that the bump in influenza B had nothing to do with the swine flu outbreak, which is caused by an A strain. But it clouded Mexico's early attempts to make sense of these odd respiratory cases in young adults. “It was very confusing,” says Alpuche. Nor did InDRE or other less sophisticated Mexican labs have the capability to identify a novel H1N1 strain, ultimately leading Mexico to ask Canada and the United States for assistance. “This is a new, unknown virus,” she says, and those are notoriously difficult to detect. The U.S. Centers for Disease Control and Prevention (CDC) and the Public Health Agency of Canada confirmed that the novel virus was an H1N1 strain of swine flu origin on 23 April. Since then, says Alpuche, Mexico has been “working very hard” to overcome its limitations in diagnostics and surveillance.

Alpuche and her superiors reject the assertion that Mexico, where the outbreak seems to have emerged, might have contained the virus if officials had pounced on it sooner. “I don't see any way we could have acted faster,” says epidemiologist Mauricio Hernández-Ávila, the vice minister of disease prevention and health promotion for Mexico's Ministry of Health.

The exact dates remain fuzzy, but Mex-ico's outbreak of 2009 A (HI NI) surfaced at the earliest in mid-March, and Alpuche and colleagues had their antennae wiggling by early April. '1 think the Mexicans did all that was possible with a virtually impossible situ-ation," says Ira Long in i, an epidemiologist at the University of Washington, Seattle. Longini's models of influenza pandemics have shown that it's nearly impossible for a country to contain an outbreak of a new influenza virus. "You can see what happened in the United States," says Hemandez-Avila. "They even found the virus before we did, and they were not able to contain it." (The first U.S. case was confirmed on 14 April).

Mexico is but one player under the microscope for its early actions in this outbreak: The World Health Organization (WHO) and CDC have also received close scrutiny. And the microscope has finer resolution than ever before because of Web cast press conferences, Twitter, Facebook, YouTube, Google Maps, and Skype. Yet the same Internet-fueled technologies have helped these same people do their jobs.

"I'm amazed at the capacity we have with the information and communication technologies," says epidemiologist Mirta Roses Periago, head of the Pan American Health Organization. "We used to do things with our hands and smelling and looking at the patients." During the past few weeks, she notes, scientists have rapidly shared sequences of the viruses, digital images of patient x-rays, and electron micrographs of the new H1N1.

"At this point in history, this is the best surveillance we've ever had," said Keiji Fukuda, one of WHO's assistant director generals. As of 4 May, that surveillance had confirmed more than 1000 cases in 21 countries, and WHO had raised the pandemic threat alert to phase 5, one shy of a full-blown pandemic. Phase 5 indicates that two countries in the same region (the United States and Mexico) had ongoing, person-to-person spread in communities. Although early this week there was some indication that the virus might not be as dangerous as first feared, many still expect that a phase 6 alert, which indicates the same high level of spread in two or more WHO regions, is inevitable.

The origin of the virus, its muscle power, and how much of a threat it presents remain mysteries. "We're not quite certain how this is going to evolve," said Fukuda at a 4 May press conference. Despite this uncertainty, health officials and companies are gearing up to rush a new vaccine into place, if it is needed (see p. 702); already, WHO and governments have released antiviral drugs from their stockpiles (see p. 705).

After Mexico, the United States has had the most cases, which on 5 May totaled 403. The almost simultaneous confirmations of the outbreak in both Mexico and the United States initially added further confusion to the outbreak's origins. But the virus itself has helped clear up matters, says Ruben Donis, CDC's chief of the molecular virology and vaccines branch.

Donis has led a full-tilt effort to sequence viral isolates and post them in GenBank, a publicly available database that by 4 May had nearly 200 entries of H1N1 genes. The genetic information helps labs around the world develop diagnostic tests for this new virus, key to speeding the investigation; at first Mexico and many other countries had to rely on CDC or the Public Health Agency of Canada (Science, 1 May, p. 572) to confirm suspected cases.

Donis's group has used the gene sequences to tease out some of the virus's surprising history. A comparison to known influenza strains in different species shows that about one-third of the virus is from "classical" North American swine influenza, one-third is North American avian, and the remaining third is divided evenly between human and Eurasian swine (see pie chart). "It's almost equidistant to swine viruses from the United States and Eurasia," says Donis. "And it's a lonely branch there. It doesn't have any close relatives."

Some have speculated that the outbreak started from an infected pig in Mexico, as an early case occurred in a region in Veracruz state that has a large pig farm. But Donis says this explanation may be too pat. He suggests that the virus may have originated in a U.S. pig that traveled to Asia as part of the hog trade. The virus may have infected a human there, who then traveled back to North America, where the virus perfected human-to-human spread, maybe even moving from the United States to Mexico.

Alpuche notes that some of the earliest cases occurred in communities "well known for migration." And a scouring of older samples – which is ongoing – recently uncovered a Mexico City case from 11 March, about a week before any confirmed infections in Veracruz. As to what enabled this swine influenza for the first time to transmit easily between humans, Donis says the sequence alone can't answer that question.

On 2 May, Canada's Food Inspection Agency reported that 2009 A (H1N1) had been found in pigs for the first time. But in yet another twist, the virus seems to have come from a farm worker who recently returned from Mexico with a bout of swine flu and then infected the herd. This type of transmission, so far detected in 220 of the 2200 animals, may be a first, says Christopher Olsen, a swine influenza researcher at the School of Veterinary Medicine at the University of Wisconsin, Madison: "I honestly can't think of an instance where we saw a swine virus move to humans and move back in this fashion."

The greatest concern is what will this confusing virus do next? Hernández-Ávila says he believes the outbreak in Mexico has stabilized. By 4 May, fewer samples were coming into the labs and fewer patients were checking into hospitals with respiratory diseases. Earlier, the country reported a few thousand suspected cases and close to 200 deaths, but out of 2164 tested samples, labs only confirmed 727 infections and 26 fatalities.

But several experts stressed that the outbreak is still young. "I don't think we're out of the woods yet," said Anne Schuchat, CDC interim deputy director for science and public health, at a 3 May press conference. "We don't know if the virus will return in the fall and come back harder than it is right now." CDC's Donis, originally from Argentina, also notes that the United States and Mexico are in the Northern Hemisphere, where flu season has peaked. "We're in a good position," he says. "The folks in Buenos Aires are in trouble. They're entering winter now."

So while scientists and health officials in the north may soon be able to get a good night's sleep, the espresso machines in labs and government ministries in the Southern Hemisphere may soon be working overtime.

The New York Times

Andrew Pollack

Fear of a Swine Flu Epidemic in 1976 Offers Some Lessons, and Concerns, Today

The New York Times, 8 May 2009.
http://www.nytimes.com/2009/05/09/health/09vaccine.html?_r=1&partner=rss&emc=rss
https://web.archive.org/web/20150319212539/http://www.nytimes.com/2009/05/09/health/09vaccine.html?_r=1&partner=rss&emc=rss

With fears of swine flu engulfing the nation in 1976, Janet Kinney got vaccinated to make sure she would be able to take care of her children. Instead, her children ended up taking care of her.

About a week after getting the swine flu shot, she recalled, “I was so weak I couldn’t push down the toaster button.” She spent a month in the hospital, paralyzed from the neck down, before gradually recovering.

With health authorities now gearing up for what could be a huge vaccination campaign against a new strain of swine flu, the experience of 1976 is raising a note of caution.

The feared swine flu epidemic of 1976 never materialized. And several hundred people, including Ms. Kinney, who is now 68 and lives in Gig Harbor, Wash., developed Guillain-Barré syndrome, a rare neurological condition that causes temporary muscle weakness or paralysis. More than 30 of those people died.

Many experts say they do not think a vaccine for the new flu strain, called H1N1, would raise a similar risk for Guillain-Barré. But answering that question is difficult because to this day, no one has figured out why the 1976 vaccine caused the disease, in which the body’s immune system mistakenly attacks the nerves.

Indeed, some researchers still question whether the vaccine did cause Guillain-Barré, particularly since flu vaccines in other years have been linked to little or no risk of the disease.

“It doesn’t make sense that one flu strain would cause Guillain-Barré syndrome where none of the others have,” said Dr. Paul A. Offit, a vaccine expert at Children’s Hospital of Philadelphia.

Still, many experts consider the matter settled. The Institute of Medicine of the National Academy of Sciences concluded after an extensive review in 2003 that the “evidence favored acceptance of a causal relationship” between the 1976 vaccine and the syndrome. It stopped short, however, of saying the evidence “established” a causal relationship.

“It’s really not all that controversial anymore,” said Dr. Lawrence B. Schonberger, who as a young epidemiologist at the Centers for Disease Control and Prevention in 1976 gathered the initial evidence that led to the vaccination program being halted that December. Dr. Schonberger, who is still with the agency, found that for people who got vaccinated, the rate of getting a diagnosis of Guillain-Barré in the next six weeks was more than seven times as high as for those who did not get the vaccine.

In all, the vaccination resulted in nearly one extra case of Guillain-Barré for every 100,000 people immunized, which would translate into roughly 450 cases for the 45 million people who got the shot.

Some critics challenged the findings, arguing that some diagnoses were mistaken and that vaccinated people were more likely to self-report having Guillain-Barré than others because it was in the news.

But some studies canvassed health records for all diagnosed cases and had the diagnoses confirmed by experts. One of the leading critics worked on his own study, which confirmed the magnitude of the increased risk.

The more intriguing question is how the vaccine triggered the syndrome. One hypothesis was that the vaccine, rushed into production, was contaminated with Campylobacter, a type of bacterium that does cause Guillain-Barré. The Institute of Medicine said this was unlikely but could not be totally excluded.

A more likely explanation is that something in the vaccine resembled something in the nerve cells. When the body's immune system mounted an attack on that component of the vaccine, it also then attacked the lookalike in the nerves.

Irving Nachamkin, a professor of pathology and laboratory medicine at the University of Pennsylvania, examined some 1976 vaccine that had been saved by a scientist in Texas. In a paper published last year in The Journal of Infectious Diseases, he and colleagues reported that mice given the vaccine made antibodies that reacted with gangliosides, which are components of nerve cells. An antibody attack on gangliosides is part of the disease mechanism of Guillain-Barré.

But when Dr. Nachamkin tested two flu vaccines from other years which were not linked to the syndrome, the mice also made those antibodies. So the mystery remains about what was unique, if anything, about the 1976 vaccine.

In particular, the most important question now would be whether the unique factor was that it was a vaccine against a swine flu rather than a human flu. If so, that could raise concern about a vaccine for the new flu strain, which is made mostly of swine virus.

Dr. Nachamkin plays down such worries. "There's no evidence to suggest it's a swine-derived-virus problem," he said.

Others say there are lessons to be learned even without solving the mystery. One is that any medicine or vaccine given to tens of millions of people is likely to have side effects, so surveillance systems need to be in place.

Another is that risks have to be weighed against benefits. Had there been a swine flu epidemic in 1976, the number of lives saved by a vaccine would have dwarfed the small number of cases of Guillain-Barré. But in 1976, the vaccine was given even though the epidemic did not materialize.

"The math is overwhelmingly in favor of vaccine if there's an epidemic," said Dr. Harvey V. Fineberg, the president of the Institute of Medicine and co-author of "The Epidemic that never was," a book about the 1976 episode. "It's in the absence of disease that this rare effect looms large."

This time, officials say the decision to make the vaccine will be divorced from the decision to use it. The manufacturing decision is likely in the next couple of weeks and will probably be yes. But the decision on using the vaccine will probably not be made until the fall.

For her part, Ms. Kinney, who says the syndrome left her unable to run down stairs, said she would not take the vaccine if offered. "I'm just not willing to take that chance," she said.

Would she even need to? One intriguing idea is that if the new flu strain is similar to the 1976 strain, people who got vaccinated then might, possibly, have some protection now.

The C.D.C. says it will eventually study that question. Peter Palese, a flu expert at Mount Sinai School of Medicine, said he doubted that would be the case because the two viruses appear quite different.

Still, if it were the case, the oft-maligned 1976 vaccination campaign might end up having done some good after all.

NEWS

Swine flu saga's key moments? Stay tuned
The most pivotal moments in the swine flu saga are yet to come

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The most pivotal moments in the swine flu saga are yet to come.

Will it sweep through impoverished Southern Hemisphere countries in the next few months? Will it roar back in the rest of the world in the fall? And who will be vaccinated if it does?

In the weeks since swine flu grabbed international attention, and even years before that, some important actions have helped shape the course of this outbreak and the ways the world will handle future epidemics.

It's not clear if this new swine flu strain is a brush fire, sparking up around the globe only to fizzle, or if it will worsen when the regular influenza season hits.

No matter how this story ends, at the very least it has offered a real-world drill to find gaps in the playbook.

"We've been given an opportunity to take a look at this before it really got bad, and we need to," said Dr. Michael Osterholm of the University of Minnesota, a prominent pandemic flu specialist. "We better damn well do it now because one day we are going to really be in it for more than a week. If it's not this virus, there will still be another one."

For this virus, the coming months will bring a series of big decisions: Do manufacturers start brewing millions of swine flu vaccine doses? Will they be stockpiled unless the new flu returns or given along with or soon after regular flu shots? Will rich countries share enough with the developing world? Who gets in line first – the younger people that this strain so far seems to target or the elderly who usually are flu's most vulnerable?

"You may only have one chance to get out ahead of it," Dr. Richard Besser, acting chief of the Centers for Disease Control and Prevention, told The Associated Press. "It's important for people to understand that all of these decisions will need to be made with incomplete science."

The first turning point

A different virus was the world's wake-up call. SARS (severe acute respiratory syndrome) started in China, and once it broke out of the mainland in early 2003, it took just weeks to infect more than 8,000 people from 37 countries. The virus killed more than 770 people before it disappeared.

Governments started scrambling to put together plans to handle the next global disease threat. Soon after, bird flu hit Asia, reinforcing the need.

Had the new swine flu hit sooner, before all that pandemic planning, it almost certainly would have spread faster. Even if it proves no more dangerous than garden-variety flu, that's deadly enough; a pandemic is more about geography than super-lethality. By the World Health Organization's tally, between 250,000 and 500,000 people worldwide die each year because of regular winter flu.

Uncovering the threat

As early as February, people in the Mexican hamlet of La Gloria were suffering unusually strong flu symptoms. When officials arrived to investigate in mid-March, nearly half the 3,000 villagers came out seeking medical help. About 450 were diagnosed with acute respiratory infections and given antibiotics. Mexico was investigating, but not until April 12 would the outside world – the CDC and Pan American Health Organization – start getting official word of the unexplained illness that eventually would be blamed for dozens of deaths throughout Mexico.

By then CDC already was on the trail of swine flu in California. The virus had spread before anyone knew it existed.

Preparation had paid off. In its pandemic planning, the U.S. starting in 2005 put money into researching better influenza detection. Studies of new methods found two unrelated children in San Diego with a strain of Type A influenza that turned out to be a never-before-seen type of swine flu. Puzzled, CDC announced the cases and started hunting more. On April 23, the agency confirmed five more illnesses in California and Texas and put all states on alert.

"At what point does unusual become concerning and at what point does concern lead to action?" Besser said. "We had to make that call."

That same day, CDC and a Canadian lab that Mexico had consulted delivered the bad news: The new flu was in Mexico, too.

Could Mexico have signaled a problem sooner? The Pan American Health Organization dismisses the question as one for historians.

"We would have done everything the same if we had it to do over again," said Hugo Lopez-Gatell Ramirez, deputy director of Mexico's Intelligence Unit for Health Emergencies.

Aggressive action

With the diagnosis, Mexico's government immediately ordered the closure of all schools, museums, libraries and theaters in Mexico City. The following days brought increasingly drastic actions. Schools nationwide and other businesses shut down, streets mostly emptied and soldiers handed out millions of face masks.

With a handful of known illnesses at first, the U.S. raced antiflu drugs from a government stockpile – enough for 11 million people – out to every state. After a large outbreak at a New York City school, apparently spread by students who vacationed in Mexico, U.S. schools started closing. Ultimately about 468,000 students around the country were affected before the CDC decided that schools should reopen because the virus was mild.

Overall, "what happened was not overreaction. It was a prudent response," said Michael Leavitt, the Bush administration health secretary who led development of the U.S. pandemic flu plan and advised other governments on theirs. "If imminent information about terrorism is known to authorities, they need to react. A pandemic is sort of nature's terrorist."

Young children tend to be initial spreaders of regular winter flu, taking it home to family and friends, which is one reason that school closings are included in pandemic plans. But in this case, travelers were early spreaders.

"I'm not saying that was the right approach or the wrong approach, but what we've learned is we need to be proportionate in our response with what the risk is in our community," said flu specialist Osterholm.

Pandemic or not?

The World Health Organization, following its post-SARS guidelines, declared an international emergency the day after Mexico's outbreak made headlines, to spur countries to check where else the new flu had spread – eventually to two dozen countries and counting.

Days later, the WHO issued an unprecedented warning: The world was close to a full-fledged pandemic. Sustained spread in regions beyond North America, rather than smallish outbreaks, would tip the scale.

For years, the U.S. had run drills. What would it do if bird flu started rapidly spreading in Asia? Close the borders to buy a little time. Reality brought a surprise.

The new swine flu started in North America, too late to close any borders. While the U.S. joined other countries in discouraging travel to hardest-hit Mexico, and some nations discouraged travel to the U.S. and Canada, too, once flu starts spreading in numerous places, such actions have little effect.

Asia remained largely untouched. China, no doubt recalling the harrowing days of SARS, tried to keep it that way by quarantining dozens of Mexicans for days.

Still to come

What happens to all those antiflu medicines that were shipped to U.S. states but not used? They're waiting, under guard, in case they're needed come fall. Leavitt, the former health secretary, said that's the next weakness. Flying in drugs is easy; getting them to the sick is hard.

"The further into a pandemic you get, the more spontaneity that's required and the more lack of preparation reveals itself," he said.

Then there's the vaccine dilemma.

Makers could be told to start brewing doses in a few weeks. But that will take months and require testing, led by the U.S., of initial shots to see if they induce immunity, with one dose or two, and seem safe. The last mass vaccination against a different swine flu, in the U.S. in 1976, was marred by reports of a paralyzing side effect — and that time the flu didn't return.

"One of the lessons of the '76 experience is to take account of the uncertainty," said Institute of Medicine President Harvey Fineberg. "Be able to take account of new information to modify your course."

If vaccine is ordered, would developing countries get a fair share? The WHO is calling vaccine makers together in late May to push for fair access. Regardless, any shots will come too late for the Southern Hemisphere, where influenza season is about to start.

World authorities will closely track the new swine flu there, for help deciding whether to order vaccinations for the rest of the world starting in the fall. The big worry is that the virus will mutate, becoming more severe.

"The thing that's keeping me up at night right now is that feeling of dodging the bullet, in the sense that people are taking a sigh of relief too soon," the CDC's Besser told the AP.

Science

Jon Cohen

A New, New H1N1 in Mexico?

Science, 15 May 2009, doi: 10.1126/article.41541
https://www.science.org/content/article/yet-another-new-patient-zero-swine-flu-pandemic

This odd exchange took place at today's press conference with the U.S. Centers for Disease Control and Prevention (CDC).

David Brown, The Washington Post: There's a report that there is yet another new H1N1 virus that has been found in the states of Durango, Zacatecas, and Jalisco that is distinct from both this swine H1N1 and the seasonal Brisbane H1N1. Have you heard of this and can you tell us anything about this?

Daniel Jernigan, CDC's deputy director of influenza division: We've heard of some reports about that, but I've not had any direct information about the specifics of that case. There's ongoing dialog between us and the folks that are in Mexico, and as we know more about that, we'll be able to let people know.

Update #1: 15 May 2009, 6:44, EDT
"We heard a rumor but think it may be a misinterpretation of some lab data by a non-lab person," Nancy Cox, head of CDC's influenza division, tells ScienceInsider. "We are following up."

Update #2: 15 May 2009, 9:57 pm EDT
"There is no scientific evidence, up to date, that we have a different A (H1N1) virus other than human seasonal or swine-origin H1N1," Celia Alpuche, head of the main lab in Mexico that does influenza testing, tells ScienceInsider.
"We have seen influenza seasonal strains circulating even more than swine-origin A (H1N1) virus, in particular in areas in Mexico such as Durango, Jalisco, and Zacatecas.
We started the subtyping of these strains and we are finding mostly A (H3) seasonal and also A (H1) seasonal."
Alpuche, who heads the Instituto de Diagnóstico y Referencia Epidemiológicos (InDRE) in Mexico City, says they are exploring the hypothesis that a more virulent variant of the new H1N1 may explain the more severe cases in Mexico, but again, no existing evidence supports this possibility.

Read also:

Cohen J. **Exclusive: Interview With Head of Mexico's Top Swine Flu Lab**. *Science*, 1 May 2009; https://www.science.org/content/article/exclusive-interview-head-mexicos-top-swine-flu-lab

Fraser C, Donnelly CA, Cauchemez S, et al. **Pandemic potential of a strain of influenza A (H1N1): early findings**. *Science.* 2009 Jun 19;324(5934):1557-61. doi: 10.1126/science.1176062. Epub 2009 May 11. PMID: 19433588; PMCID: PMC3735127.

Garten RJ, Davis CT, Russell CA, et al. **Antigenic and genetic characteristics of swine-origin 2009 A(H1N1) influenza viruses circulating in humans**. *Science*. 2009 Jul 10;325(5937):197-201. doi: 10.1126/science.1176225. Epub 2009 May 22. PMID: 19465683; PMCID: PMC3250984.

интерфакс

Готовы противостоять

Interfax, 16 мая 2009, 13:17
https://www.interfax.ru/80029

Москва. 16 мая. *Interfax.ru* – Президент РФ Дмитрий Медведев заявил, что российские санитарные службы контролируют ситуацию со "свиным" гриппом, а национальная вакцина против гриппа A/H1N1 появится в ближайшее время.

"Что касается текущей ситуации, то в целом наша страна обладает необходимым запасом препаратов. Если мы сможем наладить производство новой вакцины, значит, мы будем полностью гарантированы", - сказал Медведев в беседе с ведущим программы "Вести в субботу с Сергеем Брилевым" телеканала "Россия".

"В целом ситуация находится под контролем. И я считаю, что мы готовы к тому, чтобы противостоять и этому штамму гриппа", - сказал президент.

О российской вакцине против "свиного" гриппа Медведев сказал: "В целом эта проблема вполне решаемая. Нужно только внимательным образом заниматься собственно исследованиями, создавать моновакцину, а сейчас этим занимается весь мир. Я думаю, что она появится в ближайшее время".

Говоря о санитарных мерах, принятых в российских аэропортах в отношении рейсов из Северной и Южной Америки, президент высказал мнение, что "это как раз пример того, как наша медицина и наши санитарно-эпидемиологические службы могут эффективно работать".

"В этом случае этот пример явно в нашу пользу, потому что на въезде осуществляется контроль. И с этим связана достаточно спокойная ситуация, которая в настоящий момент по этому штамму гриппа существует в нашей стране", - заявил президент.

В нескольких российских научных центрах в настоящее время идет разработка вакцины против гриппа A/H1N1 на основе штаммов, полученных от американских специалистов. Российские медики рассчитывают получить вакцину от опасного гриппа, который распространился из Мексики, в течение нескольких месяцев.

Между тем, как заявил главный государственный санитарный врач РФ Геннадий Онищенко, опасный грипп A/H1N1, также известный как свиной грипп, пока нельзя считать пандемическим. "В настоящее время считать вирус A/H1N1 пандемическим штаммом преждевременно", - сказал "Интерфаксу" в пятницу руководитель Роспотребнадзора. "Все будет зависеть от дальнейшего генетического дрейфа вируса", - сказал Онищенко.

"Сейчас у вируса пока недостаточные свойства трансмиссибильности (передачи от человека к человеку. - "ИФ"). Если они изменятся, то мы можем получить пандемический штамм", - сказал он. По данным Всемирной организации здравоохранения на 14 мая, случаи заболевания вирусом гриппа A/H1N1 зарегистрированы в 33-х странах мира.

По последним подсчетам Всемирной организации здравоохранения, основанным на данных, поступивших к утру пятницы, вирус A/H1N1 был обнаружен в 34 странах у 7520 человек, причем 65 из них умерли. В четверг сообщалось о 6497 случаях заражения.

В Мексике насчитывается 2446 случаев заражения, причем 60 пациентов умерли. В США сообщают о 4298 заболевших, трое из них скончались. Еще 449 случаев заражения (один из них - с летальным исходом) выявлены в Канаде. Власти Коста-Рики сообщают о восьми случаях заражения, один из пациентов умер.

В остальных странах, пораженных заболеванием, смертельных случаев не зафиксировано. В Испании насчитывается 100 случаев заболевания, в Великобритании - 71, в Панаме - 40, во Франции - 14, в Германии – 12. Помощник генерального директора ВОЗ Кэйдзи Фукуда, со своей стороны, отметил, что ожидает продолжения распространения вируса.

NEWS

WHO: Swine flu epidemic in 'grace period'

Various countries urged the World Health Organization to be cautious about declaring the arrival of a swine flu pandemic, fearing it could cause worldwide panic, confusion.

NBC News, 18 May 2009, 1:48 AM +08
https://www.nbcnews.com/id/wbna30794194

China, Britain, Japan and other countries urged the World Health Organization on Monday to be very cautious about declaring the arrival of a swine flu pandemic, fearing that a premature announcement could cause worldwide panic and confusion. WHO bent to their wishes.

As the agency opened its annual meeting, WHO Director-General Dr. Margaret Chan said she had listened carefully to the concerns of member states and would follow their instructions.

The new swine flu virus continues to spread rapidly, but the world is still short of facing a pandemic, Chan said, keeping the alert level at the currently phase 5 out of a possible 6, indicating a global outbreak is likely.

"This virus may have given us a grace period, but we do not know how long this grace period will last," Chan said. "No one can say whether this is just the calm before the storm."

At phase 6, the world has a swine flu pandemic – meaning there is an epidemic in at least two world regions.

Countries want WHO to change standards

Health experts from dozens of countries urged WHO to change its standards for declaring a pandemic, saying it should take into account whether the virus was causing severe or mild illness, not just how quickly it was spreading.

"We need to give you and your team more flexibility as to whether we move to phase 6," said British Health Secretary Alan Johnson.

Chan repeated her warning that the virus could pose a grave threat to humans, even though only 76 out of 8,829 cases have proven fatal.

"A new influenza virus with great pandemic potential, the new influenza A (H1N1) strain, has emerged," she said.

Most deaths have occurred in Mexico, but there is global unease that the virus seems to be spreading easily from person to person and rapidly from country to country.

"We expect this pattern to continue," Chan said, adding it was unclear whether or when the world moves to the highest flu alert.

At least 40 countries now have confirmed cases – and the number of swine flu infections in Japan rose from four on Friday to over 130 on Monday.

Chan said the virus has now spread to the Southern Hemisphere after breaking out in North America, and there was a risk it can combine with other flu strains circulating now among humans south of the equator.

Another concern is that swine flu might combine with the bird flu virus that has been circulating for several years, she said. Bird flu is much more deadly but less easily transmitted among humans than the swine flu virus.

She said WHO had not yet given manufacturers the signal to produce a specific swine flu vaccine for the new flu strain, but said it was essential that countries be very careful with their medical resources. Chan and U.N. Secretary-General Ban Ki-moon meet top pharmaceutical executives on Tuesday to discuss their ability to make vaccines to fight the H1N1 strain.

"Manufacturing capacity for antiviral drugs and influenza vaccines is finite and insufficient for a world with 6.8 billion inhabitants," Chan said. "It is absolutely essential that countries do not squander these precious resources through poorly targeted measures."

About 20 companies worldwide including Sanofi-Aventis, Novartis and Baxter International currently produce flu vaccines. Making a pandemic jab could require them to cut production of vaccines for seasonal flu, which kills between 250,000 and 500,000 people a year.

WHO: World Health Assembly opens amid concerns about flu pandemic

Geneva, WHO, 18 May 2009

https://web.archive.org/web/20090522231652/http://www.who.int/mediacentre/news/releases/2009/world_health_assembly_20090518/en/index.html

Geneva – The 62nd World Health Assembly opened today in Geneva, as officials from 193 member countries began their annual review of the activities of the WHO and set new priorities for the future.

In her address to the Health Assembly, WHO Director-General Dr Margaret Chan noted that the world was facing multiple crises, including the current financial crisis and global economic downturn. In addition to this, it also faced the prospect of the first influenza pandemic of this century.

She said that the world today was more vulnerable to the adverse effects of an influenza pandemic than it was in 1968, when the last pandemic began. The increase in air travel meant that any city with an international airport was at risk of an imported case. Global economic interdependence amplified the potential for economic disruption.

Under these circumstances, it was vital to see that no part of the world suffered disproportionately. "We have to care about equity. We have to care about fair play," she said.

Dr Chan noted that 85% of the burden of chronic diseases was concentrated in low-income and middle-income countries, which meant that the developing world had by far the largest pool of people at risk for severe and fatal H1N1 infections.

She urged the international community to look at everything that could be done to collectively protect developing countries from bearing the brunt of an influenza pandemic.

The Director-General said she had reached out to manufacturers of antiviral drugs and vaccines, to Member States, donor countries and UN agencies, civil society organizations, nongovernmental organizations, and foundations to stress the need to extend preparation and mitigation measures to the developing world. The United Nations Secretary-General had joined her in these efforts.

With regard to the criteria for a move to Phase 6, Dr Chan said she had listened to the comments made by Member States during a high-level consultation earlier in the day. "As the chief technical officer of this Organization, I will follow your instructions closely, particularly concerning criteria for a move to Phase 6, in discharging my duties and responsibilities to Member States."

The Director-General said that concerns about a pandemic should not overshadow, or interrupt other vital health programmes. She said that an effective public health response to threats depended on strong health systems that were inclusive, and offered universal coverage down to the community level. Adequate numbers of trained, motivated and compensated staff, as well as fair access to affordable medical products and other interventions were all required for an effective public health response to the current situation.

She urged delegations in particular to complete work under the item on public health, innovation and intellectual property. The International Health Regulations and the need to finish the job of polio eradication were all important issues.

Dr Chan also referred to the proposed programme budget which will be discussed by the World Health Assembly, and said that "WHO is prepared to lead the response to a global public health emergency. Our services, in several areas, are strained, but we are coping. We need to be assured that we continue to function well, especially if the emergency escalates."

Dr Margaret Chan
Director-General of the World Health Organization

Concern over flu pandemic justified:
Address to Sixty-second World Health Assembly
Geneva, Switzerland

Geneva, WHO, 18 May 2009
https://web.archive.org/web/20090531224438/http://www.who.int/dg/speeches/2009/62nd_assembly_address_20090518/en/index.html

Dr Margaret Chan, Director-General of the World Health Organization

Mister President, honourable ministers, excellencies, distinguished delegates, Dr Mahler, ladies and gentlemen,

Over the past three decades, the world has, on average, been growing richer. People have, on average, been enjoying longer and healthier lives.

But these encouraging trends hide a brutal reality. Today, differences in income levels, in opportunities, and in health status, within and between countries, are greater than at any time in recent history.

Our world is dangerously out of balance, and most especially so in matters of health. The current economic downturn will diminish wealth and health, but the impact will be greatest in the developing world.

Human society has always been characterized by inequities. History has long had its robber-barons and its Robin Hoods. The difference today is that these inequities, especially in access to health care, have become so deadly.

The world can be grateful that leaders from 189 countries endorsed the Millennium Declaration and its Goals as a shared responsibility. These Goals are a profoundly important way to introduce greater fairness in this world.

Populations all around the world can be grateful that health officials are recommitting themselves to primary health care. This is the surest route to greater equity in access to health care.

Public health can be grateful for backing from the Commission on Social Determinants of Health. I agree entirely with the findings. The great gaps in health outcomes are not random. Much of the blame for the essentially unfair way our world works rests at the policy level.

...

Ladies and gentlemen,

For five long years, outbreaks of highly pathogenic H5N1 avian influenza in poultry, and sporadic frequently fatal cases in humans, have conditioned the world to expect an influenza pandemic, and a highly lethal one. As a result of these long years of conditioning, the world is better prepared, and very scared.

As we now know, a new influenza virus with great pandemic potential, the new influenza A (H1N1) strain, has emerged from another source on another side of the world. Unlike the avian virus, the new H1N1 virus spreads very easily from person to person, spreads rapidly within a country once it establishes itself, and is spreading rapidly to new countries. We expect this pattern to continue.

Unlike the avian virus, H1N1 presently causes mainly mild illness, with few deaths, outside the outbreak in Mexico. We hope this pattern continues.

New diseases are, by definition, poorly understood when they emerge, and this is most especially true when the causative agent is an influenza virus.

Influenza viruses are the ultimate moving target. Their behaviour is notoriously unpredictable. The behaviour of pandemics is as unpredictable as the viruses that cause them. No one can say how the present situation will evolve.

The emergence of the H1N1 virus creates great pressure on governments, ministries of health, and WHO to make the right decisions and take the right actions at a time of great scientific uncertainty.

On 29 April, I raised the level of pandemic influenza alert from phase 4 to phase 5. We remain in phase 5 today.

This virus may have given us a grace period, but we do not know how long this grace period will last. No one can say whether this is just the calm before the storm.

Presence of the virus has now been confirmed in several countries in the southern hemisphere, where epidemics of seasonal influenza will soon be picking up. We have every reason to be concerned about interactions of the new H1N1 virus with other viruses that are currently circulating in humans.

Moreover, we must never forget that the H5N1 avian influenza virus is now firmly established in poultry in several countries. No one can say how this avian virus will behave when pressured by large numbers of people infected with the new H1N1 virus.

Ladies and gentlemen,

The move to phase 5 activated a number of stepped up preparedness measures. Public health services, laboratories, WHO staff, and industry are working around the clock.

A defining characteristic of a pandemic is the almost universal vulnerability of the world's population to infection. Not all people become infected, but nearly all people are at risk.

Manufacturing capacity for antiviral drugs and influenza vaccines is finite and insufficient for a world with 6.8 billion inhabitants. It is absolutely essential that countries do not squander these precious resources through poorly targeted measures.

As you heard this morning, we are trying to get some answers to a number of questions that will strengthen risk assessment and allow me to issue more precise advice to governments. Ideally, we will have sufficient knowledge soon to advise countries on high-risk groups and recommend that efforts and resources be targeted to these groups.

I have listened very carefully to your comments this morning. As the chief technical officer of this Organization, I will follow your instructions carefully, particularly concerning criteria for a move to phase 6, in discharging my duties and responsibilities to Member States.

While many questions do not have firm answers right now, I can assure you on one point. When WHO receives information of life-saving importance, such as the heightened risk of complications in pregnant women, we alert the international community immediately.

To date, most outbreaks have occurred in countries with good detection and reporting capacities. Let me take this opportunity to thank the governments of these countries for the diligence of their surveillance, their transparency in reporting, and their generosity in sharing information and viruses.

An influenza pandemic is an extreme expression of the need for solidarity before a shared threat. We are fortunate that the outbreaks are causing mainly mild cases of illness in these early days.

I strongly urge the international community to use this grace period wisely. I strongly urge you to look closely at anything and everything we can do, collectively, to protect developing countries from, once again, bearing the brunt of a global contagion.

I have reached out to the manufacturers of antiviral drugs and vaccines. I have reached out to Member States, donor countries, UN agencies, civil society organizations, nongovernmental organizations, and foundations.

I have stressed to them the absolute need to extend preparedness and mitigation measures to the developing world. The United Nations Secretary-General is joining me in these efforts, which are tireless.

Ladies and gentlemen,

As I said, equity in health matters in life-and-death ways. It matters most especially in times of crisis.

The world of today is more vulnerable to the adverse effects of an influenza pandemic than it was in 1968, when the last pandemic of the previous century began.

The speed and volume of international travel have increased to an astonishing degree. As we are seeing right now with H1N1, any city with an international airport is at risk of an imported case. The radically increased interdependence of countries amplifies the potential for economic disruption.

Apart from an absolute moral imperative, trends such as outsourcing and just-in-time production compel the international community to make sure that no part of the world suffers disproportionately. We have to care about equity. We have to care about fair play.

These vulnerabilities, to imported cases, to disrupted economies and businesses, affect all countries. Unfortunately, other vulnerabilities are overwhelmingly concentrated in the developing world.

On current evidence, most cases of severe and fatal infections with the H1N1 virus, outside the outbreak in Mexico, are occurring in people with underlying chronic conditions. In recent years, the burden of chronic diseases has increased dramatically, and shifted dramatically, from rich countries to poorer ones.

Today, around 85% of the burden of chronic diseases is concentrated in low- and middle-income countries. The implications are obvious. The developing world has, by far, the largest pool of people at risk for severe and fatal H1N1 infections.

A striking feature of some of the current outbreaks is the presence of diarrhoea or vomiting in as many as 25% of cases. This is unusual.

If virus shedding is detected in faecal matter, this would introduce an additional route of transmission. The significance could be especially great in areas with inadequate sanitation, including crowded urban shantytowns.

The next pandemic will be the first to occur since the emergence of HIV/AIDS and the resurgence of tuberculosis, also in its drug-resistant forms. Today's world has millions of people whose lives depend on a regular supply of drugs and regular access to health services.

Most of these people live in countries where health systems are already overburdened, understaffed, and poorly funded. The financial crisis is expected to increase that burden further, as more people forego private care and turn to publicly-financed services.

What will happen if sudden surges in the number of people requiring care for influenza push already fragile health services over the brink? What will happen if the world sees the end of an influenza pandemic, only to find itself confronted, say, with an epidemic of extensively drug-resistant tuberculosis?

We have good reason to believe that pregnant women are at heightened risk of severe or fatal infections with the new virus. We have to ask the question. Will spread of the H1N1 virus increase the already totally unacceptable levels of maternal mortality, which are so closely linked to weak health systems?

Ladies and gentlemen,

In the midst of all these uncertainties, one thing is sure. When an infectious agent causes a global public health emergency, health is not a peripheral issue. It moves straight to centre stage.

The world is concerned about the prospect of an influenza pandemic, and rightly so. This Health Assembly has been shortened for a good reason. Health officials are now too important to be away from their home countries for more than a few days.

Much is in our hands. How we manage this situation can be an investment case for public health.

The world will be watching, and one big question is certain to arise. Are the world's public health services fit-for-purpose under the challenging conditions of this 21st century? Of course not. And I think the consequences will be quickly, highly, and tragically visible. Now comes the second question. Will something finally be done?

At the same time, we cannot, we dare not, let concerns about a pandemic overshadow or interrupt other vital health programmes. In fact, many of the issues you will be addressing this week, or have addressed in recent sessions, concern exactly the capacities that will be needed during a pandemic, or any other public health emergency of international concern.

The health sector cannot be blamed for lack of foresight. We have long known what is needed.

An effective public health response depends on strong health systems that are inclusive, offering universal coverage right down to the community level. It depends on adequate numbers of appropriately trained, motivated, and compensated staff.

It depends on fair access to affordable medical products and other interventions. All of these items are on your agenda. I urge you, in particular, to complete work under the item on public health, innovation and intellectual property. We are so very close.

The International Health Regulations, also on your agenda, give the health sector an advantage that financial managers, at the start of last year's crisis, did not have when faulty policies precipitated a global economic downturn. The International Health Regulations provide a coordinated mechanism of early alert, and an orderly system for risk management that is driven by science, and not by vested interests.

I must remind you. We need to finish the job of polio eradication, as guided by the ongoing independent evaluation. I must also remind you that this job is already providing solid benefits as we reach for the goal of ridding the world of a devastating disease.

Right now, the vast surveillance networks and infrastructure in place for polio eradication are being used to step up surveillance for cases of H1N1 infection, especially in sub-Saharan Africa and the Asian sub-continent.

The proposed programme budget is also on your agenda. WHO is prepared to lead the response to a global public health emergency. Our services, in several areas, are strained, but we are coping. We need to be assured that we can continue to function well, especially if the emergency escalates.

Ladies and gentlemen,

I have a final comment to make.

Influenza viruses have the great advantage of surprise on their side. But viruses are not smart. We are.

Preparedness levels, and the technical and scientific know-how that supports them, have advanced enormously since 1968. We have the revised International Health Regulations, and we have tested and robust mechanisms like the Global Outbreak Alert and Response Network.

As I said, an influenza pandemic is an extreme expression of the need for global solidarity. We are all in this together. And we will all get through this, together.

Thank you.

EUROPEAN JOURNAL OF
PUBLIC HEALTH

Jan Van den Bulck, Kathleen Custers

Television exposure is related to fear of avian flu, an Ecological Study across 23 member states of the European Union

European Journal of Public Health, 18 May 2009, 19(4): 370–374 (2009 August)
https://doi.org/10.1093/eurpub/ckp061

Abstract

Background: A pandemic outbreak of H5N1 avian influenza is believed to coincide with large-scale panic. Even without an outbreak fear of infection may be widespread. Mass media coverage of the risks of a pandemic may lead to higher levels of fear.

Methods: An ecological study looked at data from 23 member states of the European Union and controlled for population size, level of education, age distribution and income and wealth.

Results: When the findings for Cyprus were excluded each additional hour of average TV viewing was associated with a 15.6% increase in the proportion of people worrying about the virus. TV viewing explained 52% of the variance.

Conclusion: Fear of a pandemic precedes any real pandemic and may have to be dealt with separately. Exposure to television is highly associated with worrying about the virus. This relationship merits further study.

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Discussion

Our ecological analysis suggested that higher levels of television exposure coincided with higher levels of anxiety concerning viruses such as H5N1. Research on media exposure shows that it is virtually impossible for television viewers to avoid watching news programmes.16 News on the many risks associated with avian flu became ‘endemic’ in 2004. It is therefore safe to assume that exposure to television in 2004 and 2005 included exposure to news about the risks of a ‘bird flu’ pandemic. Other research has shown that news exposure can lead to increased anxiety about risks.[10,11] The current study therefore suggests that exposure to television news could be attributing to a ‘pandemic of fear’ even though no actual pandemic of avian influenza has yet materialized.

It has been argued that getting ready for a possible pandemic should not only include preparing for the medical emergencies associated with a large scale outbreak, but should also take into account that wide scale social chaos and panic needs to be fought at the same time.[2] The WHO has developed guidelines on ‘outbreak communication’.[23] This view correctly makes a distinction between the ‘bio-demographic burden’ (the pandemic) and the ‘psychological impact’ (the fear of a pandemic).[24] Most disaster planning, however, fails to recognize that the risk of infection and the perception of risk are two different things and may therefore evolve separately. Fear may be widespread even when the virus poses no threat.[25] While good disaster preparedness generally includes crisis communication plans, risk communication may also be needed when no pandemic is apparent.[26] This is a situation in which often no health officials or government communication experts will have been assigned to deal with the communication needs of the population and the media. The media play a particular role in this process. It has been suggested that inaccurate or sensational media reporting is what causes the division between actual risk and the perception of risk.[25] The current study supports the hypothesis that media exposure may contribute to a feeling of fear regardless of the presence of an actual threat. Dealing with media portrayals of risk is, however, a difficult issue. It has been remarked that risk communication suffers from a fundamental paradox: it needs to be able to raise the alarm while reducing fear

at the same time.[27] In many media systems the media are free to report on what they feel is important. More importantly, however, risk and crisis communication rely on a good relationship and trust between crisis communicators and the media.[26] Attempting to restrict or regulate how the news media deal with epidemics might therefore not be advisable. The 'psychological impact' of an outbreak should probably be treated as real regardless of the question whether there is an actual 'bio-demographic burden' or not. Finally, since perceptions of risk and fear of infection determine behavioural responses[28] monitoring media coverage of avian influenza risks may offer an early warning of changing health consumption patterns.

This study had obvious limitations. First, ecological studies run well documented risks. The relationships may be the result of the 'ecological fallacy' and important confounders may not have been identified. Nevertheless, schooling levels and personal income, two important confounders in many public health studies and population size and age distribution, two potentially important confounders in ecological studies, did not explain the relationship we found between TV viewing and fear of dangerous viruses. Some authors even warn against dismissing ecological data too readily (creating an 'individualistic fallacy').[12] The data used in this study show considerable variation in both the exposure and the outcome variable and no other studies on the fear of viruses such as H5N1 appear to exist. A second limitation might be that the populations under study may vary demographically and this variation may explain differences, although differences in age distribution did not explain variations in either TV viewing or worries about viruses. Third, while the data were group level data they were gathered using traditional survey methods. TV viewing behaviours were measured fairly reliably, using electronic devices registering the television viewing behaviours of nationally representative samples, but anxiety was measured using self reports. Finally, we are assuming that those who watch a lot of TV also watch a lot of news. Few people avoid the news on TV (either willingly or by accident)[16] and research on TV viewing behaviour shows that heavy TV viewers watch a lot of everything.[29] Their selectivity in deciding what to watch is remarkably limited. TV news being among the most popular programmes in many countries this article assumes that heavier levels of viewing include more exposure to news.

Cyprus appeared to be an outlier compared with the rest of the countries included in this study. There may be several explanations for Cyprus' results. First, it may be a result of random variation, especially in a country with a small population. Second, either the TV volume or the fear variable may have been measured badly in this particular country. Neither Eurostat (which measured fear) nor the European audiovisual observatory (which collected viewer rates) reported any special observations regarding measurement issues in Cyprus. Third, viewing rates may have been unusually low in Cyprus. The country report for Cyprus in the same volume of the European audiovisual observatory's yearbook did not show any unusual features of Cyprus' television landscape. Neither were the viewing rates we used in our analysis a deviation from the trend of previous years. Finally, the fear of a pandemic may have been unusually high in Cyprus in the period in which the data were gathered (September through October 2005). The overview of press releases from the Cyprus News Agency for that period shows several messages from government ministers trying to reassure the population regarding the 'bird flu' issue. Minister of Agriculture, Natural Resources and Environment Timmy Efthymiou was quoted on the 19th of October as suggesting that Cyprus was at a much higher risk of an outbreak compared with other EU countries because the island is a much used resting place for migrating birds.[30] It would therefore appear that levels of fear may have been higher than average in Cyprus at the time.

Further research into the hypothesized relationship between exposure to news and fear of avian influenza could look in two directions. Experiments should examine whether people's fear levels increase after exposure to various types of news stories regarding a pandemic or a risk of infection. Second, field studies may be conducted by examining past or future cases of extensive media attention to avian influenza and measuring whether visits to family physicians or emergency rooms with real or imagined flu-like symptoms increased or whether there was any evidence of subsequent surges in the sale of antiviral drugs.

Conclusion

In conclusion, this study found a strong relationship at the ecological level between levels of television viewing and anxiety about new viruses such as avian influenza. Half of the variation in the data was predicted by the television viewing variable. Where people are exposed to a lot of television, higher levels of anxiety about new viruses such as avian influenza exist. This suggests that preparation for a pandemic should (i) include dealing with people's fears and (ii) doing so even if no outbreak has yet occurred.

WHO is urged to go slow on declaring pandemic

CIDRAP, 18 May 2009

https://web.archive.org/web/20090531230808/http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/may1809who-jw.html

May 18, 2009 (CIDRAP News) – As the World Health Organization (WHO) convened its annual meeting today, several countries urged the agency to use great caution in weighing whether to declare a full-scale pandemic, despite signs that the novel H1N1 influenza virus is now spreading in Japan.

WHO Director-General Dr. Margaret Chan seemed to signal that she was listening to the suggestions that the agency go slow on raising its pandemic alert from the current phase 5 to phase 6, according to the text of her address at the World Health Assembly (WHA) in Geneva.

"I have listened very carefully to your concerns this morning," Chan said. "As the chief technical officer of this organization, I will follow your instructions carefully, particularly concerning criteria for a move to phase 6, in discharging my duties and responsibilities to member states."

With the novel H1N1 virus spreading widely in the United States and Mexico, the current pandemic alert level is phase 5, meaning community outbreaks are occurring in more than one country in one WHO region.

But cases in Japan jumped from 4 to 129 over the weekend, signaling possible community spread in a second region. In the current WHO system, that would mean it's time to declare phase 6, a full-scale pandemic.

"We remain in phase 5 today," Chan said in her address. "The virus may have given us a grace period, but we do not know how long this grace period will last. No one can say whether this is just the calm before the storm."

WHO officials last week emphasized that the pandemic alert phases are based on how widely a virus is spreading, not on how severe the illness is or how great the possible impact on society.

Officials worry about sowing panic

At today's opening WHA session, China, Britain, Japan and other countries urged the WHO to be cautious about declaring a pandemic, expressing concern that the move could lead to panic and confusion, the Associated Press (AP) reported.

British Health Minister Alan Johnson was the leading voice for caution, according to the AP. He warned that moving to phase 6 could unnecessarily trigger costly and risky actions such as switching from production of seasonal flu vaccine to pandemic vaccine, even though the virus so far seems mild.

Johnson asserted that a pandemic declaration should in part reflect the severity of the disease, not just its geographic extent, the AP reported. "It's very important that that's reflected in your ability as to whether to move from 5 to 6," he said. "So I would like to propose that you have more flexibility in that rather than follow a mechanistic process."

Johnson was backed by New Zealand, Switzerland, and the head of the Pan American Health Organization, according to an Agence France-Presse (AFP) report.

According to a Reuters report, Chan replied to Johnson, "You are requesting me before we move to phase 6 to put in place other factors to consider. I take on board your request to me but I would like to get guidance and advice from other member states on how we move forward."

Mexico, which has had the most deaths from the new virus, was also among the countries urging the WHO to move slowly, according to the AP report.

"People don't understand what [phase] 4, 5, or 6 means," Mexican Health Minister Jose Angel Cordova said. "They think that when you go to a higher level things are worse."

AFP reported that the WHO advised vaccine manufacturers that making seasonal flu vaccine should still be their priority. "We are taking double insurance. I want to make sure countries get sufficient supplies of seasonal influenza vaccine," the story quoted Chan as saying.

Protecting developing countries

Besides promising to consider the concerns expressed by Johnson and others, Chan in her prepared speech urged WHO members to do all they can to protect developing countries from "once again, bearing the brunt of a global contagion."

She observed that most of the severe and fatal infections, other than in Mexico, are hitting people with chronic health problems and added that the burden of chronic diseases has shifted recently from rich countries to poorer ones. "

"Today, around 85% of the burden of chronic disease is concentrated in low- and middle-income countries," she said. "The implications are obvious. The developing world has, by far, the largest pool of people at heightened risk for severe and fatal H1N1 infections."

She said the WHO hopes to offer advice on protecting people in vulnerable groups: "Ideally, we will have sufficient knowledge soon to advise countries on high-risk groups and recommend that efforts and resources be targeted to these groups."

Chan also noted that diarrhea has occurred in about 25% of H1N1 cases, an unusual feature for influenza. If the virus is shed in fecal matter, that would mean trouble for places with poor sanitation, such as urban shantytowns, she said.

In other comments, Chan expressed concern about the chance of the new virus mixing with seasonal flu strains or H5N1 avian flu to spawn still other new strains.

Noting that the novel H1N1 virus has reached the southern hemisphere, she said, "We have every reason to be concerned about interactions of the new H1N1 virus with other viruses that are currently circulating in humans."

m.reporternews.com

Frank Jordans

Nations urge WHO to change pandemic definition

Associated Press, 18 May 2009
https://web.archive.org/web/20100131155631/http://m.reporternews.com/news/2009/May/18/nations-urge-who-to-change-pandemic-definition/

Geneva – Britain, Japan and other nations urged the World Health Organization today to change the way it decides to declare a pandemic – saying the agency must consider how deadly the virus is, not just how fast it is spreading.

The debate arose as WHO began its annual meeting, a five-day event attended by hundreds of health experts from the agency's 193 member nations. Swine flu is expected to dominate this year's conference – and WHO must consider whether it should raise its alert level or tell manufacturers to begin making a specific swine flu vaccine.

WHO's current system focuses on how widespread the disease has become without regard to its severity. Some member nations are anxious to avoid having the agency declare a swine flu pandemic because the ramifications of that scientific decision could be very costly and politically charged.

"We need to give you and your team more flexibility as to whether we move to phase 6," British Health Secretary Alan Johnson said.

Japan also called for changes in WHO's system, which would move to pandemic if the virus starts to be transmitted among people outside schools, hospitals and other institutions where viruses typically pass quickly.

Health experts were examining new cases in Spain, Britain and especially Japan, where more than 130 people, the vast majority of them teenagers, have been infected, prompting the government to close 2,000 schools and cancel public events. A good number of the new cases were transmitted in-country, infecting people who had not traveled overseas recently.

WHO says transmission rates in countries outside the Americas is the key factor in whether the agency should raise its pandemic alert scale to the highest level. Right now it is at phase 5 – out of a possible 6 – meaning a global outbreak is "imminent."

Dr. Richard Besser, acting director of the U.S. Centers for Disease Control and Prevention, told the WHO meeting that the outbreak is "not winding down" in the United States and "widespread transmission" continues. He also said the epidemic also was not over in Mexico.

Speaking a day after New York school assistant principal Mitchell Wiener died of swine flu, Besser said the world needed to maintain vigilance against the virus.

Dr. Margaret Chan, WHO director-general, said scientists were working to provide as much detail about the disease as possible.

"What we need now most of all is information," Chan said. "We must guard against complacency."

But WHO officials did not appear to welcome the concept of a universal severity measure.

"Severity and the broader impact on society is something that we really can't set globally, because of the unique conditions in every community," WHO spokesman Dick Thompson told The Associated Press. "Severity is going to be different in different countries. And within a country, it will be different in different populations."

As of today, the swine flu virus has sickened at least 8,829 people in 40 countries, including 76 deaths. Chile on Sunday became the latest country to confirm a case of swine flu.

"It's worthwhile of WHO to consider severity," John Oxford, flu expert and professor of virology at St. Bart's and Royal London Hospital, told the Associated Press. "This is a unique opportunity with all those nations to actually come forward with some ideas and talk about it."

World Health Organization

Recommendations of the Strategic Advisory Group of Experts (SAGE) on Influenza A (H1N1) vaccines

Geneva, WHO, 19 May 2009

https://www.who.int/publications/m/item/recommendations-of-sage-on-h1n1-vaccines

The Working Group met by telephone conference on **14 May 2009** to:

1. Review current evidence on influenza A (H1N1) and potential vaccine options,
2. Review the current status of seasonal vaccine production and potential A (H1N1) production capacity, and
3. Discuss timing of a potential recommendation to initiate commercial scale production of A (H1N1) vaccine.

The Working Group was updated on:

• The epidemiology of influenza A (H1N1) infections and associated disease burden;
• The vaccine production capacity for both seasonal and A (H1N1) vaccines based on information provided by vaccine manufacturers;
• Issues related to vaccine efficacy, safety and regulation;
• Programmatic issues.

In its discussions, the group benefited from the input of more than 40 stakeholders through a virtual conference.

Current epidemiological information suggests that the influenza A (H1N1) virus transmissibility potential is at least comparable to that of seasonal influenza viruses, with ability to sustain community spread. There is therefore no reason to expect that ongoing spread of the virus will stop. Although the observed clinical disease severity has so far been mild in most infected persons, there remain critical gaps of knowledge, such as age - related severity, specific risk factors for severe disease, and potential differences in severity in different countries and particularly in developing countries. Currently the influenza A (H1N1) virus is sensitive to oseltamivir and zanamivir and resistant to adamantanes.

A review of 2009 production status for northern hemisphere seasonal vaccine indicates that industry plans to produce approximately 480 million doses of trivalent seasonal vaccine in 2009. Of this, 350 and 430 million doses will be available by 30 June and 31 July 2009, respectively. For influenza A (H1N1), it is estimated that up to 4.9 billion doses could be produced over a 12 - month period after the initiation of full - scale production if:

1. There is a vaccine yield equivalent to that routinely obtained for seasonal vaccine and
2. There is use of the most dose - sparing formulations.

In this situation, there is a potential access for the UN of supplies of up to 400 million doses.

Currently available data indicate that sera of individuals vaccinated with 07/08 or 08/09 seasonal influenza vaccines do not neutralize the currently circulating influenza A (H1N1) virus. This observation also holds true for sera of individuals vaccinated with adjuvanted seasonal vaccines. This indicates that immunization with recent or shortly to be available trivalent seasonal vaccine is unlikely to provide public health benefits in terms of protection against influenza A (H1N1).

Immunogenicity data for potential pandemic vaccines have already been generated using various vaccine formulations containing H5N1 antigen. However, the optimal antigen content, the required

number of doses, the required intervals between doses and the interchangeability of different products is currently unknown for influenza A (H1N1) vaccines. Likewise, the safety profile (including the risk of Guillain-Barré syndrome (GBS)) of A (H1N1) vaccines is not yet established, making pre‐ and post‐marketing surveillance imperative. It was noted that it might be difficult to distinguish true vaccine failures from infections with seasonal influenza during a pandemic period.

Before a pandemic vaccine is available, it will be important to establish baseline rates of GBS in different populations so that potential changes in the incidence of GBS associated with influenza A (H1N1) virus circulation and potentially with A (H1N1) vaccines can be detected. This should be a priority in any regions where there is continuing transmission of influenza A (H1N1) in the coming months. In particular, the AFP (Acute flaccid paralysis) surveillance network in the WHO region of the Americas (PAHO) can be used to advantage to collect data.

The Working Group took note that two doses of vaccine may be needed to induce adequate protection, as the global population is immunologically naïve to the new virus. Older adults were shown to possess serum neutralizing antibodies to the new virus, most likely due to cross‐immunity with human H1N1 viruses. The combination of A (H1N1) vaccine with trivalent seasonal vaccine would have significant regulatory implications. Therefore, production of a monovalent A (H1N1) vaccine to be used in addition to trivalent seasonal vaccine is the preferred option at this stage.

...

After considering the following issues:

1. the need for any recommendation to balance both risks and benefits,
2. the current uncertainty about the severity of influenza A (H1N1) illness,
3. the readiness of vaccine seed strains and reagents for large‐scale vaccine production,
4. the current status of production of seasonal vaccine for the Northern hemisphere, and the risks associated with a premature cessation of seasonal vaccine production,

The Working Group considered it premature to recommend that commercial‐scale production of influenza A (H1N1) vaccine should start immediately.

The Working Group did make the following recommendations for immediate action:

(i) The WHO Secretariat, in close coordination with its Collaborating Centers and the Essential Regulatory Laboratories of the WHO Global Influenza Surveillance Network, should recommend which vaccine viruses should be used for vaccine development as soon as possible

(ii) Essential reagents to calibrate antigenic content should be made available as a priority

(iii) The WHO Secretariat is encouraged to collaborate actively with its Collaborating Centres, Essential Regulatory Laboratories, and with industry, to assess the growth property of vaccine viruses and identify those with best growth potential, in order to maximize output of vaccine.

(iv) Manufacturers are urged to develop clinical trial batches and accelerate initiation of clinical trials of influenza A (H1N1) vaccines and to start preparing for a potential future recommendation to move to commercial‐scale production.

(v) The above activities should not interfere with the present production of the Northern hemisphere seasonal vaccines.

(vi) The number of needed doses of A (H1N1) vaccine will depend on the spread of influenza A (H1N1) virus in the next few weeks and on a better definition of the groups to be targeted.

(vii) An evidence‐based recommendation for the groups to be targeted for vaccination still requires more data.

Finally, the **Working Group** stressed the fact that **clear communications are needed from WHO** that declaration of Phase 6 does not automatically mean that WHO is recommending that manufacturers should switch from seasonal to influenza A (H1N1) vaccine production. Likewise, it is important to be clear that a potential recommendation to start production is not considered as a recommendation to start immunizing large population groups ...

World Health Organization

Summary report of a High-Level Consultation: new influenza A (H1N1)
Geneva, WHO, 18 May 2009

WHO, Information Note/2009/2; 20 May 2009
https://reliefweb.int/report/world/summary-report-high-level-consultation-new-influenza-h1n1

Introduction

1. In view of the threat posed by the current outbreak of new influenza A (H1N1), the Director-General of the World Health Organization convened a High-Level Consultation for all Member States at the start of the Sixty-second World Health Assembly.

2. The consultation provided an opportunity for Member States to share experiences, to discuss lessons learnt, and to highlight the challenges that now confront the world community. The list of main speakers and programme is given in the Annex.

Current epidemiological situation

3. As at 18 May 2009, 40 countries have officially reported 8829 laboratory-confirmed cases of new influenza A (H1N1) infection.

4. Countries reporting the largest number of confirmed cases include: the United States of America (4714), Mexico (3103), Canada (496), Japan (125), Spain (103) and the United Kingdom of Great Britain and Northern Ireland (101). Together these six countries account for 97.9% of the total number of confirmed cases.

5. A total of 74 new influenza A (H1N1) infection-related deaths have been reported from four countries: Mexico (68), United States of America (4), Canada (1) and Costa Rica (1). The majority of deaths have occurred in persons below 60 years of age.

6. The virus is transmitted sufficiently easily from person-to-person to sustain institutional and community outbreaks and to spread regionally.

7. Most cases of new influenza A (H1N1) infection seem to be mild and self-limited and do not require admission to hospital. However, severe illness and death have been reported in a small proportion of cases.

8. In seasonal influenza, the overwhelming majority of severe morbidity and mortality occur in persons of 65 years of age or more. However, with new influenza A (H1N1), a substantial proportion of the cases of severe illness and death has occurred among young and previously healthy adults.

9. In addition, severe illness and deaths have also been reported in adults with underlying medical conditions including: chronic lung or cardiovascular disease, diabetes, immunodeficiencies and obesity. Moreover, pregnant women may be at increased risk of complications from new influenza A (H1N1).

Key Uncertainties

10. The only thing certain about influenza viruses is that nothing is certain.

11. It remains uncertain how fast the new influenza A (H1N1) virus will spread throughout the world and whether it will become widely established.

12. It remains uncertain whether the infectivity and virulence of the new influenza A (H1N1) virus will change over time.

13. To date, most infections of new influenza A (H1N1) have occurred in the northern hemisphere. There is concern that the spread of the virus to the southern hemisphere could have different and perhaps more severe effects than seen in the northern hemisphere, particularly since the populations in the southern hemisphere are generally more vulnerable. These groups are younger and often live in crowded urban settings.

Lessons Learnt

14. *Being prepared has made a vital difference:* Investment in developing national and regional pandemic preparedness plans over the past five years has paid major dividends. People and institutions know what to do and have been ready to work with each other. Even where the recent outbreak has revealed weaknesses in planning, there is now an opportunity for these to be remedied.

15. *The International Health Regulations (2005) have been tested for the first time in a public health emergency affecting multiple countries* and the experience has shown that Member States are prepared to meet their 2005 commitments. The importance of transparency, rapid information sharing, collaboration between and within countries were key themes in many presentations.

16. *Success depends on a multi-stakeholder approach:* Many preparedness plans emphasize a whole of government approach. Recent experience from the countries currently most affected shows the value of including others (for instance international agencies and neighbouring countries) in what are otherwise exclusively national discussions. Communication with the pharmaceutical and vaccine industry and with experts from other relevant fields started immediately and continues. No one organization can succeed alone – harnessing the energies of the private and voluntary sector is essential. A successful response is one that engages a well-informed public as active partners in the ongoing response.

17. *Effective communication is paramount.* Real-time exchange of information has been a key feature of the response so far. The short time that elapsed between first reports of the outbreak, diagnosis and international action illustrates this. Communication with the general public is equally important, balancing the need to make people aware of risk without causing panic, and, on the other hand, avoiding complacency. This is a particular concern given the uncertainty inherent in how the new influenza A (H1N1) virus will evolve. Evaluating the effectiveness of communications (levels of public awareness, degree of concern) is a key element of the strategy.

18. *Science-based approaches remain the bedrock of the response:* The outbreak is at different stages in different countries and continents. In some circumstances a policy of aggressive containment appears to have limited the spread of infection, and has bought time for more extensive preparation. In others, containment is no longer feasible and mitigation of impact is the logical approach. In either case, and in deciding on how and when to move from a policy of containment to mitigation, the vital factor is having good data for decision-making. Participants strongly reaffirmed the need for policy – in relation to the disease itself and to any restrictions imposed on the movement of people or consumption of goods – to be based on scientific evidence.

19. *Health systems matter:* Many of the countries that have been affected to date stressed the importance of universal access to health care, and the need for strong primary health care. The health system is vital at all stages in the response to the pandemic: from detection and confirmation of cases to providing care, treatment and advice to those affected. Ensuring continuity of health care services is a key part of preparedness planning. This may include plans for how those affected can access treatment – by phone, Internet, or through community health care workers – without having to attend health-care facilities themselves.

Challenges

20. Participants stressed that the response had shown many of the most positive aspects of collaboration, for example citing it as “living proof of the value of international cooperation”. They also pointed to the benefits that had accrued from unequivocal leadership. At the same time, they pointed to many challenges that will have to be faced in the future, most particularly if a second wave of transmission causes more serious illness. Some of the challenges are technical, others more of a political and institutional nature.

21. Seasonal and new influenza A (H1N1) vaccines: Given the number of deaths still caused by seasonal influenza; the time and uncertainty involved in developing new vaccines specific to the new influenza A (H1N1) virus; and the manufacturing capacity required to meet new demands; there will be a series of difficult decisions that have to be taken in coming weeks and months. WHO is already engaged with the vaccine manufacturers and these issues will be further debated at the Sixty-second World Health Assembly.

22. From containment to mitigation: Several countries appear to have limited the spread of the virus. They recognize, however, that the sustainability of containment strategies may be limited. They will seek advice and guidance on the point at which it is most appropriate to modify their approach.

23. Guarding against complacency: In current circumstances dropping the world's collective guard is a major risk. To date, most of the new influenza A (H1N1) cases have been mild, but this situation might change, possibly rapidly. Expecting the unexpected will be essential; keeping the public appropriately engaged will be a considerable challenge in many countries.

24. Maintaining surge capacity and institutional coordination: Particularly for small countries, ensuring an adequate response in terms of the human resources needed to manage the surge capacity and institutional coordination will be also a challenge. In addition, while the immediate response has shown the power of intra- and intergovernmental coordination, sustaining that effort over the long term will not be easy, in both countries and international organizations.

25. Sustaining solidarity: Several participants pointed to the fact that this disease has first affected countries best able to cope with its consequences. In addition, some of these countries have not only devoted significant resources to dealing with the outbreak within their own borders, but have also provided material and financial support to others. Many countries are not in such a good position to confront a potential pandemic, either in terms of their preparedness plans, their capacity to access medicines and vaccines, or the strength of their health systems. The fact that some countries are better able to cope than others poses an immediate challenge to global solidarity. Should a more virulent second wave of the disease occur, the challenge of sustaining solidarity will inevitably become more acute.

26. Protecting lives, restoring livelihoods: Recent outbreaks have amply demonstrated that epidemics have both human and economic costs. This is due both to the impact of the disease itself, Information note/2009/26 and also due to measures taken to control its spread. The response to the new influenza A (H1N1) virus needs to acknowledge the potential economic impact on individuals, communities and countries from the outset.

Concluding Themes

The overriding objective is to mitigate the adverse impact of the new influenza A (H1N1) on the health of people and populations.

Facilitating a global response

27. Member States agree to work with the Secretariat to assure ongoing, rapid dissemination of epidemiological information and technical guidance based on scientific evidence concerning the current situation. Monitoring and tracking the global spread and impact of the new influenza A (H1N1) virus is being strengthened. This will support better understanding of the virus's epidemiology, its virological characteristics, diagnosis, clinical management, outbreak control and strategies, etc.

28. Through its convening power, the Secretariat will continue to facilitate a multilateral and multisectoral response and maximize collaboration between partners.

29. In addition it is providing ongoing technical assistance to countries for epidemic preparedness and response, with a focus on the most vulnerable countries.

Ensuring equity in access to medicines and vaccines

30. Given the potential impact of pandemic influenza on populations in low-income countries, where other medical conditions are widespread, concern remains about access to antiviral medicines and vaccines.

31. The Secretariat has dispatched antiviral medicines from its emergency stockpile to 72 countries so as to accelerate their availability where they are most needed.

32. WHO collaborating centres are developing seed stocks of virus for vaccine production. Close links are being maintained with the pharmaceutical industry and potential financiers to ensure an adequate global manufacturing capacity, and funding for production and distribution of new influenza A (H1N1) vaccine and other relevant medicines.

Building public health capacity

33. Building institutional and technical capacity in low-income countries, especially in laboratory services, is needed if the world is to mount an effective response. Securing finance for building this capacity – as a key element of health systems strengthening – will be essential.

Moving from Phase 5 to Phase 6

34. The current process is based purely on geographical spread and not on severity of disease. Several Member States spoke in favour of giving the Director-General greater flexibility in the progression between different phases.

ANNEX

High-level consultation on new influenza A (H1N1)

12:00–14:00 18 MAY 2009;
Salle 17, Palais Des Nations, Geneva

Introduction
Margaret Chan, Director-General, WHO

Overview of the current epidemiological situation
Keiji Fukuda, Assistant Director-General *ad interim*, Health Security and Environment

Report from the Emergency Committee
John S Mackenzie, Chair

Country reports
Mexico: Jose Angel Cordova Villalobos, Secretary of Health; Arturo Cervantes, Director General of Prevention of Accidents Programme;
United States of America: Kathleen Sebelius, Secretary of Health and Human Services; Richard Besser, acting Director, Centers for Disease Control and Prevention
Canada: Leona Aglukkaq, Minister of Health; John Spika, Senior Medical Adviser, Public Health Agency of Canada

General discussion
Country experience and questions from Member States
Closing comments from the Panel
Conclusions - Margaret Chan, Director-General, WHO

REUTERS

Katie Reid, Laura MacInnis

WHO sees 4.9 billion pandemic flu shots in best-case

Reuters, 19 May 2009, 7:39 P.M.
https://www.reuters.com/article/us-flu-who-idUSTRE54H1XO20090519

Geneva (Reuters) – Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario, the head of the World Health Organization said on Tuesday, as rich and poor countries grappled over limited supplies.

WHO Director-General Margaret Chan told reporters after her meeting with 30 pharmaceutical companies that "there are a lot of unanswered questions" about how many vaccines could be made to protect vulnerable people from the new H1N1 virus.

"That is a very optimistic maximum capacity," she said of the 4.9 billion estimate, which would be significantly lower if people need more than one injection to gain immunity against the strain or if seasonal flu vaccine-making continues.

Bringing a new pandemic vaccine to market – if it goes ahead – is expected to take 4-6 months, according to the WHO. It must be tested first on ferrets and then on humans in clinical trials before regulatory authorities can approve it.

U.N. Secretary-General Ban Ki-moon told the news briefing that while the newly-discovered virus strain now appears mild, it needs to be closely watched as it spreads around the world and starts to afflict impoverished countries.

"We may be in a grace period with H1N1 but we are still in the danger zone," Ban said.

Earlier on Tuesday, the United Nations chief said it was essential for drugmakers to work with governments to avert the worst potential impacts of the flu, which has killed 79 people and infected nearly 10,000.

"Partnerships with the private sector are absolutely vital," he told representatives of the WHO's 193 member governments gathered in Geneva, urging them to think beyond their borders in their response to the H1N1 strain.

Though most people infected so far have experienced mild symptoms similar to the common flu, pregnant women and people with HIV/AIDS, diabetes and other health problems appear to be vulnerable to more severe effects like pneumonia.

Health experts have said weather could affect the continued spread of the virus, with more cases expected as countries in the southern hemisphere move into winter. Flu viruses typically thrive in cold and dry environments.

Ready to Produce

Pharmaceutical executives taking part in Tuesday's vaccines meeting at the WHO's Geneva headquarters said they were primed to ramp up production of H1N1 vaccines if needed, and would await more directions about how to balance their output.

"Our companies stand ready to produce H1N1 vaccines when the recommendation comes from the WHO," the International Federation of Pharmaceutical Manufacturers and Associations said.

Six companies have pledged to make 10 percent of the vaccine they produce available for distribution to poor countries, and eight are in talks about donations, said Gelmer Leibbrandt, general manager of Schering-Plough's Nobilon.

Chan said that vaccine makers have shown "a very serious commitment" to help the international community prepare for a pandemic of flu, which could be mild in its effects to start and become more severe as it circles the globe.

Questions remain about whether an H1N1-only vaccine is needed in the near-term – especially if its production cuts the world's supply of injections for seasonal flu, which kills up to 500,000 people a year and causes severe illness in millions.

U.S. Health and Human Services Secretary Kathleen Sebelius said pharmaceutical companies should ramp up their production of seasonal flu shots and then later switch to pandemic injection making "if that is necessary."

"There is still so much uncertainty about this virus that it is really premature for us to even make a determination about how many people would appropriately be vaccinated, in what order, how many doses will be required, at what point. All those discussions are still very much underway," Sebelius said.

Ban, in his remarks to the World Health Assembly, called on wealthy nations to help support poorer states fight the flu.

But one international official said he expected battles ahead as governments try to secure finite supplies of antiviral drugs and vaccines to protect their populations.

"Enabling poor countries to be able to access the various medical supplies they need is going to be a critical political and technical issue," he said. "This issue will require political attention."

The WHO has said the world is on the brink of pandemic from the H1N1 virus, which has been most prevalent in North America and begun to infect large numbers in Japan, Britain and Spain.

United Nations Secretary-General Ban Ki-moon (R)
listens to WHO Director-General Margaret Chan (C) during a visit to the Strategic Health Operations Centre (SHOC) room at the World Health Organization (WHO) headquarters in Geneva, May 19, 2009.
REUTERS/Christopher Balck/WHO/Handout
https://www.reuters.com/article/us-flu-who-idUSTRE54H1XO20090519

World Health Organization

62nd World Health Assembly

Geneva, WHO, 18-22 of May 2009
https://apps.who.int/iris/bitstream/handle/10665/2878/WHA62_REC1-en.pdf?sequence=1&isAllowed=y
https://www3.paho.org/hq/index.php?option=com_content&view=article&id=1359:2009-world-health-assembly-18-22-may-2009&Itemid=0&lang=en#gsc.tab=0

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

The Sixty-second World Health Assembly,

Having considered the reports on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits;

Recalling resolution WHA60.28 on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits, which requested the Director-General to convene an intergovernmental meeting;

Recognizing that the Intergovernmental Meeting reached agreement on most elements of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits;

Reaffirming the need for long-term solutions for pandemic influenza preparedness and response;

Recognizing also that further work needs to be done on some key remaining elements of the Pandemic Influenza Preparedness Framework,

REQUESTS the Director-General:

(1) to work with Member States to take forward the agreed parts of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits as contained in the report of the outcome of the Intergovernmental Meeting;

(2) to facilitate a transparent process to finalize the remaining elements, including the Standard Material Transfer Agreements and its annex, and report the outcome to the Executive Board at its 126th session in January 2010. (*Eighth plenary meeting*, 22 May 2009 – Committee A, second report)

Sixty-second World Health Assembly, Geneva 18-22 May 2009: WHA62.10 – p. 15
https://apps.who.int/iris/bitstream/handle/10665/2878/WHA62_REC1-en.pdf?sequence=1&isAllowed=y

The New York Times

Sheryl Gay Stolberg

Obama is said to consider Preventive Detention Plan

The New York Times, 20 May 2009
https://www.nytimes.com/2009/05/21/us/politics/21obama.html

Washington – President Obama told human rights advocates at the White House on Wednesday that he was mulling the need for a "preventive detention" system that would establish a legal basis for the United States to incarcerate terrorism suspects who are deemed a threat to national security but cannot be tried, two participants in the private session said.

The discussion, in a 90-minute meeting in the Cabinet Room that included Attorney General Eric H. Holder Jr. and other top administration officials, came on the eve of a much-anticipated speech Mr. Obama is to give Thursday on a number of thorny national security matters, including his promise to close the detention center at the naval base in Guantánamo Bay, Cuba.

Human rights advocates are growing deeply uneasy with Mr. Obama's stance on these issues, especially his recent move to block the release of photographs showing abuse of detainees, and his announcement that he is willing to try terrorism suspects in military commissions – a concept he criticized bitterly as a presidential candidate.

The two participants, outsiders who spoke on the condition of anonymity because the session was intended to be off the record, said they left the meeting dismayed.

They said Mr. Obama told them he was thinking about "the long game" – how to establish a legal system that would endure for future presidents. He raised the issue of preventive detention himself, but made clear that he had not made a decision on it. Several senior White House officials did not respond to requests for comment on the outsiders' accounts.

"He was almost ruminating over the need for statutory change to the laws so that we can deal with individuals who we can't charge and detain," one participant said. "We've known this is on the horizon for many years, but we were able to hold it off with George Bush. The idea that we might find ourselves fighting with the Obama administration over these powers is really stunning."

The other participant said Mr. Obama did not seem to be thinking about preventive detention for terrorism suspects now held at Guantánamo Bay, but rather for those captured in the future, in settings other than a legitimate battlefield like Afghanistan. "The issue is," the participant said, "What are the options left open to a future president?"

Mr. Obama did not specify how he intended to deal with Guantánamo detainees who posed a threat and could not be tried, nor did he share the contents of Thursday's speech, the participants said.

He will deliver the speech at a site laden with symbolism – the National Archives, home to the Constitution and the Declaration of Independence. Across town, his biggest Republican critic, former Vice President Dick Cheney, will deliver a speech at the American Enterprise Institute.

Mr. Cheney and other hawkish critics have sought to portray Mr. Obama as weak on terror, and their argument seems to be catching on with the public. On Tuesday, Senate Democrats, in a clear

rebuke to the White House, blocked the $80 million Mr. Obama had requested in financing to close the Guantánamo prison.

The lawmakers say they want a detailed plan before releasing the money; there is deep opposition on Capitol Hill to housing terrorism suspects inside the United States.

"He needs to convince people that he's got a game plan that will protect us as well as be fair to the detainees," said Senator Lindsey Graham, Republican of South Carolina, who agrees with Mr. Obama that the prison should be closed. "If he can do that, then we're back on track. But if he doesn't make that case, then we've lost control of this debate."

But Mr. Obama will not use the speech to provide the details lawmakers want.

"What it's not going to be is a prescriptive speech," said David Axelrod, Mr. Obama's senior adviser. "The president wants to take some time and put this whole issue in perspective to identify what the challenges are and how he will approach dealing with them."

ACLU

Amanda Simon

President Obama Signs Indefinite Detention Into Law

American Civil Liberties Union (ACLU), 31 December 2011
https://www.aclu.org/news/national-security/president-obama-signs-indefinite-detention-law

President Obama signed the National Defense Authorization Act (NDAA) today, allowing indefinite detention to be codified into law. As you know, the White House had threatened to veto an earlier version of the NDAA but reversed course shortly before Congress voted on the final bill. While President Obama issued a signing statement saying he had "serious reservations" about the provisions, the statement only applies to how his administration would use it and would not affect how the law is interpreted by subsequent administrations.

The statute is particularly dangerous because it has no temporal or geographic limitations, and can be used by this and future presidents to militarily detain people captured far from any battlefield.

Under the Bush administration, similar claims of worldwide detention authority were used to hold even a U.S. citizen detained on U.S. soil in military custody, and many in Congress now assert that the NDAA should be used in the same way again. The ACLU believes that any military detention of American citizens or others within the United States is unconstitutional and illegal, including under the NDAA. In addition, the breadth of the NDAA's detention authority violates international law because it is not limited to people captured in the context of an actual armed conflict as required by the laws of war.

We are extremely disappointed that President Obama signed this bill even though his administration is already claiming overly-broad detention authority in court. Any hope that the Obama administration would roll back those claims dimmed today. Thankfully we have three branches of government, and the final word on the scope of detention authority belongs to the Supreme Court, which has yet to rule on the scope of detention authority. But Congress and the president also have a role to play in cleaning up the mess they have created because no American citizen or anyone else should live in fear of this or any future president misusing the NDAA's detention authority.

The ACLU will fight worldwide detention authority wherever we can, be it in court, in Congress, or internationally.

also => https://www.aclu.org/press-releases/president-obama-signs-indefinite-detention-bill-law

Congressional Research Service
Informing the legislative debate since 1914

The 2009 Influenza A(H1N1) Outbreak: Selected Legal Issues

Congressional Research Service, 21 May 2009
https://web.archive.org/web/20101222101741/http://opencrs.com/document/R40560/2009-05-21/

Summary. Recent human cases of infection with a novel influenza A(H1N1) virus have been identified both internationally and in the United States. Since there has been human to human transmission and the new virus has the potential to become pandemic, it is timely to examine the legal issues surrounding this emerging public health threat. This report provides a brief overview of selected legal issues including emergency measures, civil rights, liability issues, and employment issues.

There are a number of emergency measures which may help to contain or ameliorate an infectious disease outbreak. The Public Health Service Act and the Stafford Act contain authorities that allow the Secretary of Health and Human Services and the President, respectively, to take certain actions during emergencies or disasters. While the primary authority for quarantine and isolation in the United States resides at the state level, the federal government has jurisdiction over interstate and border quarantine.

Border entry and border closing issues may arise in the context of measures designed to keep individuals who have, or may have, influenza A(H1N1) from crossing U.S. borders. Aliens with the H1N1 virus can be denied entry, but American citizens cannot be excluded from the United States solely because of a communicable disease, although they may be quarantined or isolated at the border for health reasons.

Airlines have considerable discretion to implement travel restrictions relating to the safety and/or security of flights and other passengers and crew. In addition, the federal government has broad legal authority to regulate and control the navigable airspace of the United States in dealing with incidents involving communicable diseases.

States have authority to initiate other emergency measures such as mandatory vaccination orders and certain nonpharmaceutical interventions such as school closures, which may lessen the spread of an infectious disease.

The International Health Regulations adopted by the World Health Organization in 2005 provide a framework for international cooperation against infectious disease threats. The use of these emergency measures to contain the influenza A(H1N1) virus outbreak may raise a classic civil rights issue: to what extent can an individuals liberty be curtailed to advance the common good?

The U.S. Constitution and federal civil rights laws provide for individual due process and equal protection rights as well as a right to privacy, but these rights are balanced against the needs of the community.

Liability issues may become particularly important during the influenza A(H1N1) virus outbreak. The Public Readiness and Emergency Preparedness Act limits liability with respect to the use of countermeasures for pandemic flu or other public health threats. A patchwork of federal and state laws exists which generally operates to protect volunteers, which may include volunteer health professionals (VHPs) under certain circumstances, and there are also laws that trigger liability protection specifically for VHPs. Questions relating to employment are among the most significant issues presented by an influenza pandemic, since, if individuals fear losing their employment or their wages, compliance with public health measures such as social distancing and isolation or quarantine may suffer.

It would seem possible for a court to conclude that the isolation or quarantine of individuals during a pandemic serves the public good and that the termination of individuals who are isolated or quarantined violates public policy. Employees may also have some job protection under the Family and Medical Leave Act.

U.S. Department of Health & Human Services
HHS.gov *Improving the health, safety, and well-being of America*

HHS Takes Additional Steps
Toward Development of Vaccine for the Novel Influenza A (H1N1)

HHS Press Officev, 22 May 2009.
https://web.archive.org/web/20090523213249/https://www.hhs.gov/news/press/2009pres/05/20090522b.html

HHS Secretary Kathleen Sebelius announced today that the department will take important steps necessary to prepare for potential commercial-scale production of a candidate vaccine for the novel Influenza A (H1N1). The Secretary is directing approximately **$1 billion in existing funds** that will be used for clinical studies that will take place over the summer and for commercial-scale production of two potential vaccine ingredients for the pre-pandemic influenza stockpile.

"Preparation and planning are critical to keep Americans safe in the face of a potential pandemic," Secretary Sebelius said. "Our goal throughout this new H1N1 outbreak has been to stay one step ahead of the virus. An important part of this effort has been our work to develop a potential vaccine because vaccines can help prevent and control influenza virus outbreaks. The actions we are taking today will help us be prepared if a vaccine is needed."

The funds will be used to place new orders on existing contracts with companies that hold U.S. licenses for flu vaccines. With these orders, they will produce a bulk supply of vaccine antigen and adjuvant. Antigen is the active ingredient in a vaccine that causes the human body's immune system to develop antibodies that help fight an invading virus. Depending on the results of clinical studies, adjuvants could be added to a vaccine to improve the immune system's response and potentially reduce the amount of antigen necessary for the body to recognize and fight a virus.

Having both antigen and adjuvant on hand provides maximum flexibility in a future immunization program, if a program is recommended. For example, if needed these ingredients could be used in vaccine to help protect health providers and other members of the critical workforce, as recommended by the *National Strategy for Pandemic Influenza*.

With these funds manufacturers will also prepare pilot lots of potential vaccine for use in clinical studies to determine the proper dose for a vaccine, determine if adjuvants are appropriate and ensure a vaccine is safe and effective. The U.S. government will share as much information as possible from the results of these clinical studies with the World Health Organization and the global community so that other countries can benefit from the U.S. efforts to determine dosage, safety and effectiveness.

The Biomedical Advanced Research and Development Authority (BARDA) in the HHS Office of the Assistant Secretary for Preparedness and Response established the existing contracts with these companies in 2004 as part of the *National Strategy for Pandemic Influenza*.

- To learn more about the *National Strategy for Pandemic Influenza*, visit
https://web.archive.org/web/20090520191231/http://www.pandemicflu.gov/plan/federal/pandemic-influenza.pdf
- More about BARDA is available at
https://web.archive.org/web/20070715125207/http://www.hhs.gov/aspr/barda/index.html

For the latest on the H1N1 flu virus, see
- https://web.archive.org/web/20090501205239/http://www.cdc.gov/h1n1flu/

CIDRAP

Lisa Schnirring

WHO sticks with current pandemic alert phase

CIDRAP, 22 May 2009
https://web.archive.org/web/20090531230823/http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/may2209levels.html

May 22, 2009 (CIDRAP News) – The World Health Assembly ended today with no indication that the World Health Organization (WHO) would raise the pandemic alert level from 5 to 6, which sparked questions about why the group is holding back in the face of mounting global numbers of those infected with the novel H1N1 influenza virus.

Keiji Fukuda, MD, the WHO's assistant director-general for health security, told reporters today at a media briefing that some countries, particularly those that have had limited community transmission of the new virus, aired concerns during the health assembly that raising the pandemic alert level to 6 would unduly alarm the public, given the mild degree of illness seen in most patients who have had the new flu.

WHO officials have previously said that sustained community transmission in more than one geographic region would prompt a move to the highest level, which is 6. Apart from countries in North America, Britain and Spain have both shown some degree of sustained community transmission.

The WHO has considered the comments from the countries along with its goals of making sure countries are as prepared as possible and has decided to hold off on raising the level, Fukuda said.

A number of important preparedness actions are already under way, he said. For example, countries have activated their pandemic plans, communicated and collaborated on response issues, and taken appropriate control measures. Also, efforts to develop a vaccine and boost antiviral production are well under way, he said.

"The real issue is what is it that countries need to be doing now?" he said.

Fukuda said decisions about raising the alert level require a degree of flexibility. "There's nothing like reality to tell you if something is working or not. Rigidly adhering to something is not useful – you have to adapt to the situation," he said.

The WHO would raise the pandemic alert level if it determines that the risk to the world has increased, for example a change in clinical severity or a more serious population-level effect on a country. However, he said the WHO has not set any new criteria that would trigger a move to level 6.

In her closing comments to the World Health Assembly, Margaret Chan, the WHO's director-general, acknowledged concern about the global pandemic alert level. "I have listened closely to your concerns. Phases 5 and 6 are virtually identical in terms of the actions they launch. Intensified preparedness, also by industry, are already fully under way," she said.

"But even the best-laid plans need to be fluid and flexible when a new virus emerges and starts changing the rules," Chan said, adding that the world is in the early days of the novel flu epidemic and that health officials need more information before making sweeping recommendations.

NEWS

William Glaberson

Obama detention plan tests U.S. legal tradition

NBC News, 23 May 2009, 6:26 PM + 08
https://www.nbcnews.com/id/wbna30898269

President Obama’s proposal for a new legal system in which terrorism suspects could be held in "prolonged detention" inside the United States without trial would be a departure from the way this country sees itself, as a place where people in the grip of the government either face criminal charges or walk free.

There are, to be sure, already some legal tools that allow for the detention of those who pose danger: quarantine laws as well as court precedents permitting the confinement of sexual predators and the dangerous mentally ill. Every day in America, people are denied bail and locked up because they are found to be a hazard to their communities, though they have yet to be convicted of anything.

Still, the concept of preventive detention is at the very boundary of American law, and legal experts say any new plan for the imprisonment of terrorism suspects without trial would seem inevitably bound for the Supreme Court.

Mr. Obama has so far provided few details of his proposed system beyond saying it would be subject to oversight by Congress and the courts. Whether it would be constitutional, several of the legal experts said in interviews, would most likely depend on the fairness of any such review procedures.

Is this what America does?

Ultimately, they suggested, the question of constitutionality would involve a national look in the mirror: Is this what America does?

"We have these limited exceptions to the principle that we only hold people after conviction," said Michael C. Dorf, a constitutional law professor at Cornell. "But they are narrow exceptions, and we don’t want to expand them because they make us uncomfortable."

In his speech on antiterrorism policy Thursday, Mr. Obama, emphasizing that he wanted fair procedures, sought to distance himself from what critics of the Bush administration saw as its system of arbitrary detention.

"In our constitutional system," Mr. Obama said, "prolonged detention should not be the decision of any one man."

But Mr. Obama’s critics say his proposal is Bush redux. Closing the prison at Guantánamo Bay, Cuba, and holding detainees domestically under a new system of preventive detention would simply "move Guantánamo to a new location and give it a new name," said , president of the Center for Constitutional Rights. Defense Secretary suggested this month that as many as 100 detainees might be held in the United States under such a system.

Mr. Obama chose to call his proposal "prolonged detention," which made it sound more reassuring than some of its more familiar names. In some countries, it is called "administrative detention," a designation with a slightly totalitarian ring. Some of its proponents call it "indefinite detention," which evokes the Bush administration's position that Guantánamo detainees could be held until the end of the war on terror – perhaps for the rest of their lives – even if acquitted in war crimes trials.

Sobering difficulties of closing Guantanamo

Mr. Obama's proposal was a sign of the sobering difficulties posed by the president's plan to close the Guantánamo prison by January. The prolonged detention option is necessary, he said, because there may be some detainees who cannot be tried but who pose a security threat.

These, he said, are prisoners who in effect remain at war with the United States, even after some seven years at Guantánamo. He listed as examples detainees who received extensive explosives training from , have sworn allegiance to or have otherwise made it clear that they want to kill Americans.

Other countries, including Israel and India, have had laws allowing indefinite detention of terrorism suspects, said Monica Hakimi, an assistant professor of law at the who has written about the subject. But, she said, few provide for essentially unending detention, and several European countries have restricted preventive detention to days or weeks.

Mr. Obama's proposal, Professor Hakimi said, appears to be "an aggressive approach that is not commonly taken in other Western developed countries."

'Hallmark of abusive systems'

In a letter to the president on Friday, Senator , Democrat of Wisconsin, said he was not sure Mr. Obama's idea would prove constitutional, and added that "such detention is a hallmark of abusive systems that we have historically criticized around the world."

Some critics of the Bush administration, who have become critics of Mr. Obama as well, have long said they are skeptical that there are detainees who are a demonstrable risk to the country but against whom the government can make no criminal case.

But some proponents of an indefinite detention system argue that Guantánamo's remaining 240 detainees include cold-blooded jihadists and perhaps some so warped by their experience in custody that no president would be willing to free them. And among them, the proponents say, are some who cannot be tried, in part for lack of evidence or because of tainted evidence.

Benjamin Wittes, a senior fellow at the , said Mr. Obama's proposal was contrary to the path his administration apparently hoped to take when he took office. But that was before he and his advisers had access to detailed information on the detainees, said Mr. Wittes, who in a book last year argued for an indefinite detention system.

"This is the guy who has sworn an oath to protect the country," he said, "and if you look at the question of how many people can you try and how many people are you terrified to release, you have to have some kind of detention authority."

Civil liberties lawyers say American criminal laws are written broadly enough to make it relatively easy to convict terrorism suspects. They say Mr. Obama has not made the case persuasively that there is a worrisome category of detainees who are too dangerous to release but who cannot be convicted. The reason to have a criminal justice system at all, they say, is to trust it to decide who is guilty and who is not.

"If they cannot be convicted, then you release them," said Jameel Jaffer, a lawyer at the American Civil Liberties Union. "That's what it means to have a justice system."

Obama: Preventive and Indefinite Detention.
Constitution Revollution coming your way

MSNBC News, 23 May 2009
http://www.youtube.com/watch?v=_msTII61hWY
https://web.archive.org/web/20110501014323/http://www.youtube.com/watch?v=_msTII61hWY

интерфакс

Сергей Нагорный

Гриппуем без паники

Interfax, 25 мая 2009, 18:15
https://www.interfax-russia.ru/view/grippuem-bez-paniki

Interfax-Russia.ru - "Свиной" грипп добрался до России - отмечены первые случаи заболевания. Впрочем, эксперты, как и население страны, спокойны, а больные россияне идут на поправку.

В России в конце минувшей недели выявили сразу два случая заболевания "свиным" гриппом. Имена обоих заболевших не распространяются, однако известны обстоятельства, при которых они подхватили недуг.

В пятницу вечером, 22 мая, был официально подтвержден первый случай заражения вирусом A/H1N1 в России. За медицинской помощью на днях обратился 28-летний преподаватель Нью-Йоркского университета, который приехал навестить родственников в подмосковный город Жуковский. Он жаловался на высокую температуру и слабость. В тот же день его госпитализировали в 1-ю инфекционную клиническую больницу Москвы с подозрением на "свиной" грипп. После подтверждения диагноза больной проходит специальный интенсивный курс лечения.

Другой носитель опасного вируса вернулся из Доминиканской республики, где отдыхал с супругой. Руководитель Роспотребнадзора, главный государственный врач РФ Геннадий Онищенко сообщил "Интерфаксу" в воскресенье вечером, что анализы, взятые у этого больного, также подтвердили диагноз - грипп A/H1N1.

По словам Онищенко, мужчина находился в Доминиканской республике с супругой в свадебном путешествии. "Супруга взята под медицинское наблюдение. Признаков заболевания у нее нет", - сказал собеседник "Интерфакса". Другие родственники заболевшего также взяты под наблюдение медиков. "Никаких признаков ОРЗ у них нет", - сообщил главный государственный врач РФ.

Между тем, в понедельник днем появились данные о самочувствии обоих россиян, подвергшихся заражению. Эти данные весьма обнадеживающие. Вышеупомянутый научный сотрудник Нью-Йоркского университета идет на поправку. "В настоящее время у поступившего в клинику мужчины стабильная нормальная температура 36,6, жалоб на самочувствие нет", - рассказал "Интерфаксу" источник в медицинских кругах столицы. По его словам, есть вероятность, что этот больной может быть выписан уже в среду. Видимо, он станет не только первым заболевшим, но и первым выздоровевшим от "свиного" гриппа в России.

Калужанин, у которого выявлено это заболевание, от выписки еще далек, состояние его врачи пока оценивают как удовлетворительное. Вместе с тем, как сообщил в понедельник на брифинге глава управления Роспотребнадзора по Калужской области Александр Кручинин, повышенной температуры у этого больного также больше не наблюдается. Очевидно, он тоже идет на поправку.

Говоря об обоих выявленных случаях заболевания "свиным" гриппом главный санитарный врач страны Онищенко сказал: "Можно судить об одном - наша система мониторинга и выявления работает".

Тем не менее, проникновение высокопатогенного вируса в Россию вынудило усилить и без того серьезный контроль в аэропортах, ведь, как и ожидалось, грипп в нашу страну "прилетел" с другого континента. Международные аэропорты на днях получили распоряжение Роспотребнадзора об усилении контроля над пассажирами и багажом. "Мы получили бумагу от Роспотребнадзора об усилении штата сотрудников, работающих с прибывающими пассажирами на выявление вируса "свиного" гриппа. Также дано поручение о досмотре багажа пассажиров", - прокомментировала "Интерфаксу" 25 мая руководитель пресс-службы аэропорта "Шереметьево" Анна Захаренкова.

Как ни удивительно, но население России "свиной" грипп даже после того, как он пришел в нашу страну, интересует не сильно. К примеру, в московских аптеках не наблюдается ажиотажного спроса на противогриппозные препараты даже после известия о первых заболевших в России. "Поскольку было объявлено, что все под контролем, что в окружении пациента никто не заболел, никакой паники это не вызвало", - рассказали корреспонденту "Интерфакса" в одной из аптек.

Специалистов, впрочем, это не удивляет. Главный терапевт России Александр Чучалин считает, что не так страшен грипп, как его "малюют". "Никаких панических реакций в связи с выявлением в РФ двух заболевших гриппом A/H1N1 нет", - заявил Чучалин "Интерфаксу" в понедельник. Он отметил, что проблема "свиного" гриппа - это, прежде всего, вопрос профилактики и назначения эффективных препаратов, которые в достаточном количестве существуют в нашей стране. Чучалин убежден, что так называемый свиной грипп "хорошо поддается лечению". При этом из наиболее эффективных препаратов для лечения вируса A/H1N1 главный терапевт назвал тамифлю и ингаверин.

С Чучалиным в целом согласен и председатель Общественного совета по защите прав пациентов Александр Саверский, который в разговоре с Interfax-Russia.ru отметил, что "обычным гриппом ежегодно в России болеют до 7 миллионов человек, а умирают от осложнений не менее двух десятков тысяч". "А тут ВОЗ наводит панику, объявляет пятый уровень опасности, трубит тревогу, когда во всем мире "свиным гриппом" заболел десяток тысяч человек и около ста скончались, - говорит Саверский. - Так, если землетрясению присваивают 7 баллов из восьми, это должно значить, что жертвами уже стали десятки, сотни тысяч человек, а с гриппом такого, конечно, нет".

И вряд ли может быть, считает Саверский. "Последняя реальная пандемия гриппа - так называемая "испанка", бушевавшая в начале прошлого века, протекала во времена, когда санитарно-гигиенические условия были намного ниже, чем сегодня, я бы сказал, ниже плинтуса. Сейчас, когда условия обитания человека заметно изменились, говорить о возникновении столь масштабной пандемии, а тем более о гигантском количестве жертв, вряд ли возможно - люди ведь умирают не столько от вируса, сколько от осложнений, вызванных бактериями, а те, в свою очередь, плодятся там, где слабая гигиена", - считает собеседник Interfax-Russia.ru.

Более того, Саверский полагает, что "шумиха" вокруг нового гриппа, активно подогреваемая ВОЗ, уже нанесла серьезный ущерб туризме и мясной промышленности. "Вот эти пострадавшие вполне могли бы, пожалуй, даже подать иски и требовать от ВОЗ возмещения потерь", - полагает председатель Общественного совета по защите прав пациентов.

Как уже сообщал Interfax-Russia.ru, Всемирная организация здравоохранения присвоила пандемии гриппа пятый, предпоследний от критического уровень. В связи с этим ВОЗ продолжает распределение запасов антивирусных препаратов среди наиболее нуждающихся стран. По данным Минздравсоцразвития, в России все необходимые препараты в достаточном количестве уже закуплены. Только в Москве имеется 7 тыс. упаковок препаратов, рекомен-

дованных ВОЗ. Кроме того, имеются предварительные договоренности с фармакологическими компаниями о поставках дополнительных партий лекарств в случае массового заражения.

В Институте гриппа РАМН "Интерфаксу" в понедельник сообщили, что на диагностическое обследование по гриппу A/H1N1 направляются все граждане, относительно кого есть хоть какое-то подозрение на этот тип гриппа. "Все на страже, смотрим за каждым вздохом", - сообщил собеседник агентства и добавил, что глава института Олег Киселев отправился в США, где обсуждает с коллегами вопросы противодействия "свиному" гриппу.

Между тем, с момента первых выявленных случаев заражения "свиным" гриппом прошло примерно два месяца. По данным на 23 мая, подтверждено 12 тыс. 22 случая заболевания людей гриппом A/H1N1 в 43 странах, 86 - с летальным исходом.

Учитывая, что "свиной" грипп вскоре может угрожать непосредственно каждому из нас, в Государственном научном центре вирусологии и биотехнологии "Вектор" разработали своеобразный FAQ с описанием заболевания и с советами, что делать, если вы подозреваете, что подцепили вирус A/H1N1.

В последнем случае специалисты советуют обращать внимание на симптомы - недомогание, высокая температура (до 39), кашель и боли в горле. Обнаружив такие симптомы, не стоит идти на работу, на учебу, за покупками, в места скопления народа, а, обратившись за квалифицированной медпомощью, необходимо лечь в постель и пить много жидкости. При этом вирусологи советуют "часто и тщательно мыть руки с мылом, особенно после кашля и чихания".

Специалисты "Вектора" также рекомендуют связаться со своим врачом или поставщиком медицинских услуг перед тем, как прийти к нему, и сообщить о симптомах. "Объясните, почему вы думаете, что у вас "свиной" грипп (например, если вы недавно ездили в страну, где зарегистрирована вспышка свиного гриппа у людей). Выполняйте данные вам советы", - говорится в документе. Если заранее связаться с врачами невозможно, то необходимо сообщать о своих подозрениях сразу же по прибытии в медицинское учреждение. "Следите за тем, чтобы во время поездки ваши нос и рот были чем-то прикрыты, например, марлевой повязкой", - добавляют специалисты. Подробнее с документом можно ознакомиться на сайте центра "Вектор".

International Swine Flu Conference

Conference: August 19-20, 2009 • Workshop: August 21, 2009

International Swine Flu Conference

Instsignpost, 25 May 2009, 6:33 am

Washington, DC, 19-20 August 2009; Workshop: August 21, 2009

Hyatt Regency Washington on Capitol Hill; 400 New Jersey Avenue, NW, Washington, D.C., USA 20001

Call: 202.536.5000 // Email: sales@new-fi elds.com Website:

https://archive.org/details/international-sfc

instsignpost Says:

May 25, 2009 at 6:33 am | Reply

Information on upcoming International Swine Flu Conference in Washington, DC on August 19-21, 2009.

https://web.archive.org/web/20090614012827/https://instrumentsignpost.wordpress.com/2009/05/05/swine-flue-or-h1n1/

https://web.archive.org/web/20090711164328/http://new-fields.com/isfc/agenda.php

Top leaders and key decision-makers of major companies representing a broad range of industries will meet with distinguished scientists, public health offi cials, law enforcers, fi rst responders, and other experts to discuss pandemic prevention, preparedness, response and recovery at the 1st International Swine Flu Summit. Concurrent Breakout Sessions:

1) Mass Fatality Management Planning

Develop and maintain plans, procedures, programs, and systems
Develop and implement training and exercise programs
Direct fatality management tactical operations
Activate fatality management operations
Conduct morgue operations
Manage ante-mortem data
Conduct fi nal disposition

2) Business Continuity Planning

Allocate resources to protect your employees & customers during a pandemic
Find out which business risks are insured
Ensure safe travel during the pandemic
Identify when to reduce or even close operations

3) Continuity of Operations (COOP) and Continuity of Government Planning

When 50% or more of employees are out sick or taking care of their sick ones
When H1N1 fl u pandemic unfold in two or three successive waves in a calendar year
Disruptions to public, private and critical infrastructure undermining your essentials functions

4) Emergency Management Services

Prioritize antivirals & personal protective equipment for essential workforce
Overcome reduced response capacity caused by mechanical failure & a possible 30-40 percent drop in staff, to maintain continuous operations
Protect the emergency management response operations center
Manage interruptions in food, fuel & essentials supply chains & establish stockpiles
Manage panic caused by sudden disruption of services & interruptions in essential goods & services

5) Law Enforcement Agencies

Protect police forces from falling ill & from being hurt in civil disturbances
Protect the delivery of vaccines & essential goods & services.
Manage a surge in crime & meet routine requests at the same time
Control & diffuse social unrest & public disorder
Isolate prisons & other facilities

6) First Responders: Fire Department

Protect fire department first responders from falling ill & from being hurt in civil disturbances
Continue to respond to routine fi re outbreaks while responding to pandemic-related calls
Effectively transition into All-Hazards Incident Management Responders
Effectively undertake mass vaccinations
Enforce quarantines

7. First Responders: Public Works

Protect public works fi rst responders from falling ill or being hurt in civil disturbances
Control traffic, evacuation & mass transportation
Ensure the minimal delivery of clean water & sanitation services
Ensure the stability of vital communications networks
Overcome an overwhelmed telecommunications network caused by a surge in telework employees, homebound calls, & the increased search for public services

8) 911 Call Center Services

Effectively manage the 911 call center during the crisis
Develop call center surge capacity
S ecure call center operations
A nticipate technical problems
Ensure that frequent, honest & reliable information is released to the public

9) Hospital and Emergency Medical Services

Prioritize the use of antivirals for the essential workforce
Anticipate interruptions in food, fuel and essentials supply chains & establish stockpiles
Plan for reduced response capacity due to mechanical failure & lack of personnel
Maintain continuous operations during a pandemic
Plan for 30-40 percent drop in labor force
Protect the emergency operations center

10) Workplace Planning

Effectively work with 30-40 percent less employees.
Account for your employees.
Establish remote offi ces & fl exible work plans; identify the business functions that can be outsourced.
Secure your workplaces.
Train your workers to screen for symptoms & know what to do when workers fall ill.

11) School / University Pandemic Planning

Train teachers to screen for symptoms & know what to do when students / teachers fall ill
Transport ill students
Identify when to reduce or close down your school
Effectively transform school facilities into shelters
Continue learning through alternative routes like the web telephone, mail, radio and TV
Communicate effectively with staff, parents and students

12) Airlines, Travel, Airport, Quarantine and Border Health Services

International & Federal guidelines
Measures to prevent the spread of communicable diseases
Apprehension, examination and release
Aviation & Transportation Security Act, 2002 (49 U.S.C. 114)
Are tools available to ensure patient does not pose risk to fellow travelers?

13) Infectious Medical Waste

Infectious waste management
Packaging disposable infectious waste
Engineering controls
Pathological waste management
Exposure control plan

These International Swine Flu Conferences were annonced:

– 1st International Swine Flu Conference. – Washington, DC, 19-20 August 2009.
– International Swine Flu Conference. – Toronto, Canada, 23-25 November 2009.
– International Swine Flu Conference. – London, UK, 2-3 December 2009.
– International Swine Flu Conference. – London, UK, 10-12 March 2010.
– 2nd International Swine Flu Conference. – Washington, DC, 18-19 August 2010.

CIDRAP

Robert Roos

WHO may redefine pandemic alert phases

CIDRAP, 26 May 2009
https://www.cidrap.umn.edu/avian-influenza-bird-flu/who-may-redefine-pandemic-alert-phases

May 26, 2009 (CIDRAP News) – In response to concerns from various governments about the possible effects of declaring a full-scale influenza pandemic, the World Health Organization (WHO) will call on outside experts to consider whether to revise the agency's definitions of pandemic alert phases, a WHO official announced today.

The spread of the novel H1N1 flu virus in Mexico, the United States, and Canada prompted the WHO to raise its pandemic alert from phase 4 to phase 5 on Apr 29. Despite signs of possible community-level transmission in other parts of the world, such as Japan and Spain, the WHO has not raised the alert to phase 6, defined as sustained community transmission in more than one global region.

At the WHO's annual meeting last week, several countries, concerned about potentially causing undue alarm, urged the WHO to go slow on moving to phase 6. Noting that most H1N1 cases have been mild, they argued that the pandemic phases should reflect not only the geographic extent of the disease, but also its severity.

Today Dr. Keiji Fukuda, the WHO's assistant director-general for health security and the environment, said the agency would call on scientists and public health experts to consider whether to change the phase definitions.

"What we're currently doing at WHO is trying to take a look at the interventions and see what kind of adjustments might be made to make sure the definitions really meet the situation," Fukuda said at a news teleconference. "To do this, we will be asking scientists and public health people who really have a good perspective on the issues to help us think this through."

He said he hopes this can be accomplished within the next few weeks.

Fukuda said the reasons for the WHO's decision include not only the concerns expressed at the World Health Assembly last week, but also an earlier request from southeast Asian countries at the ASEAN meeting. Officials at that meeting asked the WHO to consider whether the criteria for moving to phase 6 should be adjusted.

He commented that the alert phases were developed a tools to help governments prepare for a pandemic. The phases, he added, were fashioned "in the shadow of avian influenza H5N1," which has caused rare but often lethal human cases, unlike the novel H1N1 virus, which usually causes mild illness.

"The spread of this virus has really highlighted the fact that this is a very different situation than with H5N1," he said.

The WHO is looking very carefully at two questions: what level of transmission "really indicates you have spread in the community" and whether and how to deal with the question of an outbreak's severity, Fukuda reported.

Echoing his comments at a May 22 news briefing, he argued that the most important issue is not the pandemic phase definitions but whether proper public health actions are being taken in response to the disease.

Reporters asked Fukuda why the WHO is so reluctant to go to phase 6, since it officially means only that the virus is spreading in more than one region and says nothing about its severity.

"I think the answer is really almost another question—the question of what is to be gained by going to another phase?" he replied. "When we went from phase 3 to phase 4 and from 4 to 5, there were real gains for countries by doing that, in terms of focusing attention, in terms of implementing actions, in terms of bringing in resources and really focusing everybody's attention on what had to be done."

He added that many countries are already responding appropriately to the epidemic, and that moving to phase 6 could cause unnecessary work and potentially lead to panic and cynicism.

"If we go to phase 6 without very clear evidence that there's a sort of change in the global situation, it can lead to extra work without much gain, it can lead to some level of panic, it can lead to some level of cynicism that something's being declared but is not usefully producing something of public health benefit or gain," he said.

He further observed that the pandemic phase definitions have evolved to become simpler in response to feedback that the earlier versions were too complicated. But now the WHO has found that they don't adequately capture the concerns of countries.

In response to a question, Fukuda said the move to reconsider the phase definitions doesn't necessarily mean the WHO won't declare a pandemic if the epidemiologic situation changes while those deliberations are under way.

"If in another country such as Japan or somewhere in Europe or in the southern hemisphere we begin to see activity that looks much like Mexico or in the US, very large outbreaks with large numbers of people, that in itself could well be enough to take us up to pandemic phase 6," he said.

When a reporter asked if the WHO move might engender cynicism because the agency will be seen as bowing to political pressure, Fukuda cited the swine flu episode of 1976, when the US government launched a nationwide immunization campaign in response to a feared pandemic that never materialized.

Asserting that the most important question is what actions should be taken to protect people, he said, "Perhaps the single biggest lesson from that [1976] episode is to take stock, take a look at what reality is teaching you, don't put yourself in a hole and leave yourself there."

Replying to another question, Fukuda said that even in an informal sense, apart from the official phases, it is premature to call the H1N1 situation a pandemic. He said the virus is clearly spreading but has not reached or taken root in all parts of the world.

"I think it's quite possible that it'll continue to spread and it will establish itself in many other countries and multiple regions, at which time I think it would be fair to call it a pandemic," he commented.

In other comments, Fukuda declined to predict when the WHO might make a recommendation on starting production of an H1N1 vaccine: "Giving some indication from WHO in terms of H1N1 vaccine production will be important sometime during the summer, but right now I don't think I can be much more specific than that."

CIDRAP

Robert Roos

WHO drawing closer to declaring a pandemic

CIDRAP, 2 June 2009
https://web.archive.org/web/20090603202111/http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/jun0209who.html

Jun 2, 2009 (CIDRAP News) – The global novel H1N1 influenza situation is drawing closer to the status of a true pandemic but is not there yet, the World Health Organization's (WHO's) lead spokesman on the issue said today.

"Globally we believe we're in phase 5 but are getting closer to phase 6," said Dr. Keiji Fukuda, the WHO assistant director-general for health security and the environment, referring to the WHO's pandemic alert phases.

By the WHO definition, phase 5 means a novel virus is causing sustained community outbreaks in more than one country within one WHO region, in this case the Americas. Phase 6 signals a full pandemic, defined as a novel virus spreading widely in more than one global region. The phases as currently defined do not say anything about the severity of the disease, only its geographic extent.

Speaking at a news briefing, Fukuda also said the WHO will come up with ways to describe the severity of the epidemic and provide related guidance so that governments will have more information on how to respond to the situation.

Last week, after a number of countries voiced concern that a pandemic declaration would cause undue alarm and disruption in the context of a generally mild disease, Fukuda said the WHO would consider modifying its phase definitions. Today, in the wake of a teleconference with experts yesterday, he signaled that the WHO will stick with the current definitions, but promised the agency would supplement them by finding a way to describe the severity of the disease threat.

Transitional countries

Fukuda said several countries outside North America, including the United Kingdom, Spain, Japan, Chile, and Australia, seem to be moving from having limited H1N1 outbreaks related to travelers and institutions to having widespread community transmission.

"However, we still are waiting for evidence of really widespread community activity in these countries, so I think it's fair to say that they are in transition and are not quite there yet," he said.

He contrasted those countries with the United States, Mexico, and Canada, where the virus is widespread, and most other countries, where cases are limited and mostly linked to travel or to institutional outbreaks.

As of today, the WHO has confirmations of 18,365 novel H1N1 cases in 64 countries, with 117 deaths, Fukuda reported. He said the WHO now plans to update its online H1N1 case count on Monday, Wednesday, and Friday, instead of 5 days a week.

Offering a kind of one-word descriptor that the WHO has generally avoided, he said, "It's probably fair to call the situation moderate right now. We have some hesitation in calling it mild, for a couple of reasons."

One reason is that while the number of serious and fatal cases appears relatively low, the WHO doesn't know the true proportion of severe cases, he said. Another reason is that the infection can be fatal in some people, including those with underlying medical problems, pregnant women, and even some who were previously healthy.

Creating a severity scale

The WHO's decision to assess severity but not change the pandemic phase definitions comes out of a series of telephone consultations yesterday with about 30 experts from 23 countries, Fukuda reported.

He said the discussions were fruitful and produced consensus in a number of areas: "The experts urged WHO to continue to use geographic spread as the basis for moving to phase 6, but also said WHO should modify this movement with an assessment of severity, and WHO should provide more tailored guidance to countries, responding to the severity."

Much of the discussion focused on how to assess severity, which has to do not only with the virulence of the virus but also with the vulnerability and resilience of populations, which are likely to vary from country to country, he said.

The WHO may come up with something like a 3-point severity scale, Fukuda said. The agency hopes to develop a general severity assessment that will be useful to all countries but link it with detailed guidance to help local authorities assess their own situation and respond appropriately.

"One of the things we hope to do is reduce some of the more drastic actions that may be uncalled for, but also provide guidance to countries regarding what steps they can take," he added. He cited embargoes on pork and the slaughter of pigs, measures used by some countries in the early stages of the epidemic, as examples of uncalled-for actions.

In other comments, Fukuda said the novel virus seems to be behaving pretty much the same in the southern hemisphere as it has in the northern hemisphere. In Chile and Australia, for example, most cases have been mild, but some severe cases with respiratory failure have occurred, just as in North America.

"Overall, what we're seeing in the first few countries in the southern hemisphere is similar to what we're seeing in the northern hemisphere," he said.

He also reported that most of the flu viruses identified recently in Chile have been the novel H1N1 rather than the seasonal flu viruses that normally show up at this time of year.

See also:
May 26 CIDRAP News story "WHO may redefine pandemic alert phases"

Third meeting of the IHR Emergency Committee

Geneva, WHO, 5 June 2009
https://www.who.int/news/item/05-06-2009-third-meeting-of-the-ihr-emergency-committee

The WHO Director-General convened a third meeting of the International Health Regulations (IHR) Emergency Committee on 5 June 2009. The purpose of the meeting was to update the committee on the global situation and seek advice on proposals to introduce severity assessments in any future announcements of pandemic phase changes by WHO.

There was a broad consensus on the importance of including information on severity in future announcements. The committee gave further advice regarding a number of parameters, the monitoring of which will provide information for the assessment of the severity of the epidemic.

In discussion with the committee, the Director-General noted that the *world remains in pandemic influenza* Phase 5 and reaffirmed that WHO will continue to monitor the situation closely in all countries reporting cases of new influenza A(H1N1).

Based on the advice of the committee, the Director-General determined that it was appropriate to continue the existing temporary recommendations, namely:

- That all countries intensify surveillance for unusual outbreaks of influenza-like illness and severe pneumonia.
- Not to close borders and not to restrict international travel. It is considered prudent for people who are ill to delay international travel and for people developing symptoms following travel to seek medical attention.
- That the production of seasonal influenza vaccine should continue at this time, subject to re-evaluation as the situation evolves.

The New York Times

Lawrence K. Altman

Is This a Pandemic? Define 'Pandemic'

The New York Times, 8 June 2009, p. D1
https://www.nytimes.com/2009/06/09/health/09docs.html

After decades of warnings about the inevitability of another pandemic of influenza, it is astonishing that health officials have failed to make clear to the public, even to many colleagues, what they mean by the word pandemic.

Generations of people have used the term to describe widespread epidemics of influenza, cholera and other diseases. But as the new H1N1 swine influenza virus spreads from continent to continent, it is clear that a useful definition is far more complicated and elusive than officials had thought. And what is at stake is far more than an exercise in semantics. A clear understanding of the term is central to the World Health Organization's six-level staging system for declaring a pandemic, which in turn informs countries when to set their control efforts in motion.

Dictionaries and medical journals offer little guidance. Their definitions can be too vague or too narrow, contradictory and clouded by jargon. "There is a lot of misinformation in the medical literature, and it is really quite hard to figure out what is and what is not a pandemic," said Dr. David M. Morens, an epidemiologist at the National Institute of Allergy and Infectious Diseases who has been studying the history of pandemics. The word implies the rapid spread of an infectious disease to many countries in different regions, hitting each with more or less the same severity. But in fact, severity varies – not all people are infected at the same time, and not every country need be affected.

And there can be many other factors, including the numbers and percentages of people falling ill and dying; a population's vulnerability to the disease, based on previous rates of infection; and the quality of health care facilities and disease monitoring systems. Not least is that scientists do not know precisely how pandemics arise, what fuels them, why they vary in their lethality, why some occur in waves and why they stop.

Health officials have long preached that with influenza, the only sure bet is to expect the unexpected. The new swine influenza virus, which appeared suddenly after years of warning about a potential pandemic of avian influenza, upset the W.H.O.'s assumptions that most people have the same understanding of the word pandemic. For years, the organization's Web site defined an influenza pandemic as causing "enormous numbers of deaths and illness." But the agency recently pulled the definition, apologizing for causing confusion and anxiety.

One of the biggest problems in public health is communicating risk assessment.

United States and W.H.O. officials say their preparedness plans are intended for governments, not people in the street. Officials bristle at criticism that their messages and plans have led the public to equate the word pandemic with the Spanish influenza of 1918-19, the worst recorded pandemic in history, killing 20 million to 100 million people.

In preparing for the worst, officials have considered milder pandemics, said Dr. Nancy J. Cox, chief of the influenza division at the Centers for Disease Control and Prevention in Atlanta. But Dr. William Schaffner, the chairman of preventive medicine at Vanderbilt University, said that "we, the public health community, deserve to be chided" about the confusion. "We ought to be able to do a

better job in communicating in an understandable way," he said in an interview. Scientists like to assert that theirs is an exact discipline. But like the terms "evidence-based medicine" and "peer review," pandemic turns out to be another example of imprecise vocabulary that doctors use every day, assuming everyone understands their meaning.

Journals, textbooks and reference works use pandemic in discussing certain diseases, but rarely define the word. For example, the definition section of the Control of Communicable Diseases Manual, a standard reference work, includes "endemic" (said of a disease that is usually present in an area or a population group) and "epidemic" (more cases of an illness than would normally be expected) but not "pandemic."

The disease manual's editor, Dr. David L. Heymann, a retired assistant director-general of the W.H.O., said the term had not caused confusion in the past, but assured me in an interview that "pandemic will be defined in the next edition."

Even the indexes of most major medical textbooks do not list pandemic. One is Harrison's Principles of Internal Medicine, of which Dr. Anthony S. Fauci, who directs the National Institute of Allergy and Infectious Diseases, is a main editor. "It's a mistake, and I'm surprised it's not there because it should have been," Dr. Fauci said in an interview.

Government agencies do not have official lists of pandemics. Textbooks cite many recent and old ones, including these:

- AIDS. Many experts have called H.I.V. a pandemic. Others disagree, saying the virus is pandemic only in Africa.
- Cholera. Since 1817, most experts agree, the world has had seven pandemics of this bacterial illness, which causes severe diarrhea and dehydration. Acute hemorrhagic conjunctivitis. Beginning in 1969, an enterovirus has caused tens of millions of cases of a highly contagious, acute, painful, but rarely blinding, form of hemorrhagic eye inflammation.
- Dengue. Since World War II, this mosquito-borne viral disease has spread widely in Asia and Latin America.
- Syphilis. A pandemic of the bacterial disease raced through Europe and Asia after Columbus's return from America and during mass movements of armies in Europe.

Although pandemics have been classically limited to infectious diseases, the term has spread to noninfectious, chronic ones. For example, many health officials now speak of pandemics of obesity and heart disease.

Knowledge about past pandemics is necessarily incomplete; historical accounts cannot make up for the absence of modern disease monitoring and laboratory tests. About 14 pandemics of influenza have been described since the 16th century, with the first indisputable one occurring in 1889.

In 1580, an influenza pandemic swept through Asia into Europe within six weeks, and at least 10 percent of Rome's 81,000 residents died in the first week, said Dr. Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota. Some Spanish cities were almost totally depopulated.

Dr. Morens, of the infectious diseases institute, said his studies of influenza pandemics left a confusing track record and "are rewiring our brains about thinking about influenza." "The medical literature will tell you there were three pandemics in the 1830s," he said – "one from 1830 to 1832, a second in 1833 to 1834 and a third in 1836 to 1837. But I am beginning to think they were all one pandemic."

Dr. Morens said he was puzzled as to why no influenza pandemics were recorded for nearly 150 years after the one in 1580, although there were some severe localized epidemics. "A period of pandemic stability makes us wonder whether a pandemic comes at any time by chance," he said, "or whether something about epidemic situations prevents pandemics," or at least delays them.

The W.H.O.'s staging system has long been part of its plan for an influenza pandemic.

Deep concern about a potential pandemic of the H5N1 avian influenza virus led the organization to convene a large meeting of experts in 2005. Among other things, the experts recommended simplifying the staging system.

A number of doctors ask why health agencies do not declare seasonal influenza a pandemic when it spreads around the world.

But Dr. Osterholm, the Minnesota expert, said that “you can’t use the terminology for just worldwide transmission, because if you did that, you would say every seasonal flu year is a pandemic.” “To me,” he continued, “a pandemic is basically a new or novel agent emerging with worldwide transmission.”

Dr. Keiji Fukuda, an influenza expert who is an assistant director-general at the W.H.O., said in an interview that “as difficult as things are right now,” the problem of defining a pandemic and communicating risk “would be magnitudes worse and more confusing” if the agency had not dealt with AIDS, SARS and avian influenza.

Those experiences prompted new international health regulations and pandemic plans, and allowed critical scientific information to be disseminated quickly, he said.

The process was “painful, sure,” he said. “But you can’t really do anything like this without having some amount of pain.”

Протокол

Протокол совещания представителей государств – участников СНГ
для выработки совместных мер по недопущению распространения вируса гриппа A/H1N1 на территориях государств – участников Содружества Независимых Государств

Москва, 9 июня 2009 года

https://web.archive.org/web/20210411102254/https://41.rospotrebnadzor.ru/content/protokol-protokol-soveshchaniya-predstaviteley-gosudarstv-uchastnikov-sng-dlya-vyrabotki-0

В соответствии с Протокольным решением Совета глав правительств Содружества Независимых Государств от 22 мая 2009 года в Москве на базе Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека проведено совещание представителей государств – участников СНГ по выработке совместных мер по недопущению распространения вируса гриппа A /H1N1 на территории государств – участников СНГ.

В совещании приняли участие представители от Республики Армения, Республики Беларусь, Республики Казахстан, Республики Молдова, Российской Федерации, Республики Узбекистан, Исполнительного комитета СНГ, а также руководители ведущих российских научно-исследовательских учреждений, занимающихся изучением гриппа (список участников прилагается).

Совещание проходило под председательством Г.Г. Онищенко, Руководителя Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека, Главного государственного санитарного врача Российской Федерации.

В соответствии с программой совещания были заслушаны доклады и информационные сообщения руководителей ведущих российских научно-исследовательских учреждений, занимающихся изучением гриппа, представителей государств – участников СНГ о мерах, предпринимаемых соответственно в Российской Федерации и странах Содружества по недопущению распространения вируса гриппа A/H1N1.

По результатам обмена мнениями с учетом предложений представителей государств – участников СНГ по данной проблеме и согласно Протокольному решению Совета глав правительств СНГ от 22 мая 2009 года о ситуации, связанной с угрозой распространения вируса гриппа A/H1N1, участники совещания решили:

Подписать решение о мерах по недопущению распространения на территории государств – участников Содружества Независимых Государств вируса гриппа A/H1N1 (прилагается).

Отметить усилия государств – участников СНГ по координации мер противодействия угрозе пандемии гриппа A/H1N1 в рамках Содружества Независимых Государств, а также весомый вклад и готовность Российской Федерации продолжить активную работу в данном направлении.

Просить Исполнительный комитет СНГ проинформировать об итоговых документах совещания Экономический совет СНГ 19 июня 2009 года в г. Кишиневе.

По поручению участников совещания протокол подписал Г. Онищенко.

Председатель совещания, Руководитель Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека, Главный государственный санитарный врач Российской Федерации Г. Онищенко.

Science

Jon Cohen.

Swine Flu Outbreak, Day by Day

Science Insider, 9 June 2009; doi: 10.1126/article.41556
https://www.science.org/content/article/swine-flu-outbreak-day-day

This chronology of the pandemic will be updated regularly as news breaks and past events come to light. And follow *Science*Insider's full coverage on the swine flu outbreak here.

9 June

With Australia reporting more than 1000 confirmed cases, WHO's flu chief Keiji Fukuda says the agency is now "really very close" to calling the epidemic a pandemic. WHO is still working to inform countries exactly what phase 6 means and to avoid a "blossoming of anxiety" once a pandemic is declared. Fukuda also weighed in on what the virus – or the pandemic – should be called, admitting that the current name, influenza A (H1N1), is creating confusion.

8 June

Egypt becomes the first country in Africa to report a confirmed case of swine flu to WHO. Pan-African News Agency reports that six sub-Saharan countries have suspected cases. In all, says WHO, 73 countries to date have reported 25,288 confirmed cases and 139 deaths.

4 June

Trust for America's Health, a D.C.-based advocacy group, issues "Pandemic Flu Preparedness: Lessons from the Frontlines." The detailed critique praises U.S. federal, state, and local governments for having invested in pandemic planning, including the stockpiling of drugs and training public health officials to respond appropriately. But the report says public health departments are underfunded and "stretched too thin," leading to delays in identifying and containing infections.

The 23-page report further warns that the country's "current vaccine development and production capacity is severely lacking," adding that "the country has not developed or adequately tested a system that will ensure that all Americans would be able to be inoculated in a short period of time." WHO's pandemic alert system, it says, has caused much confusion; the report also criticized some countries for instituting travel restrictions and bans on pork products.

2 June

Australia reports 501 confirmed cases, up from 17 a week before, making the island nation the hardest-hit country outside of North America. With increasing fears about the spread of H1N1 in the Southern Hemisphere, Asia, and Europe, WHO announces that it's moving closer to declaring a phase 6 alert, but says it likely will include a severity index tailored for each locale based on both viral characteristics and ability to respond. U.S. President Barack Obama sends a letter to Nancy Pelosi, speaker of the House of Representatives, asking Congress to set aside nearly $10 billion new dollars for swine flu. This would add to the $2 billion a House bill already in the works. Obama made the request out of "an abundance of caution" and the funds would only be tapped if a full-scale pandemic hit the United States.

26 May

Swine flu begins to spike in the Southern Hemisphere, with 74 confirmed cases in Chile alone. The CDC suggests that the disease may have peaked in the United States, as reports of influenza-like illness declined in seven of nine regions. But this does not directly measure the actual prevalence of the novel H1N1 virus, and some epidemiologists caution against undue optimism. CDC also warns that even if the drop is real in the United States—which accounts for just over half of the world's 12,954 confirmed cases—the virus has not left and may well come roaring back with the cooler weather in the fall.

22 May

Following complaints from member countries at the World Health Assembly meeting held in Geneva this week, WHO announces that it needs to rethink its phasing system and the definition of the word "pandemic." Despite mounting cases outside of the Americas, the member countries urged WHO not to declare a phase 6 alert, contending that the swine flu does not cause severe enough disease to warrant the label of a full-scale pandemic. Meanwhile, the U.S. Department of Health and Human Services announces that it will dish out $1 billion to several pharmaceutical companies to make a vaccine against the novel H1N1 virus. But the money will only purchase vaccine ingredients, not a final product, and it's only enough material to vaccinate 20 million people. *Science*Express publishes the first detailed study of the new virus's genetic makeup, explaining the twisted histories of its closest relatives.

21 May

MMWR dispatch offers the first concrete evidence that the elderly population may have some immunity to the new virus, which could explain why they largely have been spared from severe disease in this outbreak. According to the study, antibodies from this group worked against the novel H1N1 virus in test tube experiments. The cross-reactive antibody response may reflect their exposure to the H1N1 virus that circulated until 1957, *MMWR* suggests.

20 May

Confirmed world cases top 10,000. CDC clarifies that no delays expected for vaccine production as many processes are done in parallel, which wasn't clear from the WHO report the day before. Still, concerns remain about whether a vaccine can actually be manufactured and approved in time for traditional flu season in the Northern Hemisphere.

19 May

WHO releases a report from an ad hoc advisory group looking at making vaccines against the new virus, which suggests the "seed stock" needed to scale-up production of a H1N1 vaccine may not be ready until mid-July. This is two months later than an estimate made by WHO's Marie-Paul Kieny on 1 May. Given that it takes up to six months to manufacture vaccine, this raises questions about whether it will be ready in time for winter in the Northern Hemisphere. Confirmed cases in Japan climb to 191, mostly among school children, and higher than any country outside of the Americas.

18 May

At the opening of the World Health Assembly in Geneva, several countries urged WHO Director-General Margaret Chan to revise the pandemic alert system, as it reflects geographic spread but not the severity of disease. Chan says the alert level will remain at phase 5, despite Japan reporting 129 cases-up from four a few days earlier. She says, "The virus has given us a grace period" but cautions against complacency. "No one can say whether this is just the calm before the storm." Cases in Japan continue to climb.

17 May

Japan reports sharp spike in cases. There is increasing pressure on WHO to raise the alert level from phase 5 to 6

15 May

With apathy setting in, CDC's Daniel Jernigan, deputy director of the influenza division, stresses that "the H1N1 virus is not going away." Jernigan estimates that "upwards of maybe 100,000" people in the United States have influenza-like illness—more than 20 times the number of confirmed and probable novel H1N1 cases in the country. But Jernigan says some of the spike in flu cases likely comes from seasonal viruses, not the new strain, as well as the "profound amount of testing that has gone on in the last few weeks." CDC also changes its recommendations for people who want to travel to Mexico, downgrading the "warning" that advised people to put off "nonessential" trips to a "precaution." In Europe, which has yet to see sustained transmission in communities, four countries cut deals with GlaxoSmithKline to purchase more than 100 million doses of a vaccine that targets the new H1N1 virus.

14 May

A Texan whose pregnant wife died of swine flu takes legal action against the U.S. co-owner of a Mexican pig farm, Granjas Carroll, which he alleges may have kick-started the outbreak. WHO announces that it no longer will hold daily press briefings.

13 May

With the outbreak still teetering on the brink of phase 6, a full-scale pandemic, WHO's Sylvie Briand, a project leader in the Global Influenza Programme, acknowledges the limits of the phasing system, which gauges transmission, not severity. But Briand says a "severity index" for flu "is not very helpful" because it depends on several factors that can differ even within one country, including virulence, vulnerability, and community "resilience." CDC, for the first time since 23 April, will no longer hold daily press briefings.

12 May

WHO and CDC officials suggest that European and Asian countries may have made headway against the virus with aggressive screening of travelers and prompt treatment of infected people and their contacts with antivirals. CDC's MMWR dispatch advises use of antiviral drugs for any pregnant woman with confirmed disease. Thirty countries report more than 5200 confirmed cases, nearly 90% of which were in Mexico and the United States, but WHO and CDC advise that case counts are underestimates. Story breaks about scientist who suggests that the virus might be an accidental laboratory creation, which immediately is met with deep skepticism.

11 May

Mainland China reports its first case. Science publishes paper that estimates 23,000 people in Mexico were infected by 30 April, and that the virus looks similar in severity to one that caused 1957 pandemic.

9 May

Confirmed cases in the U.S. (1639) outnumber those in Mexico (1364) for the first time, but this might reflect more aggressive surveillance and testing capabilities than actual infections.

7 May

Mexico reports nearly 12,000 suspected cases, more than 1000 confirmed. WHO says community transmission does not appear to be happening outside the Americas. A media backlash begins, accusing scientists and officials of hyping the outbreak. Canadians clarify details about the pig farm outbreak, noting that others on the farm developed influenza-like illness but have tested negative for the virus.

6 May

Canada reports that the worker on the Alberta pig farm tested negative for the virus, although the sample may have been collected too late to detect it. Tests of his blood for antibodies begin.

5 May

First death of a U.S. resident: a 33-year-old schoolteacher who had recently given birth. CDC announces that schools should no longer close if they have a case. Mexico's Córdova says cases are decreasing in severity and number, and that businesses in Mexico City may reopen. Mexico reports the detection of a Mexico City case with symptoms on 11 March, earliest date yet reported.

4 May

Official case count tops 1000 for first time. Virus found in 20 countries.

3 May

WHO reports 18 countries with 898 confirmed cases. Phase 6, full-scale pandemic, remains imminent but not declared.

2 May

Canada reports the first isolation of the virus from pigs. A farm worker who traveled to Mexicali, Mexico, returned to Canada on 12 April and apparently infected a herd in Alberta. Mexican Health Minister José Ángel Córdova says he believes the outbreak in his country is stabilizing. Mexico still has a backlog of untested samples but has confirmed 506 cases and 19 deaths. U.S. cases climb to 226 and 30 hospitalizations.

1 May

Thirteen countries report cases, taking the total to 367. Between 1billion and 2 billion doses of a pandemic vaccine may be available within a year, says WHO's Marie-Paule Kieny. Ensuring access for the world's poorest is a WHO priority, she says.

30 April

The backlog of untested cases is in the thousands, as few labs other than CDC and PHAC can confirm cases. MMWR publishes detailed reports about outbreaks in Mexico and a New York City school. In London, the European Medicines Agency meets with E.U. member countries, vaccine producers, WHO, and the European Centre for Disease Prevention and Control to discuss the criteria a pandemic vaccine will have to meet.

29 April

WHO raises the threat level from phase 4 to 5, indicating sustained community transmission in two countries (Mexico and the United States) in the same region. Ten countries report confirmed cases, including South Korea, the first in Asia. The first related death is reported in the United States: a toddler from Mexico visiting relatives. WHO's Chan holds a teleconference with vaccine manufacturers around the globe to discuss the production of a pandemic vaccine.

28 April

Seven countries report cases to WHO. CDC reports five new hospitalized cases in the United States, and acting CDC Director Richard Besser says he expects to see deaths. The Mexican government bans dining in Mexico City restaurants. Cuba suspends flights to and from Mexico, becoming the first of several countries to do so.

27 April

Canada and Spain report confirmed cases to WHO. After an Emergency Committee meeting, WHO raises the pandemic threat level from phase 3 to phase 4, indicating sustained human-to-human transmission in a community. Mexico suspends schools nationwide.

26 April

CDC confirms cases in five states, none severe. The mystery deepens about why Mexico appears to have many related hospitalizations and deaths. Other countries, including New Zealand and France, report suspect cases. Churches in Mexico City do not hold mass

25 April

WHO convenes an Emergency Committee to evaluate evidence. Chan declares the outbreak a Public Health Emergency of International Concern 24 April.

CDC publishes MMWR dispatch about six new U.S. cases with increasing evidence of human-to-human transmission and publicly links same strain of H1N1 to the Mexican outbreak. WHO receives reports from Mexico of 884 suspected cases, most in Mexico City, and 62 deaths. Most cases are in otherwise healthy young adults. The Mexican government closes schools in Mexico City.

23 April

Samples from Mexico arrive at CDC. PHAC and CDC confirm Mexico cases are the same A(H1N1) of swine origin.

There is a teleconference between PHAC, CDC, and Mexican officials. Genetic analysis shows that the virus is a mix of avian and swine viruses from North America, a swine flu strain usually seen in Asia, and a human influenza strain. Margaret Chan, WHO's director general, learns details upon arrival in Washington, D.C., for World Malaria Day and quickly returns to Geneva. In a press conference, CDC says it's producing a "seed strain" for the production of a pandemic vaccine.

22 April

Samples from Mexico arrive at PHAC. 21 April

CDC publishes first dispatch in the Morbidity and Mortality Weekly Report (MMWR) about two cases in California. Mexico reports atypical influenza behavior associated with severe pneumonia in various cities. InDRE ships samples to PHAC's National Microbiology Laboratory in Winnipeg and CDC.

20 April

Teleconference with CDC, PAHO, and PHAC. Cooperation established between Mexico, the United States, and Canada.

18 April

The U.S. focal point publishes confirmed California cases of A(H1N1) in WHO's EIS. Mexico acknowledges receipt of information and responds that in March and April the country had an unusual increase in seasonal influenza with predominance of B strain; some cases presented with severe pneumonia in adults of reproductive age. Mexico notes that the case of a severe pneumonia in patient who died in Oaxaca could be related. PHAC and InDRE have teleconference and conclude it may be a novel agent, unrelated to influenza

17 April

Mexican focal point asks local officials in Mexico to verify news reports of a cluster of cases of acute respiratory illness in Oaxaca hospital. Officials reply there is no such outbreak, but there is one patient with diabetes who has a severe case, presumably viral. InDRE Director Celia Alpuche sends an e-mail asking for help to Francis Plummer, head of the National Microbiology Laboratory in Winnipeg, part of the Public Health Agency of Canada (PHAC).

16 April

CDC notifies San Diego County Health & Human Services Agency of a local case of a novel swine influenza. PAHO receives a news story alert from Veratect about a supposed coronavirus outbreak in a hospital in Oaxaca state.

14 April

CDC tests the San Diego boy's sample and determines the virus is A(H1N1) of swine origin. The boy had no contact with pigs.

13 April

Wisconsin's State Laboratory of Hygiene tests specimen, confirms that it's untypable, and sends to CDC. NHRC also sends CDC a sample of isolated virus. PAHO asks Mexico's focal point if it

can post a notice about the outbreak in WHO's surveillance network's Event Information System (EIS). Mexico's focal point doesn't respond.

12 April
Mexico's director general of epidemiology, Hugo López-Gatell Ramírez, confirms to PAHO the existence of acute respiratory infections but says there is no link to fecal contamination of pig farms. Studies continue. Mexico's focal point considers outbreak to be a "potential public health event of international importance" because it meets IHR criteria: severe public health impact and an unusual event.

11 April
As per the International Health Regulations (IHR), the World Health Organization (WHO) has a pandemic alert and response network, which relies on designated people or institutions in each member country to report unusual disease patterns. PAHO, a regional office of WHO, asks the Mexican IHR "focal point" to verify the outbreak reported in the news.

10 April
The Pan American Health Organization (PAHO) accesses Veratect database and notes news stories reporting an outbreak of acute respiratory infections in La Gloria, Veracruz. Wisconsin State Laboratory of Hygiene in Madison receives sample of San Diego boy from Marshfield Labs.

7 April
Instituto Nacional de Diagnóstico y Referencia Epidemiológicos (InDRE), the main influenza diagnostic lab in the country, located in Mexico City, learns of unusual severe respiratory diseases in young adults seen at the National Institute of Respiratory Diseases and begins investigating the cluster.

6 April
Veratect, a Kirkland, Washington-based company that scours news reports for emerging threats, reports in its subscription-only database that local Mexican health officials have declared an alert because of respiratory disease outbreak in La Gloria, Veracruz state, Mexico. Residents believe it is caused by pig breeding farms in the area. Local officials launch a spraying campaign that targets flies, an influenza vaccination campaign, and an epidemiological investigation back to 10 March. A Mexican news story reports 60% of inhabitants infected and three deaths.

1 April
NHRC researchers determine that the boy is likely infected with influenza A, but they cannot subtype the strain. As per protocol, the sample is sent to Marshfield Labs in Wisconsin. HealthMap, a global disease alert system run by academics, flags a news story from Mexico about a strange respiratory outbreak in the state of Veracruz that has claimed two lives.

30 March
A 10-year-old boy with fever, cold, and vomiting goes to the Naval Medical Center San Diego in California. As part of a clinical study, a nasopharyngeal swab is sent across town to the Naval Health Research Center (NHRC).

18 March
Mexican surveillance begins noting cases of influenza-like illness in the Distrito Federal, which includes Mexico City.

11 March
First documented symptoms (as of 5 May) in a Mexico City resident who later would be found to have confirmed infection with A(H1N1) swine flu.

Sources: Mirta Roses Periago and Daniel Epstein, PAHO; Celia Alpuche, InDRE; Mauricio Hernandez-Avilia, Mexican Ministry of Health; Francis Plummer, PHAC; CDC, WHO, and Mexican government press conferences; Veratect; Michele Ginsberg, San Diego County Health & Human Services Agency; U.S. Naval Health Research Center, HealthMap.

World Health Organization

Dr Margaret Chan
Director-General of the World Health Organization

World now at the start of 2009 influenza pandemic

Geneva, WHO, 11 June 2009
https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/who-declares-pandemic-novel-h1n1-virus
https://web.archive.org/web/20090611173204/http://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/index.html

Ladies and gentlemen,

In late April, WHO announced the emergence of a novel influenza A virus. This particular H1N1 strain has not circulated previously in humans. The virus is entirely new. The virus is contagious, spreading easily from one person to another, and from one country to another. As of today, nearly 30,000 confirmed cases have been reported in 74 countries. This is only part of the picture. With few exceptions, countries with large numbers of cases are those with good surveillance and testing procedures in place.

Spread in several countries can no longer be traced to clearly-defined chains of human-to-human transmission. Further spread is considered inevitable. I have conferred with leading influenza experts, virologists, and public health officials. In line with procedures set out in the International Health Regulations, I have sought guidance and advice from an Emergency Committee established for this purpose. On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met.

I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6.

The world is now at the start of the 2009 influenza pandemic. We are in the earliest days of the pandemic. The virus is spreading under a close and careful watch.

No previous pandemic has been detected so early or watched so closely, in real-time, right at the very beginning. The world can now reap the benefits of investments, over the last five years, in pandemic preparedness. We have a head start. This places us in a strong position. But it also creates a demand for advice and reassurance in the midst of limited data and considerable scientific uncertainty.

Thanks to close monitoring, thorough investigations, and frank reporting from countries, we have some early snapshots depicting spread of the virus and the range of illness it can cause. We know, too, that this early, patchy picture can change very quickly. The virus writes the rules and this one, like all influenza viruses, can change the rules, without rhyme or reason, at any time.

Globally, we have good reason to believe that this pandemic, at least in its early days, will be of moderate severity. As we know from experience, severity can vary, depending on many factors, from one country to another.

On present evidence, the overwhelming majority of patients experience mild symptoms and make a rapid and full recovery, often in the absence of any form of medical treatment. Worldwide, the number of deaths is small. Each and every one of these deaths is tragic, and we have to brace ourselves to see more. However, we do not expect to see a sudden and dramatic jump in the number of severe or fatal infections.

We know that the novel H1N1 virus preferentially infects younger people. In nearly all areas with large and sustained outbreaks, the majority of cases have occurred in people under the age of 25 years.

In some of these countries, around 2% of cases have developed severe illness, often with very rapid progression to life-threatening pneumonia. Most cases of severe and fatal infections have been in adults between the ages of 30 and 50 years. This pattern is significantly different from that seen during epidemics of seasonal influenza, when most deaths occur in frail elderly people.

Many, though not all, severe cases have occurred in people with underlying chronic conditions. Based on limited, preliminary data, conditions most frequently seen include respiratory diseases, notably asthma, cardiovascular disease, diabetes, autoimmune disorders, and obesity.

At the same time, it is important to note that around one third to half of the severe and fatal infections are occurring in previously healthy young and middle-aged people.

Without question, pregnant women are at increased risk of complications. This heightened risk takes on added importance for a virus, like this one, that preferentially infects younger age groups.

Finally, and perhaps of greatest concern, we do not know how this virus will behave under conditions typically found in the developing world. To date, the vast majority of cases have been detected and investigated in comparatively well-off countries.

Let me underscore two of many reasons for this concern.

First, more than 99% of maternal deaths, which are a marker of poor quality care during pregnancy and childbirth, occurs in the developing world.

Second, around 85% of the burden of chronic diseases is concentrated in low- and middle-income countries.

Although the pandemic appears to have moderate severity in comparatively well-off countries, it is prudent to anticipate a bleaker picture as the virus spreads to areas with limited resources, poor health care, and a high prevalence of underlying medical problems.

Ladies and gentlemen,

A characteristic feature of pandemics is their rapid spread to all parts of the world. In the previous century, this spread has typically taken around 6 to 9 months, even during times when most international travel was by ship or rail. Countries should prepare to see cases, or the further spread of cases, in the near future. Countries where outbreaks appear to have peaked should prepare for a second wave of infection. Guidance on specific protective and precautionary measures has been sent to ministries of health in all countries. Countries with no or only a few cases should remain vigilant.

Countries with widespread transmission should focus on the appropriate management of patients. The testing and investigation of patients should be limited, as such measures are resource intensive and can very quickly strain capacities.

WHO has been in close dialogue with influenza vaccine manufacturers. I understand that production of vaccines for seasonal influenza will be completed soon, and that full capacity will be available to ensure the largest possible supply of pandemic vaccine in the months to come. Pending the availability of vaccines, several non-pharmaceutical interventions can confer some protection.

WHO continues to recommend no restrictions on travel and no border closures.

Influenza pandemics, whether moderate or severe, are remarkable events because of the almost universal susceptibility of the world's population to infection.

We are all in this together, and we will all get through this, together.

Thank you.

World Health Organization

DG Statement following the meeting of the Emergency Committee

Geneva, WHO, 11 June 2009
https://www.who.int/news/item/11-06-2009-dg-statement-following-the-meeting-of-the-emergency-committee

The Emergency Committee held its fourth meeting on 11th June 2009.

The Committee considered available information on transmission of New influenza A (H1N1) in a number of locations in countries in different regions of the World Health Organization, and concluded that the criteria for a pandemic have been met.

Following the advice from the Committee the WHO Director-General decided to raise the level of influenza pandemic alert from the current phase 5 to phase 6. At this early stage, the pandemic can be characterized globally as being moderate in severity.

As previously recommended by the Director-General, countries should not close borders or restrict international traffic and trade.

Countries should assess their specific situation and make a timely transition from focusing national efforts on containment to focusing on mitigation measures, including appropriate non-pharmaceutical interventions.

WHO remains in close dialogue with influenza vaccine manufacturers. It is understood that production of vaccines for seasonal influenza will be completed soon, and that full capacity will be available to ensure the largest possible supply of pandemic vaccine in the months to come.

ZEIT ONLINE

WHO ruft höchste Warnstufe aus

ZEIT Online, 11 Juni 2009, 19:11 Uhr
https://www.zeit.de/online/2009/25/amerikagrippe-who-pandemiefall

Die Weltgesundheitsbehörde hat die Amerikagrippe offiziell als globale Seuche eingestuft. Zu Panik aber besteht kein Grund, das H1N1-Virus gilt als milde.

Jetzt ist es auch offiziell: Die sogenannte Schweinegrippe ist eine Pandemie. Das hat die Weltgesundheitsbehörde (WHO) in Genf bestätigt. Die höchste Stufe, sprich die Stufe 6 des WHO-Pandemie-Alarmplans, war bislang noch nie ausgerufen worden. Dies liegt auch daran, dass der Plan nicht für gewöhnliche Grippen, sondern allein für neue Erreger gilt.

Der Pandemiefall, also die weltweite Ausbreitung einer Erkrankung, tritt per WHO-Definition dann ein, wenn es auf mindestens zwei Kontinenten zu einer fortgesetzten Mensch-zu-Mensch-Übertragung kommt. Dies ist in den vergangenen Wochen in puncto Amerikagrippe der Fall gewesen, wenngleich nicht überall eine entsprechende Verbreitung des Erregers herrscht.

Am Vormittag war in Genf der Notfall-Ausschuss der WHO zur Influenza H1N1 zusammengekommen, um über die Erhöhung der Alarmstufe zu beraten. Bereits am Mittwoch hatte WHO-Generalsekretärin Margaret Chan mit Vertretern von acht Ländern konferiert, in denen das Virus verstärkt auftritt. Darunter war auch Australien, wo es mittlerweile mehr als 1200 Fälle gibt.

In Deutschland ändert sich an der aktuellen Einschätzung der Lage wenig. Experten warnen auch vor jeder Form von Panik. Die Erhöhung der Alarmstufe sei eine reine Formsache. "Alle erforderlichen Strukturen funktionieren bereits jetzt", sagte der Präsident des Robert-Koch-Instituts (RKI), Jörg Hacker. Die deutsche Regierung hatte bereits 2005 einen nationalen Pandemieplan verabschiedet, der sich an den Vorgaben der WHO orientiert. Die Koordination obliegt dabei dem RKI in Berlin, Bund und Länder stimmen sich regelmäßig ab, die Bundesländer haben antivirale Medikamente in großen Mengen eingelagert.

Hinzu kommt, dass das H1N1-Virus zwar durchaus unberechenbar sei, die nun bestätigte Influenza-Pandemie aber eher harmlos verläuft. Zum Vergleich: An einer "gewöhnlichen Grippe", die in Deutschland im Winter, auf der Südhalbkugel dagegen zu unserer Sommerzeit auftritt, sterben allein hierzulande jedes Jahr zwischen 8000 bis 11.000 Menschen. Besonders betroffen sind vor allem Senioren und Kinder. In Jahren mit besonders schweren Epidemien, wie in der Saison 1995/96, kann es in Deutschland auch bis zu 30.000 Toten kommen. Allerdings gibt es gegen die seit Langem bekannten Erreger wirksame Impfstoffe.

Trotz der jüngsten Entscheidung der WHO gilt auch weiterhin die Ansicht des Gesundheitsministeriums: Der Pandemiefall ist hierzulande noch nicht eingetreten. Der Pandemieplan aus Genf gebe naturgemäß nur grobe Leitlinien vor, sagte RKI-Sprecherin Susanne Glasmacher. "Was im Einzelnen sinnvoll ist, muss jeder Staat für sich entscheiden." Und in Deutschland würden die Behörden derzeit nur eine "überschaubare Zahl von Erkrankungen" registrieren.

Dennoch infizieren sich auch in Deutschland noch Menschen an der Krankheit. So haben sich mindestens 30 Kinder der japanischen Schule in Düsseldorf mit der Amerikagrippe angesteckt. Den Kindern gehe es überwiegend gut und alle befänden sich zu Hause in Quarantäne, teilte das zuständige Gesundheitsamt mit. Die Zahl der Fälle in Nordrhein-Westfalen stieg mit den neuen Infektionen auf mehr als 40. Erst am Montag waren bundesweit 19 neue Fälle gezählt worden.

In vielen anderen Ländern zieht die jetzt ausgerufene höchste Warnstufe 6 jedoch weitere Vorsorgemaßnahmen nach sich, die bislang nicht installiert worden seien. Allerdings werden nun nicht – wie dies in Mexiko unmittelbar nach Ausbruch der Grippe der Fall war – Behörden, öffentliche Gebäude oder gar Schulen und Kindergärten geschlossen. Die WHO empfiehlt auch keine weiteren Beschränkungen, insbesondere nicht für Reisen, oder Grenzschließungen. "Keine bisherige Pandemie ist so früh entdeckt und von Anfang an so zeitnah beobachtet worden", sagte WHO-Chefin Chan.

Unterdessen sucht die Wissenschaft nach einem neuen Impfstoff. Die entsprechende Entwicklung ist nach Einschätzung von Forscherkreisen inzwischen so weit fortgeschritten, dass mit der Produktion bald begonnen werden kann. Im Herbst könnten also Impfstoffe gegen die Amerikagrippe zur Verfügung stehen. Weltweit sind seit dem ersten Auftreten des neuen Influenza-Erregers im Mai knapp 28.000 Menschen daran erkrankt. 141 Grippe Patienten sind gestorben.

JOHNS HOPKINS BLOOMBERG SCHOOL *of* PUBLIC HEALTH | **Center for Health Security**

Jennifer Nuzzo

A Closer Look at WHO Pandemic Declaration
2009 H1N1 Influenza Issue Brief

Clinicians' Biosecurity News, John Hopkins, 11 June 2009
https://web.archive.org/web/20200423183255/https://www.centerforhealthsecurity.org/cbn/2009/2009-SW-H1N1-Issue-Briefs/2009-06-11-A_Closer_Look_at_WHO_Pandemic_Declaration.html

On June 11, 2009, the World Health Organization (WHO) officially declared that the 2009 H1N1 virus had reached pandemic status, or Pandemic Alert Phase 6.[1] U.S. Centers for Disease Control and Prevention (CDC) Director Thomas Frieden noted at a June 11, 2009, press conference that the declaration of a pandemic does not indicate a change in severity of the 2009 H1N1 virus, but rather describes what health officials have observed for several weeks – that transmission of the virus is occurring across the globe.[2]

The WHO pandemic alert phases were initially outlined in WHO's 2005 global influenza preparedness plan. The 2005 plan made recommendations for international and national measures to be taken during each of the 6 phases of pandemic alert. However, in April 2009, WHO revised its pandemic plan and alert scale to reflect "advances in many areas of preparedness and response planning" that have occurred since 2005, including "increased understanding of past pandemics, strengthened outbreak communications, greater insight on disease spread and approaches to control, and increasingly sophisticated statistical modeling of various aspects of influenza".[3]

A brief overview of WHO's 2009 pandemic alert levels is provided below:

Phase 1: Influenza viruses may be circulating among animals, but there are no reports of such viruses causing infections in humans.

Phase 2: An animal influenza virus has caused infection in humans.

Phase 3: An "animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks." WHO notes that in some circumstances, limited human-to-human transmission of this virus may occur (eg, between "infected person and unprotected caregiver"), but transmission does not appear to be sustained beyond those circumstances.

Phase 4: An "animal or human-animal influenza reassortant virus that is capable of human-to-human transmission has caused verifable 'community-level outbreaks'." WHO notes that "Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion."

Phase 5: An animal or human-animal influenza reassortant virus has caused human-to-human transmission in at least 2 countries in 1 WHO region. WHO notes that while "most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short."

Phase 6 [PANDEMIC PHASE]: In addition to meeting the criteria of Phase 5, an animal or human-animal influenza reassortant virus has caused community outbreaks in humans in at least 2 WHO regions.[4]

Figure: Illustration of WHO Pandemic Influenza Phases (2009) ...

The new pandemic plan recommends actions according to groups of pandemic alert phases. For example:

- For Phases 1-3, WHO describes a set of actions that are aimed at overall strengthening of pandemic preparedness response capacities at local, national, regional, and global levels.
- For Phase 4, WHO recommends actions for containing a new virus "within [a] limited area" or for delaying its spread.
- For Phases 5-6, WHO's recommendations switch from preparedness to focus on response "at a global level to reduce the impact of a pandemic."[3']

It is encouraging that WHO revised its 2005 pandemic plan to accommodate new evidence. However, even under the new system of pandemic alert phases, WHO's declaration that 2009 H1N1 has reached pandemic status is not likely to change action at the national level, particularly in those countries that have been dealing with widespread outbreaks of the illness for many weeks.

In the United States, cases of 2009 H1N1 have been reported by 52 states and territories. As of June 11, WHO reported that there have been 28,774 cases of 2009 H1N1 infection and 144 deaths reported by 74 countries.[5] As WHO points out, the reported number of cases and extent of spread are likely a gross underestimate of the true extent of illness. Many countries continue to consider travel to North America in their case definitions, which would not capture cases resulting from community-wide transmission. Other countries, including the U.S., in an effort to conserve laboratory resources, encourage testing only severe cases. Focusing surveillance efforts on severe cases would likely miss the majority of 2009 H1N1 cases that experience mild symptoms and make a full recovery, often without seeking medical attention. Finally, in many parts of the world laboratory capacity is not sufficient to perform on even a limited scale the laboratory tests necessary to confirm 2009 H1N1 infection.[1]

In a recent report, the Trust for America's Health, the Robert Wood Johnson Foundation, and the Center for Biosecurity urged WHO and member nations to reevaluate their approaches to managing pandemic influenza in light of evidence from the outbreaks of 2009 H1N1.[6] Specifically, the report pointed out that WHO's 2005 pandemic alert phases caused confusion and did not address the fact that the 2009 H1N1 outbreaks were relatively mild.

It is critically important that both scientific evidence and operational feasibility be key determinants of pandemic response. WHO recognizes that during a pandemic, individual countries will make decisions regarding the control of the virus based on local conditions; however, WHO strongly urges that countries' response be evidence based.7 To that end, we feel that it is important to point out that, based on what is known about 2009 H1N1, WHO recommends that countries DO NOT employ the following actions during the pandemic:

- "Pandemic-related international border closures for people and/or cargo.
- General disinfection of the environment during a pandemic.
- The use of masks in the community by well persons.
- The restriction of travel within national borders during a pandemic, with the exception of a globally led rapid response and containment operation, or in rare instances where clear geographical and other barriers exist."[3]

We strongly support WHO's recommendation against these measures, as there is no compelling evidence to support their effectiveness or practicality in the current situation. It is critically important that WHO and member nations continue to consider all available data in responding to this pandemic.

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THE LANCET

Right-to-health responsibilities of pharmaceutical companies. Editorial

The Lancet, 5 May 2009 / 13 June 2009, 373 (9680): p. 1998
DOI:https://doi.org/10.1016/S0140-6736(09)61090-4

Almost 2 billion people worldwide lack access to essential medicines. The human rights responsibility to improve access lies mainly with the state. However, non-state actors, such as the pharmaceutical industry, share that responsibility too. On June 3, a UN independent human rights report on the practices and policies of GlaxoSmithKline (GSK) in relation to their right-to-health responsibilities and access to medicines was presented to the UN Human Rights Council. It is the first time that such a mission on a pharmaceutical company has ever been done. GSK should be commended for subjecting themselves to the process.

In 2008, Paul Hunt, UN Special Rapporteur on the right to highest attainable standard of health (2002–08), prepared human rights guidelines for the pharmaceutical industry that addressed transparency, management, monitoring and accountability, pricing, and ethical marketing. Recommendations from Hunt's recent GSK report in these areas will apply to other companies and include: greater transparency to ensure access to reliable information about medicines; greater accountability in relation to right-to-health standards, such as wider access to medicines especially for marginalised populations; and finally, as patent holders of life-saving medicines, to make the medicine as accessible as possible, as soon as possible, to all those in need within a viable business model. More specifically, companies should favour using commercial voluntary licences.

GSK was uncomfortable with the recommendations. It insisted that the right to health is not well-defined for non-state actors, and hence they cannot be held accountable to this international human right. On the contrary, both UN reports set out with reasonable precision how the right to health, in the international code of human rights, applies to the pharmaceutical industry, and both move from broad statements of principle to much more specific, operational requirements.

Pharmaceutical companies help deliver the right to health. They save lives. But with this role comes responsibilities – and companies must be better held to public account in relation to those responsibilities. The 2008 guidelines and the GSK report move us closer to that goal.

For GSK response see
http://198.170.85.29/GSK-response-to-Paul-Hunt-report-June-2009.pdf (deleted)

Mikhail Fumento
Independent Journalism Project

Los Angeles Times

Michael Fumento

WHO's flu

Los Angeles Times, 14 June 2009, 12 AM // 9, p. 21.
https://www.latimes.com/archives/la-xpm-2009-jun-14-oe-fumento14-story.html

How bizarre! The World Health Organization has declared swine flu a "pandemic," signaling governments worldwide to launch emergency response plans.

The mildest pandemics of the 20th century killed at least a million people worldwide, according to the WHO's data, while old-fashioned seasonal flu strikes every nation yearly and kills an estimated 250,000 to 500,000. As of Thursday, when the pandemic was declared, H1N1 swine flu had killed only 144 people total – fewer than succumb daily to seasonal flu annually. And in Mexico, where the outbreak began and where it has been the most severe, cases peaked quickly, in just four weeks.

A pandemic declaration will be costly when we can least afford it and could prompt severe restrictions on human activities (think China). Perhaps most important, such a declaration could render the term "flu pandemic" essentially meaningless – risking lethal public complacency if a bona fide one hits.

So how can the WHO say swine flu qualifies as a pandemic? And why?

The WHO definition for "influenza pandemic" once required "several, simultaneous epidemics worldwide with enormous numbers of deaths and illness." But in 2005, it promulgated a definition that virtually ignores the number of cases and completely ignores deaths. Now it requires "sustained chains of human-to-human transmission leading to community-wide outbreaks" in two parts of the world, with this addition: The cause must be an animal or human-animal flu virus; the latter is known as genetic reassortment.

Thus, under this definition, "community-wide outbreaks" of swine flu in two South American countries and somewhere in China could qualify as a pandemic. No deaths required. And a pure human flu that killed 20 million people would not qualify.

The obvious presumption is that viruses with animal genes pose a greater threat. But that's "a matter of faith more than science," says James Chin, a UC Berkeley epidemiologist who was in charge of surveillance and control of communicable diseases at the WHO in the late 1980s.

Indeed, the science indicates the presumption is false. The WHO first warned of an H5N1 avian flu pandemic in 2004, projecting up to 150 million deaths. Yet a 2007 study found H5N1 – though detected in 1959 – was many mutations away from the ability to become readily transmissible among humans.

We're also repeatedly warned that if H5N1 reassorted with human flu, it would produce a combination with the alleged severity of the bird virus and the infectiousness of the human one. Yet a 2006 Centers for Disease Control and Prevention study found the opposite: that a genetically engineered reassortment given to ferrets – the best animal models for human flu – produced milder and less infectious flu than did pure H5N1. Reassortment didn't create a "super flu" but rather a 98-pound weakling.

As to human-pig hybrids, a 1976 New Jersey swine flu outbreak in the dead of winter, when flu is most contagious, infected just 230 soldiers, killing one, on a crowded Army base.

At some level, the WHO knows its definition is faulty. The online "WHO Handbook for Journalists" still states: "A pandemic virus can emerge" by adapting "during human infections." And the WHO has warned that one way avian flu could become pandemic is through a purely human mutation.

But it's also true that the worst influenza pandemic in history, the Spanish flu of 1918-19, did involve an animal-human hybrid virus; that episode has become a popular obsession. Never mind that "each subsequent novel flu that sweeps through the world has been milder," Chin observes. "The public health community keeps waiting for the second coming" of Spanish flu, he says.

So, in 2005, the WHO apparently redefined "flu pandemic" to reflect the popular angst as well as its own.

A less generous observation is that the WHO's "when, not if" avian flu pandemic failed to materialize, and it has now put swine flu in its stead. In her pandemic announcement Thursday, WHO's director-general, Margaret Chan, declared: "The world can now reap the benefits of investments over the last five years in pandemic preparedness." Not really. Swine flu, being no more contagious and far milder than seasonal flu, calls for absolutely no actions that wouldn't apply to seasonal varieties.

"I think they're going to have to go back to the drawing board," says Chin of the WHO definition. For now, we'll pay in told and untold ways because the WHO has cried "havoc" and let slip the dogs of pandemic.

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VALLEY NEWS

Michael Fumento

The word 'Pandemic' is losing Meaning

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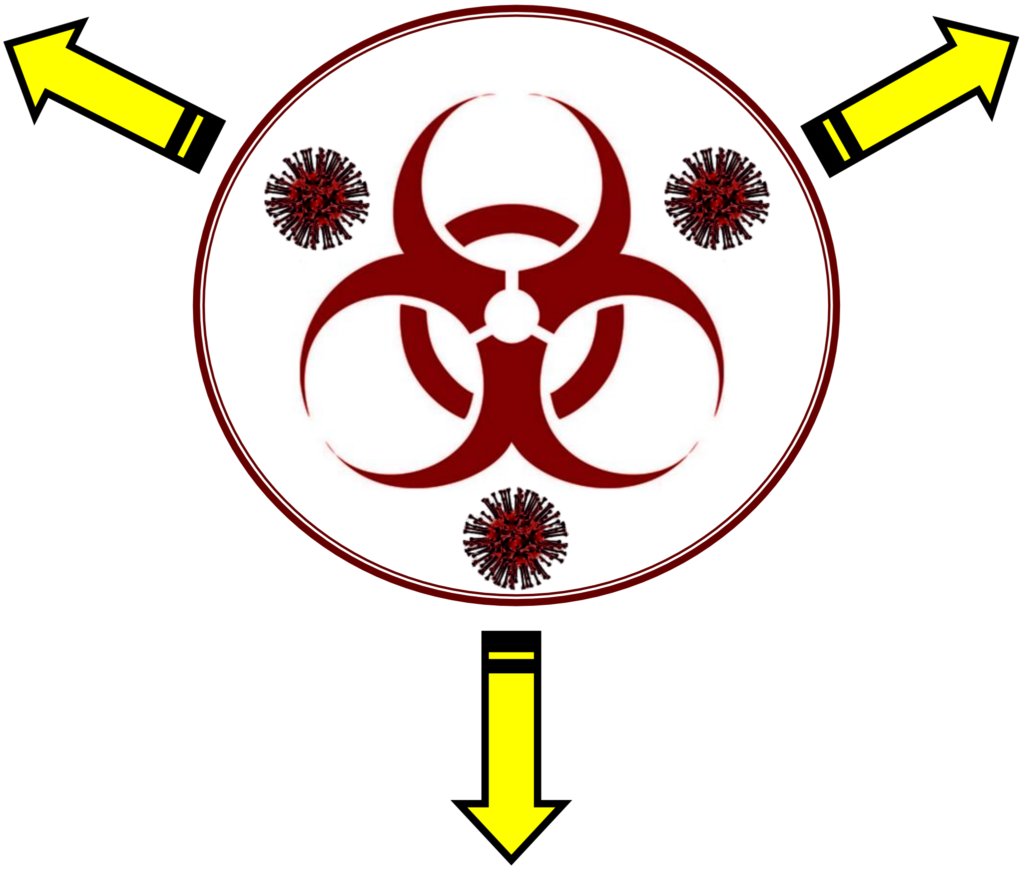
Chapter 7

Swine Flu virus Could Escape from some Laboratory



Roadmap
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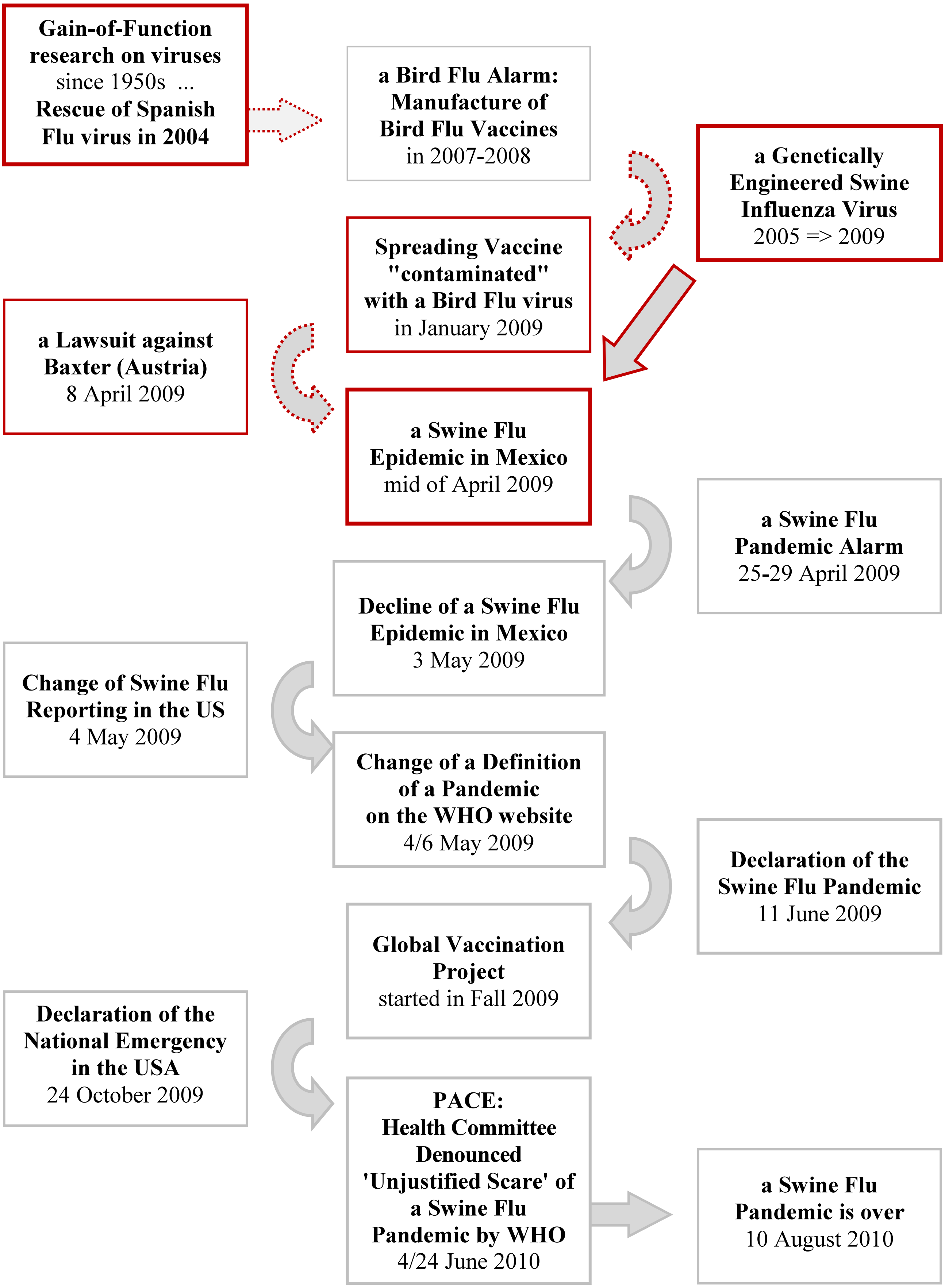

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Peter Palese, Adolfo Garcia-Sastre, Richard J. Webby,
Juergen A. Richt, Robert G. Webster, Kelly M. Lager

Genetically Engineered Swine Influenza Virus and Uses Thereof

US Patent, 8 January 2009 [Application Filed on June 1, 2005].
https://patents.google.com/patent/US20090010962A1/en

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(19) **United States**
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Palese et al.

(10) **Pub. No.: US 2009/0010962 A1**
(43) **Pub. Date: Jan. 8, 2009**

(54) **GENETICALLY ENGINEERED SWINE INFLUENZA VIRUS AND USES THEREOF**

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(2), (4) Date: **Feb. 6, 2008**

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(52) **U.S. Cl.** **424/199.1**; 435/236; 424/209.1; 435/325

(57) **ABSTRACT**

The present invention relates, in general, to attenuated swine influenza viruses having an impaired ability to antagonize the cellular interferon (IFN) response, and the use of such attenuated viruses in vaccine and pharmaceutical formulations. In particular, the invention relates to attenuated swine influenza viruses having modifications to a swine NS1 gene that diminish or eliminate the ability of the NS1 gene product to antagonize the cellular IFN response. These viruses replicate in vivo, but demonstrate decreased replication, virulence and increased attenuation, and therefore are well suited for use in live virus vaccines, and pharmaceutical formulations.

Abstract

The present invention relates, in general, to attenuated swine influenza viruses having an impaired ability to antagonize the cellular interferon (IFN) response, and the use of such attenuated viruses in vaccine and pharmaceutical formulations.

In particular, the invention relates to attenuated swine influenza viruses having modifications to a swine NS1 gene that diminish or eliminate the ability of the NS1 gene product to antagonize the cellular IFN response. These viruses replicate in vivo, but demonstrate decreased replication, virulence and increased attenuation, and therefore are well suited for use in live virus vaccines, and pharmaceutical formulations.

The Frederick News-Post

Justin M. Palk

Fort Detrick disease Samples may be Missing

The Frederick News-Post, 22 April 2009
https://web.archive.org/web/20090424100741/https://www.fredericknewspost.com/sections/news/display.htm?StoryID=89293

Army criminal investigators are looking into the possibility that disease samples are missing from biolabs at Fort Detrick.

As first reported in today's edition of The Frederick News-Post by columnist Katherine Heerbrandt, the investigators are from the U.S. Army Criminal Investigation Division unit at Fort Meade.

Chad Jones, spokesman for Fort Meade, said CID is investigating the possibility of missing virus samples from the U.S. Army Medical Research Institute of Infectious Diseases.

He said the only other detail he could provide is that the investigation is ongoing.

Fort Detrick does not have its own CID office, Jones said, which is why Fort Meade's CID was brought in.

Jones said he could not comment on when the investigation started.

CID is responsible for investigating crimes where the Army is, or may be, a party of interest, according to the U.S. Army Criminal Investigation Command website.

USAMRIID is the Army's top biodefense lab, where researchers study pathogens including Ebola, anthrax and plague.

In February, USAMRIID halted all its research into these and other diseases, known as "select agents" following the discovery of virus samples that weren't listed in its inventory.

The institute's commander, Col. John Skvorak, ordered research halted while workers conducted a complete inventory of the institute's select agents.

That inventory is nearly completed, though the exact end date isn't known yet, said Caree Vander Linden, USAMRIID spokeswoman.

Vander Linden said she didn't know about the CID investigation and referred questions to the CID's head public affairs office.

There is no indication whether the CID investigation is connected to USAMRIID's re-inventorying of its select agent stocks.

ABS-CBN NEWS

Indonesian Minister says Swine Flu could be Man-made

ABS-CBN News, 28 April 2009, 03:22 PM
https://news.abs-cbn.com/world/04/28/09/indonesian-minister-says-swine-flu-could-be-man-made

Jakarta - Indonesian Heath Minister Siti Fadilah Supari said Tuesday the deadly swine flu virus could have been man-made, as she urged calm over its spread around the world..

The controversial minister did not elaborate but in the past she has said Western governments could be making and spreading viruses in the developing world to boost pharmaceutical companies' profits.

"I'm not sure whether the virus was genetically engineered but it's a possibility," she told reporters at a press conference called to reassure the public over the government's response to the swine flu threat.

No cases of the disease have been reported in Indonesia, the country worst hit by the bird flu virus which has killed about 250 people worldwide since 2003.

Indonesian authorities have increased body temperature scanners at airports and banned imports of live pigs and pork products, amid World Health Organisation (WHO) warnings of a pandemic.

Supari, a cardiologist, also claimed that the H1N1 strain of swine flu, which is believed to have killed more than 150 people in Mexico, could not survive in tropical countries like Indonesia.

"We have to be alert at all times although swine flu in Indonesia is not a cause for panic," she said.

"H1N1 survives in countries with four seasons. The type A H1N1 virus hopefully won't be able to sustain itself once it enters the tropical climate of Indonesia," she added.

The virus has been found in 11 countries including Mexico, the United States and Spain, while several other countries from Colombia to New Zealand are investigating suspected cases.

Supari said the health ministry had prepared 100 hospitals to handle swine flu cases should the disease enter Indonesia.

The minister has refused since 2006 to share all but a handful of Indonesia's bird flu virus samples with WHO researchers, saying the system is being abused by rich countries to develop profitable vaccines which poor countries must buy.

Bloomberg

Jason Gale and Simeon Bennett

Swine Flu may be Human Error, Scientist says; WHO Probes Claim

Bloomberg, 12 May 2009 // 13 May 2009
https://web.archive.org/web/20100526000030/http://www.bloomberg.com/apps/news?pid=20601087&sid=afrdATVXPEAk&refer=home
https://web.archive.org/web/20120314201724/http://www.bloomberg.com/apps/news?pid=newsarchive&sid=afrdATVXPEAk
https://mapcruzin.com/news/swine-flu051309a.htm

May 13 (Bloomberg) – The World Health Organization is investigating a claim by an Australian researcher that the swine flu virus circling the globe may have been created as a result of human error.

Adrian Gibbs, 75, who collaborated on research that led to the development of Roche Holding AG's Tamiflu drug, said in an interview that he intends to publish a report suggesting the new strain may have accidentally evolved in eggs scientists use to grow viruses and drugmakers use to make vaccines. Gibbs said he came to his conclusion as part of an effort to trace the virus's origins by analyzing its genetic blueprint.

"One of the simplest explanations is that it's a laboratory escape," Gibbs said in an interview with Bloomberg Television today. "But there are lots of others."

The World Health Organization received the study last weekend and is reviewing it, Keiji Fukuda, the agency's assistant director-general of health security and environment, said in an interview May 11. Gibbs, who has studied germ evolution for four decades, is one of the first scientists to analyze the genetic makeup of the virus that was identified three weeks ago in Mexico and threatens to touch off the first flu pandemic since 1968.

A virus that resulted from lab experimentation or vaccine production may indicate a greater need for security, Fukuda said. By pinpointing the source of the virus, scientists also may better understand the microbe's potential for spreading and causing illness, Gibbs said.

Possible Mistake

"The sooner we get to grips with where it's come from, the safer things might become," Gibbs said by phone from Canberra yesterday. "It could be a mistake" that occurred at a vaccine production facility or the virus could have jumped from a pig to another mammal or a bird before reaching humans, he said.

Gibbs and two colleagues analyzed the publicly available sequences of hundreds of amino acids coded by each of the flu virus's eight genes. He said he aims to submit his three-page paper today for publication in a medical journal.

"You really want a very sober assessment" of the science behind the claim, Fukuda said May 11 at the WHO's Geneva headquarters.

The U.S. Centers for Disease Control and Prevention in Atlanta has received the report and has decided there is no evidence to support Gibbs's conclusion, said Nancy Cox, director of the agency's influenza division. She said since researchers don't have samples of swine flu viruses from South America and Africa, where the new strain may have evolved, those regions can't be ruled out as natural sources for the new flu.

No Evidence

"We are interested in the origins of this new influenza virus," Cox said. "But contrary to what the author has found, when we do the comparisons that are most relevant, there is no evidence that this virus was derived by passage in eggs."

The WHO's collaborative influenza research centers, which includes the CDC, and sites in Memphis, Melbourne, London and Tokyo, were asked by the international health agency to review the study over the weekend, Fukuda said. The request was extended to scientists at the Food and Agriculture Organization in Rome, the World Organization for Animal Health in Paris, as well as the WHO's influenza network, he said.

"My guess is that the picture should be a lot clearer over the next few days," Fukuda said. "We have asked a lot of people to look at this."

Virus Expert

Gibbs wrote or co-authored more than 250 scientific publications on viruses during his 39-year career at the Australian National University in Canberra, according to biographical information on the university's Web site.

Swine flu has infected 5,251 people in 30 countries so far, killing 61, according to WHO data. Scientists are trying to determine whether the virus will mutate and become more deadly if it spreads to the Southern Hemisphere and back. Flu pandemics occur when a strain of the disease to which few people have immunity evolves and spreads.

Gibbs said his analysis supports research by scientists including Richard Webby, a virologist at St. Jude Children's Research Hospital in Memphis, who found the new strain is the product of two distinct lineages of influenza that have circulated among swine in North America and Europe for more than a decade.

In addition, Gibbs said his research found the rate of genetic mutation in the new virus was about three times faster than that of the most closely related viruses found in pigs, suggesting it evolved outside of swine.

Gene Evolution

"Whatever speeded up the evolution of these genes happened at least seven or eight years ago, so one wonders, why hasn't it been found?" Gibbs said today.

Some scientists have speculated that the 1977 Russian flu, the most recent global outbreak, began when a virus escaped from a laboratory.

Identifying the source of new flu viruses is difficult without finding the exact strain in an animal or bird "reservoir," said Jennifer McKimm-Breschkin, a virologist at the Commonwealth Science and Industrial Research Organization in Melbourne.

"If you can't find an exact match, the best you can do is compare sequences," she said. "Similarities may give an indication of a possible source, but this remains theoretical."

The World Organization for Animal Health, which represents chief veterinary officers from 174 countries, received the Gibbs paper and is working with the WHO on an assessment, said Maria Zampaglione, a spokeswoman.

Genetic Patterns

The WHO wants to know whether any evidence that the virus may have been developed in a laboratory can be corroborated and whether there are other explanations for its particular genetic patterns, according to Fukuda. "These things have to be dealt with straight on," he said. "If someone makes a hypothesis, then you test it and you let scientific process take its course."

Gibbs said he has no evidence that the swine-derived virus was a deliberate, man-made product.

"I don't think it could be a malignant thing," he said. "It's much more likely that some random thing has put these two viruses together."

Gibbs, who spent most of his academic career studying plant viruses, said his major contribution to the study of influenza occurred in 1975, while collaborating with scientists Graeme Laver and Robert Webster in research that led to the development of the anti-flu medicines Tamiflu and Relenza, made by GlaxoSmithKline Plc.

Bird Poo

"We were out on one of the Barrier Reef islands, off Australia, catching birds for the flu in them, and I happened to be the guy who caught the best," Gibbs said. The bird he got "yielded the poo from which was isolated the influenza isolate strain from which all the work on Tamiflu and Relenza started."

Gibbs, who says he studies the evolution of flu viruses as a "retirement hobby," expects his research to be challenged by other scientists.

"This is how science progresses," he said. "Somebody comes up with a wild idea, and then they all pounce on it and kick you to death, and then you start off on another silly idea."

The Washington Post

Nelson Hernandez

Fort Detrick Inventory Turns up 9,220 More Vials of Pathogens

The Washinogton Post, 18 June 2009
https://www.washingtonpost.com/wp-dyn/content/article/2009/06/17/AR2 009061703271.html
https://web.archive.org/web/20121112050843/http://www.washingtonpost.com/wp-dyn/content/story/2009/06/17/ST2009061703604.html

An inventory of potentially deadly pathogens at Fort Detrick's infectious disease laboratory found more than 9,000 vials that had not been accounted for, Army officials said yesterday, raising concerns that officials wouldn't know whether dangerous toxins were missing.

After four months of searching about 335 freezers and refrigerators at the U.S. Army Medical Research Institute of Infectious Diseases in Frederick, investigators found 9,220 samples that hadn't been included in a database of about 66,000 items listed as of February, said Col. Mark Kortepeter, the institute's deputy commander.

FBI investigators concluded that Fort Detrick probably was the source of the anthrax spores used in the deadly mailings of 2001 (2008 Photo By Susan Biddle - The Washington Post).

The vials contained some dangerous pathogens, among them the Ebola virus, anthrax bacteria and botulinum toxin, and less lethal agents such as Venezuelan equine encephalitis virus and the bacterium that causes tularemia. Most of them, forgotten inside freezer drawers, hadn't been used in years or even decades. Officials said some serum samples from hemorrhagic fever patients dated to the Korean War.

Kortepeter likened the inventory to cleaning out the attic and said he knew of no plans for an investigation into how the vials had been left out of the database. "The vast majority of these samples were working stock that were accumulated over decades," he said, left there by scientists who had retired or left the institute.

"I can't say that nothing did [leave the lab], but I can say that we think it's extremely unlikely," Kortepeter said.

Still, the overstock and the previous inaccuracy of the database raised the possibility that someone could have taken a sample outside the lab with no way for officials to know something was missing.

"Nine thousand, two hundred undocumented samples is an extraordinarily serious breach," said Richard H. Ebright, a professor at Rutgers University who follows biosecurity. "A small number would be a concern; 9,200 . . . at an institution that has been the focus of intense scrutiny on this issue, that's deeply worrisome. Unacceptable."

The institute has been under pressure to tighten security in the wake of the 2001 anthrax attacks, which killed five people and sickened 17. FBI investigators say they think the anthrax strain used in the attacks originated at the Army lab, and its prime suspect, Bruce E. Ivins, researched anthrax there. Ivins committed suicide last year during an investigation into his activities.

Kortepeter noted that since 2001 the lab has imposed multiple layers of security to check people entering and leaving, that there are now cameras in the labs, and that employees are subjected to a reliability program and random inspections.

"The bottom line is, we have a lot of buffers to prevent anybody who shouldn't be getting into the laboratory," Kortepeter said.

Sam Edwin, the institute's inventory control officer, said most of the samples found were vials with tiny amounts of pathogens that would thaw quickly and die once they were taken out of a freezer, making smuggling something off the base difficult.

The probe began in February, when a problem accounting for Venezuelan equine encephalitis virus triggered the suspension of most research at the lab. A spot check in January found 20 samples of the virus in a box of vials instead of the 16 listed in the institute's database. Most work was stopped until the institute could take a thorough inventory of its stock of viruses and bacteria.

Edwin said about 50 percent of the samples that had been found were destroyed. The rest were added to the catalog. Because the lab will now conduct an inventory every year, "it's really less likely that we will be in a situation like this again," he said.

Procedures have changed, too. Scientists who have worked at the lab said that in the past, departing scientists turned over their logbooks to their successors, but records were sometimes incomplete or complex. As generations of scientists passed through, the knowledge of what was in the freezers was lost. With a comprehensive database, every sample is now tracked until it is destroyed or transferred.

But some scientists are skeptical. Unlike uranium or chemical weapons, pathogens are living materials that can replicate and die. A small amount can easily be turned into a large amount. They said the strict inventories slow their work without guaranteeing security.

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Surgical Neurology International
Editor-in-Chief: Nancy E. Epstein, MD, Clinical Professor of Neurological Surgery, School of Medicine, State U. of NY at Stony Brook.
SNI: Infection

SNI.

Mikhail Teppone

History of advances in genetic engineering of viruses before COVID-19 pandemic

Surg Neurol Int. 2023 Mar 24;14:109
doi: 10.25259/SNI_36_2023. PMID: 37025520; PMCID: PMC10070288.
https://surgicalneurologyint.com/surgicalint-articles/history-of-advances-in-genetic-engineering-of-viruses-before-covid-19-pandemic/

Background: On December 31, 2019, the World Health Organization's China Country Office was alerted to cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China.

...

Results: The first artificial genetically modified viruses could appear in nature in the mid-1950s. The technique of nucleic acid hybridization was developed by the end-1960s. In the late 1970s, a method called the "reverse genetics" emerged to synthesize ribonucleic acid and deoxyribonucleic acid molecules. In the early 1980-s, it became possible to combine the genes of different viruses and insert the genes of one virus into the genome of another virus. Since that time, the production of vector vaccines began. At present, by modern technologies one can assemble any virus based on the nucleotide sequence available in the virus database or designed by a computer as a virtual model.

Introduction: On December 31, 2019, the World Health Organization's China Country Office was alerted to cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China.

On January 21, 2020, Sather tweeted that the coronavirus that caused the epidemic in China was patented back in 2018. Sather also recalled that in early 2019, the World Health Organization (WHO) named vaccine hesitancy as one of the top ten threats to global health. On September 12, 2019, the WHO organized the Global Vaccine Summit, which discussed three important topics, namely: "In Vaccines we trust," "The Magic of Science" and "Vaccines Protecting Everyone, Everywhere."

At the same time, workshops were held with some media and social networks in regard to the censorship of the content of publications. In particular, it was recommended to limit discussions on the topics related to the effectiveness of natural immunity and natural treatments, as well as the necessity and effectiveness of vaccination and its side effects. Sather then asked questions whether the new disease was planned, whether it will be a way to raise money through the BigPharma system, whether the mass media are used to instill fear around a new disease, etc.

...

On January 31, 2020, an article "*Unique inserts in the 2019-nCoV spike protein*" was published followed by another one "*Reduction and functional exhaustion of T-Cells*."

Since that time, some media began to discuss the origin of the new virus, including the assumption of a virus leak from a bio-laboratory or even of a biological warfare...

Confirmation of the possibility to obtain a new virus in the laboratory was the assembling of a synthetic coronavirus in a Swiss laboratory in February 2020. For the synthesis the scientists used a nucleotides sequence in the viral genome published by Chinese authors.

Nevetheless ... supporters of the natural origin of the new virus were in the majority. Among them, one can find many experts from all over the world who claimed that nowadays it was impossible to create a virus like SARS-CoV-2 in the laboratory. In March 2020, around 30 scientists published an article in the Lancet, which stated the following: "We stand together to strongly condemn conspiracy theories suggesting that COVID-19 does not have a natural origin. Scientists from multiple countries have published and analyzed genomes of the causative agent, SARS-CoV-2, and they overwhelmingly conclude that this coronavirus originated in wildlife."

On April 18, 2020, Yuan Zhiming, a director of the Wuhan Institute of Virology, declared: "From my personal understanding of virology, there is no evidence to prove that the virus has artificial or synthetic traces. Besides, some scientists believe that to synthesize a virus requires extraordinary intelligence and work load. So I have never believed that we humans would have the capability at this time to synthesize such a virus."

...

Discussion: This review suggests that the emergence of new genetically modified viruses became possible no later than the mid-1950s. In the ongoing studies, natural viruses were treated with various physical or chemical agents, and then they were selected depending on the weakening or strengthening of the pathogenic functions of the virus. As is known, the first pandemic caused by a reassortant virus, including the genes of the avian and human influenza viruses (H2N2), occurred in 1957–1958.

Later it became possible to combine the genes of different viruses and insert the genes of some viruses into the genomes of other viruses. Since that time, the production of vector vaccines has begun, for which genetically modified reassortant viruses were used. The construction of viruses similar to SARS-CoV-2 became possible around the border of 1980s and 1990s. It is likely that the first reassortant virus, which included the genes of four different virus at the same time, was discovered in nature during the "swine flu" pandemic that began in the spring of 2009.

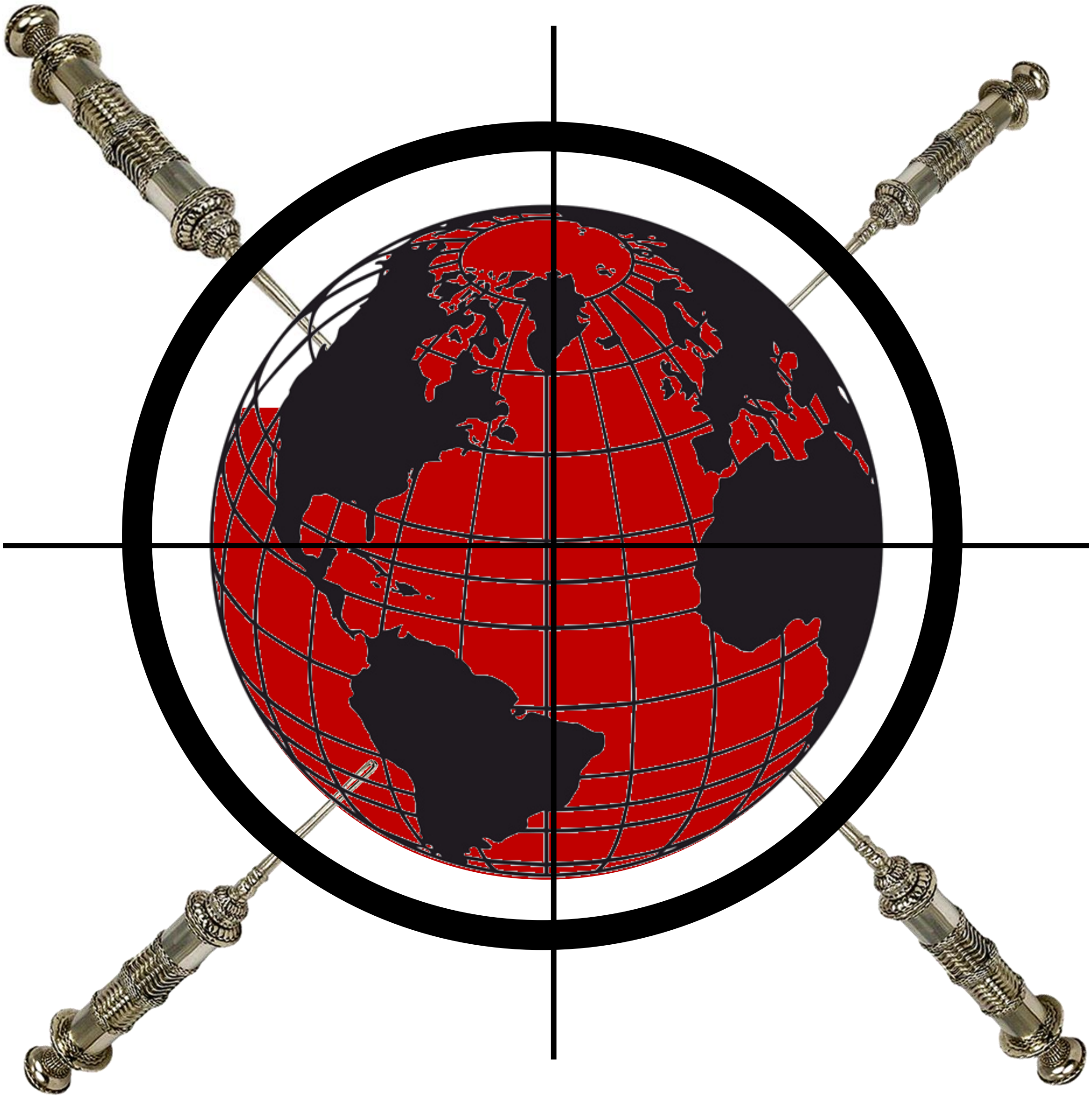
At present, there are all the necessary technologies for assembling any full-sized virus based on the nucleotide sequence available in the virus database, or for creating a new artificial virus based on a virtual model offered by a computer.

Conclusion: The given above has confirmed that before the emergence of COVID-19 pandemic the ability of genetic engineering of the viruses was more advanced than needed to construct the virus which is similar to SARS-CoV-2. Thus, scientists around the world should support Neil Harrison and Jeffrey Sachs of Columbia University (USA) in calling for a thorough and independent investigation into the origin of SARS-CoV-2. Only a full understanding of the origin of the new virus can minimize the likelihood of a similar pandemic in the future.

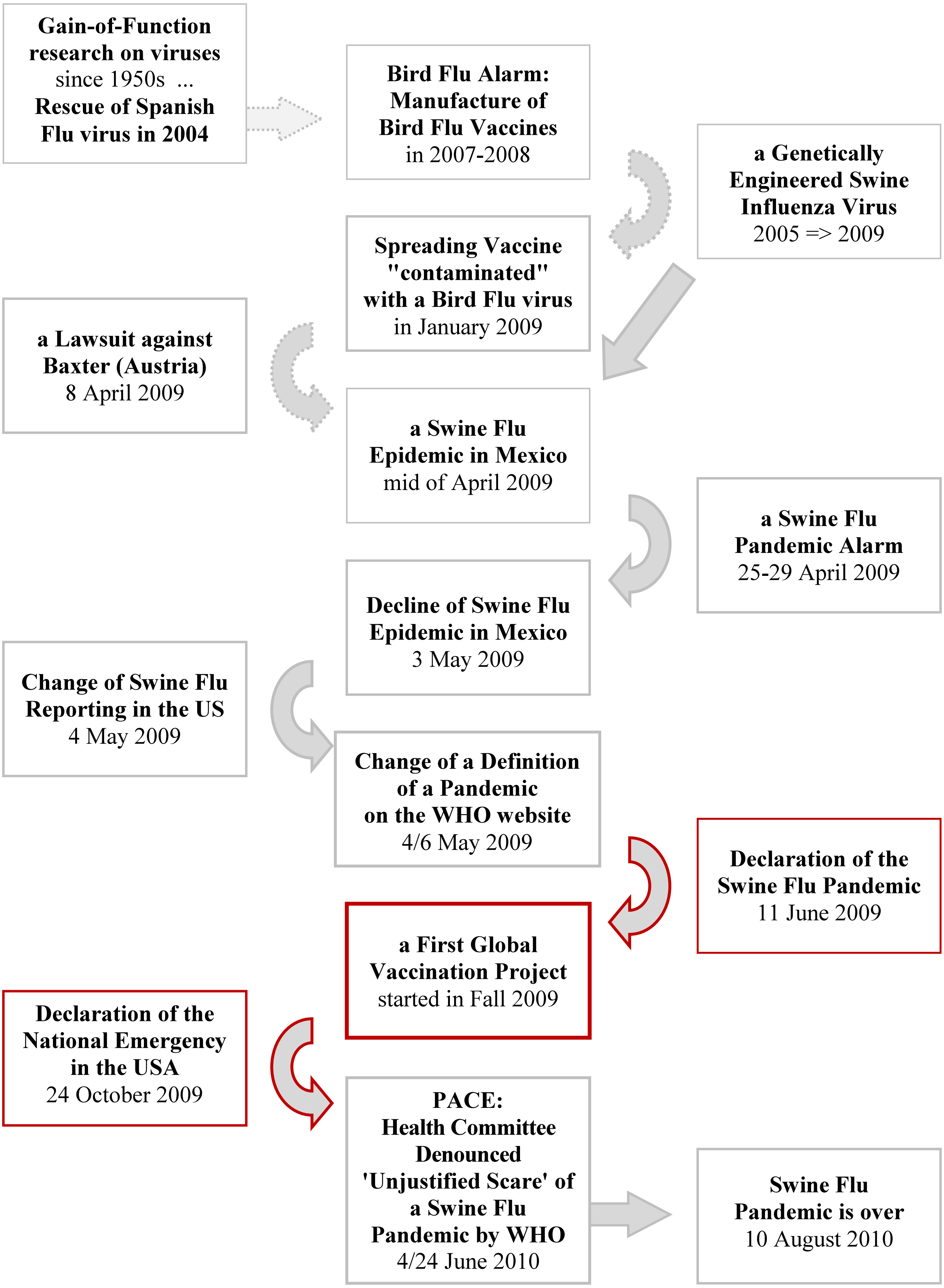
for more details see => Vol. 3

Chapter 8

The First Global Vaccination Project in Human History



Roadmap
of the Swine Flu Pandemic



U.S. Department of Commerce

Otfried Kistner, Christa Tauer, Noel Barrett, Wolfgang Mundt

Method for Producing Viral Vaccines: US20090060950A1

US Patent, Application on 28 August 2008; Publication on 5 March 2009
https://patents.google.com/patent/US20090060950A1/en

US 20090060950A1

(19) **United States**
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(43) **Pub. Date: Mar. 5, 2009**

(54) **METHOD FOR PRODUCING VIRAL VACCINES**

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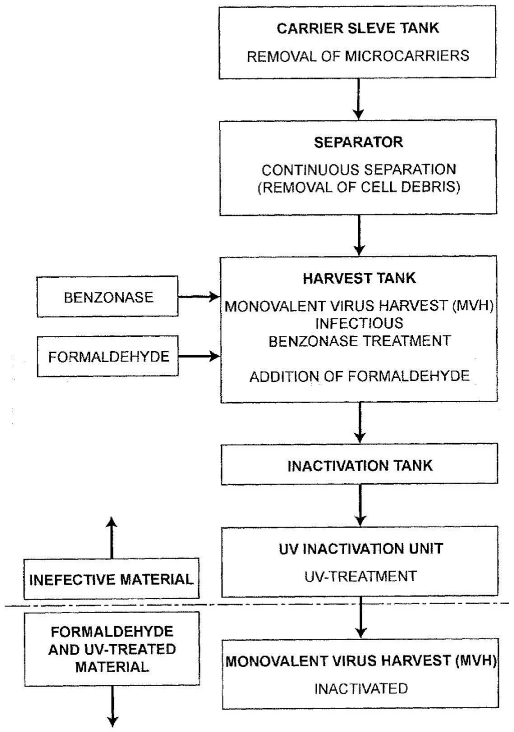
A61P 31/16	(2006.01)

(52) **U.S. Cl.** **424/209.1**; 424/204.1

(57) **ABSTRACT**

The present invention provides a method for the manufacture of a preparation comprising virus antigens comprising a) inoculation of cells with infectious virus in a fluid,
b) propagation of said virus in said cells,
c) collecting said propagated virus,
d) inactivating said collected virus, and
e) treating said inactivated virus with a detergent, resulting in a preparation comprising viral antigens.



REUTERS

Katie Reid, Laura MacInnis

WHO sees 4.9 billion pandemic flu shots in best-case

Reuters, 19 May 2009, 7:39 P.M.
https://www.reuters.com/article/us-flu-who-idUSTRE54H1XO20090519

Geneva (Reuters) – Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario, the head of the World Health Organization said on Tuesday, as rich and poor countries grappled over limited supplies.

WHO Director-General Margaret Chan told reporters after her meeting with 30 pharmaceutical companies that "there are a lot of unanswered questions" about how many vaccines could be made to protect vulnerable people from the new H1N1 virus.

"That is a very optimistic maximum capacity," she said of the 4.9 billion estimate, which would be significantly lower if people need more than one injection to gain immunity against the strain or if seasonal flu vaccine-making continues.

Bringing a new pandemic vaccine to market – if it goes ahead – is expected to take 4-6 months, according to the WHO. It must be tested first on ferrets and then on humans in clinical trials before regulatory authorities can approve it.

U.N. Secretary-General Ban Ki-moon told the news briefing that while the newly-discovered virus strain now appears mild, it needs to be closely watched as it spreads around the world and starts to afflict impoverished countries.

"We may be in a grace period with H1N1 but we are still in the danger zone," Ban said.

Earlier on Tuesday, the United Nations chief said it was essential for drugmakers to work with governments to avert the worst potential impacts of the flu, which has killed 79 people and infected nearly 10,000.

"Partnerships with the private sector are absolutely vital," he told representatives of the WHO's 193 member governments gathered in Geneva, urging them to think beyond their borders in their response to the H1N1 strain.

Though most people infected so far have experienced mild symptoms similar to the common flu, pregnant women and people with HIV/AIDS, diabetes and other health problems appear to be vulnerable to more severe effects like pneumonia.

Health experts have said weather could affect the continued spread of the virus, with more cases expected as countries in the southern hemisphere move into winter. Flu viruses typically thrive in cold and dry environments.

Ready to Produce

Pharmaceutical executives taking part in Tuesday's vaccines meeting at the WHO's Geneva headquarters said they were primed to ramp up production of H1N1 vaccines if needed, and would await more directions about how to balance their output.

"Our companies stand ready to produce H1N1 vaccines when the recommendation comes from the WHO," the International Federation of Pharmaceutical Manufacturers and Associations said.

Six companies have pledged to make 10 percent of the vaccine they produce available for distribution to poor countries, and eight are in talks about donations, said Gelmer Leibbrandt, general manager of Schering-Plough's Nobilon.

Chan said that vaccine makers have shown "a very serious commitment" to help the international community prepare for a pandemic of flu, which could be mild in its effects to start and become more severe as it circles the globe.

Questions remain about whether an H1N1-only vaccine is needed in the near-term – especially if its production cuts the world's supply of injections for seasonal flu, which kills up to 500,000 people a year and causes severe illness in millions.

U.S. Health and Human Services Secretary Kathleen Sebelius said pharmaceutical companies should ramp up their production of seasonal flu shots and then later switch to pandemic injection making "if that is necessary."

"There is still so much uncertainty about this virus that it is really premature for us to even make a determination about how many people would appropriately be vaccinated, in what order, how many doses will be required, at what point. All those discussions are still very much underway," Sebelius said.

Ban, in his remarks to the World Health Assembly, called on wealthy nations to help support poorer states fight the flu.

But one international official said he expected battles ahead as governments try to secure finite supplies of antiviral drugs and vaccines to protect their populations.

"Enabling poor countries to be able to access the various medical supplies they need is going to be a critical political and technical issue," he said. "This issue will require political attention."

The WHO has said the world is on the brink of pandemic from the H1N1 virus, which has been most prevalent in North America and begun to infect large numbers in Japan, Britain and Spain.

United Nations Secretary-General Ban Ki-moon (R)
listens to WHO Director-General Margaret Chan (C) during a visit to the Strategic Health Operations Centre (SHOC) room at the World Health Organization (WHO) headquarters in Geneva, May 19, 2009.
REUTERS/Christopher Balck/WHO/Handout
https://www.reuters.com/article/us-flu-who-idUSTRE54H1XO20090519

Китай произвел первую партию вакцины против свиного гриппа

News.ru, 22 июня 2009, 15:47
https://www.newsru.com/world/22jun2009/china_5.html

В КНР в понедельник выпущена первая партия вакцины против смертельно опасного вируса A/H1N1 - свиного гриппа. По информации агентства Sina, всего произведено 90 тысяч доз.

Предполагается, что в течение 40-50 дней вакцина пройдет клинические испытания, после чего примерно в сентябре препарат поступит в больницы. До октября будут привиты все представители групп риска, сообщает РИА "Новости".

По мнению экспертов, больше всего подвержены риску заражения гриппом A/H1N1 дети до 7 лет, люди, имеющие хронические заболевания (сердечно-сосудистые и легочные болезни, диабет), а также люди, находящиеся в тревожно-депрессивном состоянии.

Производство вакцины против нового гриппа в Китае началось в начале июня. Изготовлением препарата занимаются 11 фармацевтических предприятий страны. Объем производства планируется довести до 360 миллионов доз в год.

Всего на борьбу с распространением опасной инфекции власти КНР выделили 5 миллиардов юаней (725 миллионов долларов). В Китае зафиксировано уже 737 случаев заражения вирусом гриппа A/H1N1, смертельных случаев пока нет.

Между тем, по последним данным Всемирной организации здравоохранения (ВОЗ), в 95 странах мира официально подтверждены 44287 случаев заболевания людей гриппом A/H1N1. 180 человек скончались.

11 июня ВОЗ впервые более чем за 40 лет официально объявила о введении шестого, максимального уровня угрозы пандемии в связи со стремительным распространением по миру нового вида гриппа. В России официально подтверждены лабораторными анализами три случая заражения A/H1N1.

Россия тоже скоро представит свою вакцину от свиного гриппа

Медики России также готовы в скором времени представить вакцину от нового вируса. Еще в мае они выделили первый в России штамм гриппа A/H1N1, благодаря которому и будет разработана вакцина. На разработку российской вакцины, по оценкам директора Института гриппа РАМН Олега Киселева, уйдет не менее трех месяцев, еще два месяца потребуется на ее испытание и запуск производства. Врачи обещают, что в случае стремительного распро странения вируса на территории РФ, препарата хватит всем.

"Что касается вакцины, то здесь особенно чудес никаких нет: на основе традиционного для РФ вируса гриппа А (H1N1) она вырабатывается ежегодно. Сейчас речь идет о том, чтобы

привести ее в соответствие с новым высокопатогенным штаммом. Это в состоянии сделать специалисты в России, и мы даже берем обязательства, что постараемся подготовить кандидатную вакцину месяца за три", - сказал Киселев журналистам в понедельник.

По его мнению, Россия столкнется с гриппом A/H1N1 в ноябре этого года, сообщает РИА "Новости". "Вирус гриппа нуждается в сезонной поддержке. Лето - не пора гриппа на территории РФ... В ноябре мы встретим первую реальную волну", - сказал Киселев.

Он напомнил, что к настоящему времени в России подтверждены лишь три случая заболевания гриппом A/H1N1, причем занесенных из других регионов. Также выявлено два случая подозрения на грипп A/H1N1 - в Москве и Петербурге.

Петербургские медики проверяют анализы, взятые у пациента с подозрением на грипп A/H1N1, сообщил Киселев. Он отметил, что в настоящее время петербургские медики продолжают исследовать взятый у пациента биоматериал. "Сейчас материалы расшифровываются.

По первым анализам - ситуация сомнительная. Идет повторное исследование", - отметил директор НИИ. Он не смог уточнить состояние здоровья пациента и ему не известно, выписан ли больной из стационара.

Глава НИИ гриппа РАН отметил также, что новые исследования этого вируса, проведенные американским коллегами, "внушают оптимизм". "Он не относится к высокопатогенным", - сказал Киселев. Вместе с тем, по словам главы НИИ, исследователи США подчеркивают, что к группе риска по этому заболеванию относятся те категории граждан, которые имеют серьезные сопутствующие заболевания, например сахарный диабет и сердечно-сосудистые болезни. Этим людям Киселев посоветовал немедленно обращаться к врачу при первых симптомах простуды.

Кроме того, он сообщил, что американские ученые отметили "поразительную чувствительность" к этой болезни людей с избыточны весом. Правда, по его словам, в России и США понятие "избыточный вес" разное, в США к ним относят людей с весом более 120 килограммов. "Я 20 лет занимаюсь этой проблемой и, наверное, первый раз такое объявление в адрес людей с такими проблемам", - сказал Киселев.

YAHOO! NEWS UK & IRELAND

'All Brits' to be Vaccinated For Swine Flu

Sky News, 12 July 2009, 11:58 am.
https://web.archive.org/web/20090715202501/http://uk.news.yahoo.com/5/20090712/tuk-all-brits-to-be-vaccinated-for-swine-45dbed5.html

The entire population could be vaccinated against swine flu as health chiefs draw up plans to build a nationwide immunity to the disease.

In what would be the biggest vaccination programme of the last 50 years, experts are already formulating a priority list of patients before the bug becomes more virulent.

The fast-tracking comes after the first British patient without underlying health problems succumbed to the disease - the 15th swine flu death in the UK.

Peter Holden, the British Medical Association's lead negotiator on swine flu, told The Sunday Times: "The high risk groups will be done at GPs' surgeries."

He added: "If the virus does (mutate), it can get a lot more nasty, and the idea is to give people immunity.

"But the sheer logistics of dealing with 60 million people can't be underestimated."

On Saturday holidaymakers were advised to check their travel insurance and keep in touch with tour operators as the bug sweeps across the UK.

As school holidays approach, people who contract the virus should consult doctors about whether to stay at home, according to travel association Abta.

Spokeswoman Frances Tuke said the firm had received calls "with regard to insurance".

"Apparently some insurers are placing exemptions on policies. If you need to cancel because of swine flu you need to check your travel insurance policy to ensure it is covered."

Nearly 10,000 Britons have gone down with swine flu after it spread to the UK from Mexico - the third highest case total in the world.

The latest death happened at Basildon and Thurrock University Hospitals NHS Foundation Trust, NHS East of England.

Chief Medical Officer Sir Liam Donaldson has warned that other healthy people were at risk of dying from the disease.

He said: "As with all flu-like viruses, some people are at higher risk than others. Unfortunately, people who are otherwise healthy could also become seriously ill or, sadly, die."

But Sir Liam added: "Fortunately, this particular new virus isn't nearly as severe as it could have been.

"If it had, for example, come out of the bird flu variant it would have been producing much higher levels of mortality."

The Sydney Morning Herald

Britain, France get first batches of swine flu vaccine

The Sunday Morning Herald, 28 August 2009, 7:11 am
https://www.smh.com.au/world/britain-france-get-first-batches-of-swine-flu-vaccine-20090828-f1i2.html

Britain and **France** have received their first batches of swine flu vaccine as governments begin to arm themselves against a widely expected second wave of the pandemic in the northern winter.

The World Health Organisation has been warning governments for months to brace for a resurgence of the A(H1N1) virus when the cold season hits the northern hemisphere.

The doses to combat the pandemic arrived as millions of children prepared to return to school in the next two weeks, with concerns that the virus could spread easily between classrooms.

In **South Korea**, the education ministry announced that all primary and secondary schoolchildren will have their temperature checked daily to combat the spread of H1N1 when they return to school next week.

The recent discovery of an outbreak in Chilean turkey farms also raised concerns that swine flu could combine with avian influenza and become a more dangerous virus, a UN agency said. It is the first case of H1N1 among birds.

British and French health officials said the H1N1 vaccine should win licensing approval for distribution in their countries by October.

Britain's Department of Health said it received a first batch of 100,000 doses of swine flu vaccine, while France only announced the arrival of a "limited quantity" of shots.

A British health department spokeswoman said the vaccine was delivered by US pharmaceutical company Baxter and that it could be approved for public distribution by early October "if everything is fairly straightforward".

Once it is fully licensed the vaccine will initially be used on at-risk groups, such as people with asthma and diabetes, officials said.

England's Chief Medical Officer Liam Donaldson said doctors he had spoken to want the vaccine as soon as possible before winter arrives.

Britain is the European country hardest hit by the virus, which emerged in Mexico in April before escalating into a global pandemic. So far 66 people with the virus have died in Britain.

Donaldson stressed that the vast majority of cases produce relatively mild symptoms, while adding: "It still remains the case that this disease is not a killer but it can kill."

French Health Minister Roselyne Bachelot refused to disclose the type of vaccine or the number of doses her country had received, citing "security reasons".

France has reserved 94 million doses of vaccine from four pharmaceutical companies and expects to have several million doses by mid-October when the vaccines are set to win market approval, Bachelot said.

The French government called on regional authorities to have their free vaccination plans ready to activate on September 28.

Up until now, France had included only laboratory-confirmed cases of the disease, recording a total of 1,223 cases since the start of the epidemic.

But based on the number of visits to doctors across France, Bachelot said the number of new infections was now estimated at 3,000 per week.

John Oxford, professor of virology at Britain's St Bartholomew's and the Royal London Hospital, said France could be heading for a tough winter.

"Some countries in Europe will have it worse than others. France, for example, will have it worse than England. A lot of people have been infected in England and they are not going to be infected all over again," he told AFP.

The UN Food and Agriculture Organisation also expressed concern after the discovery of swine flu in Chilean turkeys that the virus could become more potent if it manages to mix with bird flu.

"The current H1N1 virus strain is a mixture of human, pig and bird genes and has proved to be very contagious but no more deadly than common seasonal flu viruses," the Rome-based agency said in a statement.

"However it could theoretically become more dangerous if it adds virulence by combining with H5N1, commonly known as avian flu, which is far more deadly but harder to pass along among humans," it said.

REUTERS

Ben Hirschler

Swine flu vaccination gets underway in Europe

Reuters, 21 October 2009, 7:50 PM
https://www.reuters.com/article/governmentFilingsNews/idUSLL4304520091021?sp=true

Oct 21 (Reuters) - European governments are starting to roll out mass vaccination programmes against H1N1 swine flu, with Britain the latest country to begin immunisation on Wednesday.

The European Medicines Agency has approved three H1N1 vaccines -- GlaxoSmithKline's GSK.L Pandemrix, Novartis's NOVN.VX Focetria and Baxter International's BAX.N Celvapan -- and others may yet be added to this list.

There have been a total of 230 deaths linked to H1N1 in Europe since April, with nearly half of them occurring in Britain, according to the Stockholm-based European Centre for Disease Prevention and Control.

Outside Europe, vaccination programmes are also underway in various countries, including the United States, China and Australia.

Here is a snapshot of vaccination plans in selected European countries:

BRITAIN
Nationwide vaccination programme launched on Oct. 21, starting with front-line health workers and hospital patients deemed to be at high risk. Family doctors will start immunising patients in priority groups from Oct. 26.

FRANCE
Vaccinations began on Oct. 20 for hospital staff. Shots will be offered to the general population starting from the first week in November.

GERMANY
Regional states will start a programme of vaccination on Oct. 26. The initial focus will be on healthcare workers, police and fire-fighters, plus people in at-risk groups and pregnant women.

ITALY
Doctors began H1N1 vaccinations on Oct. 14.

SWEDEN
First vaccinations were carried out on Oct. 12.

SPAIN
Vaccinations are expected to start in the second half of November.

NETHERLANDS
Officials expect to start vaccination of at-risk groups in the week starting Nov. 9.

IRELAND
A national vaccination programme will begin on Nov. 2.

SWITZERLAND
H1N1 vaccines still need to be approved by the country’s own regulatory agency and immunisation is not expected to start until around the end of this month or the start of November...

the WHITE HOUSE
PRESIDENT BARACK OBAMA

Barack Obama
President of the United States of America

Declaration of a National Emergency with Respect to the 2009 H1N1 Influenza Pandemic

The White House, Office of the Press Secretary, 24 October 2009
https://obamawhitehouse.archives.gov/the-press-office/declaration-a-national-emergency-with-respect-2009-h1n1-influenza-pandemic-0

On April 26, 2009, the Secretary of Health and Human Services (the "Secretary") first declared a public health emergency under section 319 of the Public Health Service Act,42 U.S.C. 247d, in response to the 2009 H1N1 influenza virus. The Secretary has renewed that declaration twice, on July 24,2009, and October 1, 2009. In addition, by rapidly identifying the virus, implementing public health measures, providing guidance for health professionals and the general public, and developing an effective vaccine, we have taken proactive steps to reduce the impact of the pandemic and protect the health of our citizens. As a Nation, we have prepared at all levels of government, and as individuals and communities, taking unprecedented steps to counter the emerging pandemic. Nevertheless, the 2009 H1N1 pandemic continues to evolve. The rates of illness continue to rise rapidly within many communities across the Nation, and the potential exists for the pandemic to overburden health care resources in some localities.Thus, in recognition of the continuing progression of the pandemic, and in further preparation as a Nation, we are taking additional steps to facilitate our response.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States,including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), do hereby find and proclaim that, given that the rapid increase in illness across the Nation may overburden health care resources and that the temporary waiver of certain standard Federal requirements may be warranted in order to enable U.S. health care facilities to implement emergency operations plans, the 2009 H1N1 influenza pandemic in the United States constitutes a national emergency. Accordingly, I hereby declare that the Secretary may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the 2009 H1N1 influenza pandemic. In exercising this authority, the Secretary shall provide certification and advance written notice to the Congress as required by section 1135(d) of the SSA (42 U.S.C. 1320b-5(d)).

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-third day of October, in the year of our Lord two thousand nine, and of the Independence of the United States of America the two hundred and thirty-fourth.

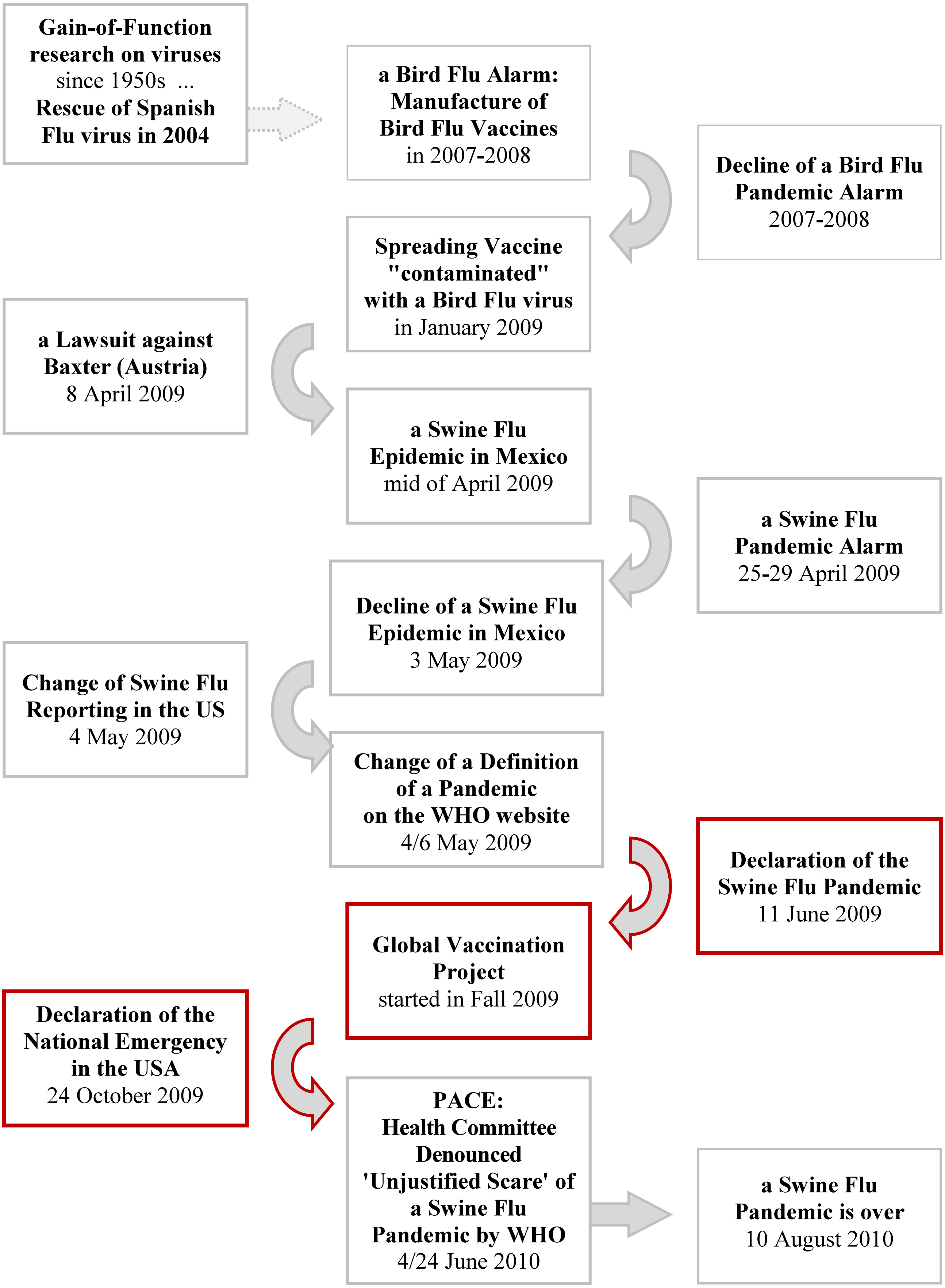
BARACK OBAMA

Chapter 9

Swine Flu Pandemic (III)

from Declaring the Pandemic to Declaring the National Emergency in the USA

Roadmap
of the Swine Flu Pandemic



Swine flu

Deutsche Welle, 15 June 2009

https://www.dw.com/en/first-european-swine-flu-death-confirmed-in-britain/a-4325875

A patient infected with "swine flu" A(H1N1) virus has died in Britain, according to health officials in Glasgow. The patient was one of ten people who were being treated at Scottish hospitals.

Scotland has become the first country in Europe to report a death from the swine flu virus and officials are watching the other nine who are hospitalized.

"With regret, we can confirm that one of the patients who had been in hospital, and had been confirmed as suffering from the A(H1N1) virus, has died today," a statement issued by the Scottish government late Sunday, June 14, said. "The patient had underlying health conditions."

There are around 500 cases in Scotland and more than 1,250 in Britain as a whole.

No cause for panic, officials say

Scottish officials were quick to reassure people that there was no cause for panic and that the person who died had underlying health issues.

"Tragic though today's death is, I would like to emphasize that the vast majority of those who have H1N1 are suffering from relatively mild symptoms," said Scottish Health Secretary Nicola Sturgeon in a statement.

"I would reiterate that the risk to the general public remains low and we can all play our part in slowing the spread of the virus by following simple hygiene procedures - like washing your hands and using tissues when coughing or sneezing," she added.

There have been approximately 145 deaths in the Americas, mostly in Mexico, where the disease was first reported, but deaths have been occured in the US and Canada as well.

Cases rise steeply in Germany

The latest report released on Friday from the World Health Organization puts the total number of reported cases at 29,669 in 74 countries.

In Germany, authorities say the number of swine flu cases at a Japanese school in Duesseldorf has risen to 84. According to the Robert Koch Institute, the new infections bring the total number of cases in Germany to 172.

Scientists are currently racing against the clock to develop a vaccine for the virus before winter sets in.

Congressional Research Service
Informing the legislative debate since 1914

The 2009 Influenza Pandemic: Selected Legal Issues

Congressional Research Service, 15 June 2009
https://web.archive.org/web/20101222101431/http://opencrs.com/document/R40560/2009-06-15/

Summary

On June 11, the World Health Organization (WHO) raised the level of influenza pandemic alert to phase 6, which indicates the start of an actual pandemic. This change reflects the spread of the influenza A(H1N1) virus, not its severity. Although currently the pandemic is of moderate severity with the majority of patients experiencing mild symptoms and making a rapid and full recovery, this experience could change. It is timely to examine the legal issues surrounding this public health threat. This report provides a brief overview of selected legal issues including emergency measures, civil rights, liability issues, and employment issues.

There are a number of emergency measures which may help to contain or ameliorate an infectious disease outbreak. The Public Health Service Act and the Stafford Act contain authorities that allow the Secretary of Health and Human Services and the President, respectively, to take certain actions during emergencies or disasters. While the primary authority for quarantine and isolation in the United States resides at the state level, the federal government has jurisdiction over interstate and border quarantine.

Border entry and border closing issues may arise in the context of measures designed to keep individuals who have, or may have, influenza A(H1N1) from crossing U.S. borders. Aliens with the H1N1 virus can be denied entry, but American citizens cannot be excluded from the United States solely because of a communicable disease, although they may be quarantined or isolated at the border for health reasons.

Airlines have considerable discretion to implement travel restrictions relating to the safety and/or security of flights and other passengers and crew. In addition, the federal government has broad legal authority to regulate and control the navigable airspace of the United States in dealing with incidents involving communicable diseases.

States have authority to initiate other emergency measures such as mandatory vaccination orders and certain nonpharmaceutical interventions such as school closures, which may lessen the spread of an infectious disease.

The International Health Regulations adopted by the World Health Organization in 2005 provide a framework for international cooperation against infectious disease threats. The use of these emergency measures to contain the 2009 influenza pandemic may raise a classic civil rights issue: to what extent can an individuals liberty be curtailed to advance the common good?

The U.S. Constitution and federal civil rights laws provide for individual due process and equal protection rights as well as a right to privacy, but these rights are balanced against the needs of the community. Liability issues may become particularly important during the 2009 influenza pandemic.

The Public Readiness and Emergency Preparedness Act limits liability with respect to the use of countermeasures for pandemic flu or other public health threats. A patchwork of federal and state laws exists which generally operates to protect volunteers, which may include volunteer health professionals (VHPs) under certain circumstances, and there are also laws that trigger liability protection specifically for VHPs.

Questions relating to employment are among the most significant issues presented by an influenza pandemic, since, if individuals fear losing their employment or their wages, compliance with public health measures such as social distancing and isolation or quarantine may suffer. It would seem possible for a court to conclude that the isolation or quarantine of individuals during a pandemic serves the public good and that the termination of individuals who are isolated or quarantined violates public policy. Employees may also have some job protection under the Family and Medical Leave Act.

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КОМСОМОЛЬСКАЯ ПРАВДА

Евгений Черных

Америка пугает нас гриппом, чтобы подчинить себе мир?

Комсомольская Правда, 18 июня 2009, 6:00
https://www.kp.ru/daily/24312.3/505167/

ВОЗ объявила-таки пандемию свиного гриппа. Многие уверены, что паника выгодна лишь фармацевтам. Называют швейцарскую фирму и ее «чудо-препарат». Однако истинные хозяева панацеи остаются в тени. За океаном. И получают свою часть прибыли за каждую проданную дозу. Но слишком серьезные это люди, чтобы просто погреть руки на лекарстве. Это они разработали и проводили в жизнь доктрину нового мирового порядка XXI века, где командовать парадом должна одна известная супердержава. Уж не идет ли речь о новом биологическом оружии? (См. еженедельники «КП» от 4 и 11 июня с. г.)

Лаборатории смерти на курьих ножках

Слухи о том, что свинская болезнь родилась в секретных лабораториях, возникли в первые дни. По миру разлетелась страшилка про избушки на курьих ножках в латиноамериканской сельве, где самоучки якобы колдуют над биооружием. Прозрачный намек на Мексику, где и объявился кошмарный H1N1. Похоже, утку запустили, чтобы довести ситуацию до абсурда. И нейтрализовать версию рукотворности новой хвори, выдвинутую самим Эдрианом Гиббсом из Университета Канберры!

Я писал уже, что первооткрывателями принципиально нового вида антивирусных лекарств были австралийские ученые. Американский «Гилеад» Д. Рамсфелда подсуетился и создал на основе их открытия свой тамифлю, распиаренный позже ВОЗом как единственная панацея.

Гиббс - из той группы первооткрывателей. Автор более 250 научных работ по вирусам. Создал теорию происхождения вируса печально знаменитой «испанки» из «птичьего» штамма. Так что в теме разбирается. Гиббса смутило, что в геноме нового H1N1 в три-четыре раза больше мутаций, чем в наиболее близких к нему «свинских» штаммах. Чтобы накопить столько генетических отличий, вирус должен циркулировать в природе несколько лет. Однако до апреля он не встречался специалистам.

Гиббс тактично высказал предположение: «Распространение свиного гриппа могло стать результатом ошибки персонала лаборатории, непреднамеренно и без какого-либо злого умысла допустившего смешение нескольких разнородных штаммов гриппа в одной культуре, а затем и случайную утечку образовавшегося в результате нового вируса». Он подготовил научную статью, чтобы вызвать дискуссию: «Чем быстрее мы разберемся в этом, тем более безопасным будет дальнейшее развитие событий». Дискуссии не получилось. ВОЗ, ссылаясь на своих экспертов, срочно опровергла Гиббса.

Зато министр здравоохранения Индонезии Сити Супари злой умысел увидела: вирус создан искусственно в лабораториях генной инженерии западных стран, чтобы увеличить прибыли фармацевтических компаний. А комбинация его свойств вызывает подозрения, что это биологическое оружие.

Прогрессивная общественность откровенно издевается над этой версией. Странное оружие - мягкое, неагрессивное! Заразность и смертность от свиного гриппа даже ниже, чем от обычного. Создавать биооружие слабее «неоружия» - глупо.

А может, как раз слабенькое на фоне привычных болезней «оружие» и нужно в данный момент? Этакий «полезный политический инструментарий», как указывалось в меморандуме «Восстановление американской боеспособности», к которому приложил руку Вулфовиц - экс-глава Всемирного банка, крестный отец грипповушной паники. А знаете, куда он ушел после отставки из Всемирного банка? Возглавил в госдепе США комиссию по международной безопасности. Комиссия та занимается в том числе и оружием массового поражения. Ну а если, не дай бог, где-то создано действительно смертоносное биосредство, о нем не будут трындеть годами. Применят внезапно. Чтобы противник не нашел противоядия и понес великие потери.

Конь с закруткой

- У ветеринаров есть термин «поставить закрутку». Слышали? - огорошил профессор Сергей Кара-Мурза, к которому я пришел искать правду.

- Признаюсь, нет.

- Закрутка - петля из веревки или сыромятного ремня на деревянной рукоятке. Надо подковать строптивого коня? Оттягивают верхнюю губу, накидывают петлю и туго закручивают палкой. Конь дико мучается от боли и с ужасом смотрит на страшную деревяшку. Все внимание на закрутку. Самый буйный жеребец становится покорным. Можно крепить подковы. Подобные закрутки ставят и обществу.

Страх и боль - с древности отработанный эффективный способ контроля над сознанием масс. В Библии найдете массу примеров типа «казни египетской». На войне удалось создать панику в стане противника, считай, победа в кармане.

Но давайте сразу уточним. Есть страх истинный - как ответ на реальную опасность, когда вы делаете выбор: убегать, защищаться, нападать. А есть страх иллюзорный, «невротический» - он создается в воображении, в «виртуальной реальности». Его еще называют неадекватным, паническим. Манипуляторы ловко используют это оружие мнимой или преувеличенной угрозы, чтобы отвлечь народ от реальных опасностей, сделать податливым. Есть даже формула: «Общество, подверженное влиянию неадекватного страха, утрачивает общий разум!» На наших глазах возникает вдруг страх мирового терроризма. Реально риск погибнуть от рук террориста очень невысок. В тысячу раз меньше, чем в ДТП. И тем не менее это общий страх, который рационально мы не можем расшифровать. Terror - ужас. Понятие ввел еще Аристотель для обозначения особого типа ужаса, который овладевал зрителями трагедии в греческом театре. 11 сентября 2001 года весь мир стал зрителем кровавой трагедии «Гибель башен-близнецов». Ее полностью показали в прямом эфире, не раз повторяли. Ужас невероятный, шок!

- Главное, до сих пор не ясно, что там было...

- Не так важно, ЧТО было! Главное, КАК ловко использовали тот ужас, чтобы создать атмосферу всеобщего психоза. Дымовую завесу борьбы с мировым терроризмом, прикрываясь которой США начали утверждать новый мировой порядок после развала СССР. Напали на Афганистан, Ирак. На очереди был Иран. Вот чем обернулся в XXI веке мировой спектакль ужаса по сюжету древнего грека Аристотеля.

- Так вот почему они назвали операцию против Хусейна «Шок и трепет»?!

- Люди-то умные за этим стоят! Когда нужны гигантские геополитические сдвиги, власть имущие мастерски применяют такие жестокие шоковые закрутки.

Неопознанных болезней много

- А есть закрутки помягче, - продолжает профессор Кара-Мурза. - В общество запускают непонятный страх, но дают надежду, что его источник будет усмирен.

Неизвестные хвори для манипуляции сознанием идеальны! Никто ж ничего про них не знает. Такие страсти можно нагнетать! Болезни неизвестного происхождения появляются в

мире регулярно. Лихорадки Эболы, Денге, болезнь легионеров... Список можно продолжать. Если нет нужды нагнать страху всемирного, их просто фиксируют. 20 - 30 человек скончались, факт медицинской статистики.

А в нужный момент выдают за угрозу для всего человечества. ВОЗ грозит пандемией. Народ в панике.

Вспомним коровье бешенство. «Болезнь Крейцфелд-Якоба». Очень редкая, поражает 1 человека из миллиона. Лет 10 разрушает мозг. Открыли ее в Новой Гвинее.

- Официально умерли в годы паники около 200 больных. В статистику (1 на 1 000 000) укладывается.

- Но какой подняли шум! Обязали Англию забить миллионы коров! Значит, были веские причины наказать англичан. Позже тот же трюк пытались использовать против французских баранов. Сейчас все стихло. Хотя болезнь-то осталась. Переключились на атипичную пневмонию, потом на птичий грипп, теперь свиной уже правит бал.

Да, такие болезни есть в природе.

Но в подобных пандемических случаях не поддавайтесь всеобщей панике, а трезво рассудите: соответствует ли количество заболевших, умерших масштабам потрясения всего человечества? Вы скажете, каждая жизнь бесценна. Согласен. Почему тогда ВОЗ не объявляет пандемий гриппа обычного, туберкулеза, других действительно опасных болезней для человечества? Задайтесь этим вопросом. От птичьего гриппа за все годы умерли 256 больных. Но каждый год в России гибнут на дорогах 30 тысяч человек. А сколько по всему миру? Почему не бьют тревоги, адекватной нынешней свиной пандемии? Отвечу. Сильные мира сего не заинтересованы, чтобы мы боялись автомобиля. Поэтому нас не пугают изуродованными трупами жертв автоаварий. Когда Генри Форд стал слишком активно разоблачать «засилье евреев», к нему пришли уважаемые люди из Голливуда и популярно объяснили: если он продолжит антисемитскую пропаганду, то в каждом выпуске кинохроники по всей Америке будут показывать жуткие аварии машин марки «Форд». Форд сразу забыл про антисемитизм, отрекся от своей знаменитой книжки про Сион.

- Сергей Георгиевич, ГАИ подготовила шокирующие ролики для водителей, чтобы были осторожны на дорогах. Телевидение отказалось их крутить - слишком, дескать, жестокие. Это при том круглосуточном потоке жестокости, что льется с экранов!

- Я же говорю, раздувать реальные опасности никому не нужно!

Скажи еще спасибо, что живой!

Вместе с профессором стали рассуждать, от чего же нас ловко отвлекают угрозами пандемий новых болезней. Начало птичьего гриппа странно совпало с операцией «Шок и трепет». 2003 год. Пока американская армия побеждала, грипп мало себя проявлял. Но США все глубже увязали в той войне. Знаменитое «иракское досье» оказалось пшиком. Доказательств связи Хусейна с «Аль-Каидой», оружия массового поражения не нашлось. А ведь под этим предлогом Америка и вторглась в Ирак, чтобы наказать мирового террориста. Выходит, обманул Буш мировое сообщество. Начались проблемы и у министра обороны, архитектора войны с Ираком. На родину пошли гробы. Скандал с пытками в тюрьме Абу-Грейб тоже записали на счет главы Пентагона. Тогда Штаты применили свое оружие массового поражения сознания. Буш лично пробил в руководители Всемирного банка Вулфовица, зама министра обороны Рамсфелда. И со всех высоких трибун началось массированное промывание мозгов мировой угрозой птичьего гриппа. Заодно Рамсфелд заработал на чудо-лекарстве. Впрочем, оружие не помогло. Пришлось в конце концов Рамсфелду, Вулфовицу уйти в отставку. А позже и партия Буша покинула Белый дом. В том числе из-за затянувшейся войны в Ираке. Птичья паника тоже рассеялась.

От чего отвлекает свиной грипп, догадываются многие. От мирового кризиса. А знаете ли вы, как он Обаму выручил? 16 - 17 апреля тот посетил Мексику. А вскоре весь мир услышал про зверский грипп в этой стране. 27 апреля ВОЗ объявляет 5-ю степень тревоги! 28-го Обама выделяет на борьбу с заразой $1,5 млрд. А 29-го стукнуло сто первых дней его президенства. Успехов фактически никаких. Но «страшная болезнь» затмила разговор о его неудачах. Обама герой! В Мексике пожал руку гиду, тот вскоре помер. А к Обаме никакая зараза не пристает! Может, сам Обама и предъявил Мексике черную свиную метку?

А случайно ли объявили летом первую в XXI веке пандемию, не дожидаясь осени? К августу банкротство грозит целому штату. Да какому - Калифорнии! Санитары предупреждают, что опасно появляться в местах массового скопления людей. Можно заразиться. А места массового скопления - демонстрации, митинги протеста. Если доведенные до отчаяния люди все-таки выйдут на улицы, можно объявить карантин. Помните, по телевизору показывали, как в карантинных зонах сжигают коров, курей? На недовольный народ тоже управу найти легко. В рамках демократии, заботясь чисто о здоровье людей. Пандемия - больше трех не собираться, чтоб не заражаться. Сидите по домам, носа не высовывайте! Кризис? Радуйтесь, что от гриппа свиного еще не померли.

- Думаю, что масштаб кампании вызван причинами не медицинскими, а политическими, - говорит философ С. Кара-Мурза. - Чтобы воздействовать на сознание. Фармацевтические компании тоже могут участвовать. Но не они заказали музыку. Это было политическое решение.

Одним махом двух зайцев убивахом!

Есть у «мягкого вирусного оружия» и вторая серьезная цель – экономика. Опять же прислушаемся к Г. Онищенко, разоблачившему маркетологов из ВОЗ. По поводу паники 2005 года он заявил на «Эхе Москвы»: «Это была хорошо спланированная информационная диверсия... Тогда был большой интерес в смысле передела рынков белого мяса». Знаете, когда впервые птичий грипп перышки показал? В 1997-м в Гонконге. Медициной там руководила М. Чен. Та самая, будущий главный маркетолог тамифлю. То был год экономического кризиса «азиатских тигров». Слишком стали подниматься, пришлось Западу щелкнуть выскочек по носу. Экономические санкции плюс уничтоженные куры поспособствовали укрощению тигров. Эпидемия «коровьего бешенства» совпала с проблемами налогов на сельхозэкспорт в Евросоюзе. Коров британских пожгли, вопросы налоговые сняли, бешенство как-то рассосалось.

Атипичная пневмония, птичий грипп 2003 - 2007 гг. - опять удар по Азии. Главным образом по Китаю. Он давно был бельмом на глазу для создателей новой американской доктрины Вулфовица и Рамсфелда. Однако Китай пошатнуть не удалось.

Свиной грипп впервые хрюкнул на другом континенте. Первая версия - месть китайцев американцам за своих кур. Вирус ведь быстро переметнулся из Мексики в США. Но, если посмотреть внимательнее, рыльце в пушку может оказаться у большого соседа Мексики. Зачем решили ее проучить, нанесли жестокий удар по экономике? Поводов много. Еще Буш сооружал вдоль границы великую американскую стену, чтоб оградиться от потока нелегалов. В марте Мексика подняла пошлины на многие товары из США. Гуляет версия про амеро - единую североамериканской валюту, которую Штаты якобы хотят ввести вместо падающего доллара. Канада вроде за, а Мексика возражает. Теперь будет сговорчивее.

- Но, похоже, все эти пандемии - цветочки, - сказал профессор. - Они решают лишь тактические задачи.

- Неужто у организаторов есть еще задача стратегическая?

- Несомненно, - ответил мудрый Кара-Мурза. - И эта ягодка будет очень и очень горькой!

Завершение расследования - в следующем номере еженедельника. (25.06.09)

Свинский грипп расчистит планету только для избранных? Птичий грипп должен был отвлечь мир от войны в Ираке. А свиной - от кризиса. https://www.kp.ru/daily/24316.3/508884/

Китай произвел первую партию вакцины против свиного гриппа

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https://www.newsru.com/world/22jun2009/china_5.html

В КНР в понедельник выпущена первая партия вакцины против смертельно опасного вируса A/H1N1 - свиного гриппа. По информации агентства Sina, всего произведено 90 тысяч доз.

Предполагается, что в течение 40-50 дней вакцина пройдет клинические испытания, после чего примерно в сентябре препарат поступит в больницы. До октября будут привиты все представители групп риска, сообщает РИА "Новости".

По мнению экспертов, больше всего подвержены риску заражения гриппом A/H1N1 дети до 7 лет, люди, имеющие хронические заболевания (сердечно-сосудистые и легочные болезни, диабет), а также люди, находящиеся в тревожно-депрессивном состоянии.

Производство вакцины против нового гриппа в Китае началось в начале июня. Изготовлением препарата занимаются 11 фармацевтических предприятий страны. Объем производства планируется довести до 360 миллионов доз в год.

Всего на борьбу с распространением опасной инфекции власти КНР выделили 5 миллиардов юаней (725 миллионов долларов). В Китае зафиксировано уже 737 случаев заражения вирусом гриппа A/H1N1, смертельных случаев пока нет.

Между тем, по последним данным Всемирной организации здравоохранения (ВОЗ), в 95 странах мира официально подтверждены 44287 случаев заболевания людей гриппом A/H1N1. 180 человек скончались.

11 июня ВОЗ впервые более чем за 40 лет официально объявила о введении шестого, максимального уровня угрозы пандемии в связи со стремительным распространением по миру нового вида гриппа. В России официально подтверждены лабораторными анализами три случая заражения A/H1N1.

Россия тоже скоро представит свою вакцину от свиного гриппа

Медики России также готовы в скором времени представить вакцину от нового вируса. Еще в мае они выделили первый в России штамм гриппа A/H1N1, благодаря которому и будет разработана вакцина. На разработку российской вакцины, по оценкам директора Института гриппа РАМН Олега Киселева, уйдет не менее трех месяцев, еще два месяца потребуется на ее испытание и запуск производства. Врачи обещают, что в случае стремительного распространения вируса на территории РФ, препарата хватит всем.

"Что касается вакцины, то здесь особенно чудес никаких нет: на основе традиционного для РФ вируса гриппа A (H1N1) она вырабатывается ежегодно. Сейчас речь идет о том, чтобы привести ее в соответствие с новым высокопатогенным штаммом. Это в состоянии сделать специалисты в России, и мы даже берем обязательства, что постараемся подготовить кандидатную вакцину месяца за три", - сказал Киселев журналистам в понедельник.

По его мнению, Россия столкнется с гриппом A/H1N1 в ноябре этого года, сообщает РИА "Новости". "Вирус гриппа нуждается в сезонной поддержке. Лето - не пора гриппа на территории РФ... В ноябре мы встретим первую реальную волну", - сказал Киселев.

Он напомнил, что к настоящему времени в России подтверждены лишь три случая заболевания гриппом A/H1N1, причем занесенных из других регионов. Также выявлено два случая подозрения на грипп A/H1N1 - в Москве и Петербурге.

Петербургские медики проверяют анализы, взятые у пациента с подозрением на грипп A/H1N1, сообщил Киселев. Он отметил, что в настоящее время петербургские медики продолжают исследовать взятый у пациента биоматериал. "Сейчас материалы расшифровываются. По первым анализам - ситуация сомнительная. Идет повторное исследование", - отметил директор НИИ. Он не смог уточнить состояние здоровья пациента и ему не известно, выписан ли больной из стационара.

Глава НИИ гриппа РАН отметил также, что новые исследования этого вируса, проведенные американским коллегами, "внушают оптимизм". "Он не относится к высокопатогенным", - сказал Киселев. Вместе с тем, по словам главы НИИ, исследователи США подчеркивают, что к группе риска по этому заболеванию относятся те категории граждан, которые имеют серьезные сопутствующие заболевания, например сахарный диабет и сердечно-сосудистые болезни. Этим людям Киселев посоветовал немедленно обращаться к врачу при первых симптомах простуды.

Кроме того, он сообщил, что американские ученые отметили "поразительную чувствительность" к этой болезни людей с избыточны весом. Правда, по его словам, в России и США понятие "избыточный вес" разное, в США к ним относят людей с весом более 120 килограммов. "Я 20 лет занимаюсь этой проблемой и, наверное, первый раз такое объявление в адрес людей с такими проблемам", - сказал Киселев.

The New York Times

Donald G. McNeil Jr.

In New Theory, Swine Flu Started in Asia, Not Mexico

The New York Times, 23 June 2009
https://www.nytimes.com/2009/06/24/health/24flu.html

Contrary to the popular assumption that the new swine flu pandemic arose on factory farms in Mexico, federal agriculture officials now believe that it most likely emerged in pigs in Asia, but then traveled to North America in a human. But they emphasized that there was no way to prove their theory and only sketchy data underpinning it.

There is no evidence that this new virus, which combines Eurasian and North American genes, has ever circulated in North American pigs, while there is tantalizing evidence that a closely related "sister virus" has circulated in Asia.

American breeding pigs, possibly carrying North American swine flu, are frequently exported to Asia, where the flu could have combined with Asian strains. But because of disease quarantines that make it hard to import Asian pigs, experts said, it is unlikely that a pig brought the new strain back West.

"The most likely scenario is that it came over in the mammalian species that moves most freely around the world," said Dr. Amy L. Vincent, a swine flu specialist at the Agriculture Department's laboratory in Ames, Iowa, referring, of course, to people.

The first person to carry the flu to North America from Asia, assuming that is what happened, has never been found and never will be, because people stop carrying the virus when they get better.

Moreover, the officials said, the chances of proving their theory are diminishing as the virus infects more people globally. It has now reached more than 90 countries, according to the World Health Organization. Since some of those people will inevitably spread it to pigs, its history will become impossible to trace.

"To tell whether a pig is newly infected by a human or had the virus before the human epidemic began really can't be done," said Dr. Kelly M. Lager, another Agriculture Department swine disease expert.

The highly unusual virus – which includes genetic bits of North American human, avian and swine flus and Eurasian swine flu – has not been detected in any pigs except those in a single herd in Canada that was found infected in late April.

A carpenter who worked on the farm after visiting Mexico had been thought to have infected the herd. But in mid-June, Canadian health agencies said he was not to blame. The whole herd was culled, and the virus has not been found elsewhere in Canada, as it would have been if it were endemic, since American and Canadian laboratories test thousands of flu samples to help the pork industry develop vaccines.

But a sample taken from a pig in Hong Kong in 2004 was recently found to have a virus nearly matching the new flu. That flu, which had seven of the new flu's eight genome sequences, was noted in an article in Nature magazine on June 11, which called it a "sister virus."

Scientists tracking the virus's lineage have complained that there is far too little global surveillance of flu in swine. Public databases have 10 times as many human and avian flu sequences as they do porcine ones, said Dr. Michael W. Shaw, a scientist in the flu division of the Centers for Disease Control and Prevention, and there are far fewer pig flu sequences from Asia than from North America and Europe, and virtually none from South America or Africa. "Something could have been going on there for a long time and we wouldn't know," Dr. Shaw said.

But national veterinary officials said they knew of no close relatives of the new virus in the large private North American databases, either. That makes it most likely, they said, that it has been circulating in Asia.

The new virus was first isolated in late April by American and Canadian laboratories from samples taken from people with flu in Mexico, Southern California and Texas. Soon the earliest known human case was traced to a 5-year-old boy in La Gloria, Mexico, a rural town in Veracruz.

Because that area is home to hog-fattening operations with thousands of pigs in crowded barns near lagoons of manure, opponents of factory farming were quick to blame the industry.

In May, the Mexican government said it had tested pigs on the Veracruz farms and found them free of the virus. Smithfield Foods, an owner of the farms, and the National Pork Producers Council, the industry's lobbying arm, were quick to publicize that announcement.

But outside veterinary experts still disagree on whether those tests proved anything.

According to Smithfield, Mexican government veterinarians tested snout swabs taken on April 30 and blood samples stored since January.

But since the human outbreak in Veracruz is believed to have started in February, many veterinary experts said testing pig snouts for live virus in April proved nothing. Any pig sick in February would have long since recovered and, since hogs are usually slaughtered at 6 months old, many of those alive in early February would be bacon by April.

But Dr. Greg Stevenson, an expert in swine diagnostics at Iowa State University, said that since flu could persist in a large herd for months, "if it had been there in February, it would probably still be there at the end of April."

The blood tests – in which scientists look for antibodies formed in response to a previous infection – present a different set of problems. Antibodies are much harder to tell apart from one another than viruses are.

A pig that had the new H1N1 flu would come up positive on an antibody test. But so would a pig that had the regular H1N1 swine flu that has circulated since 1930, or even a pig that had been vaccinated against the earlier H1N1 flu – and all the Smithfield pigs routinely get flu shots.

The company said vaccinated pigs could be distinguished from previously ill pigs because illness produced more antibodies.

But outside experts were skeptical. An antibody test specific enough to identify only the new flu strain "would take months to develop, at a minimum, and would require considerable R & D expertise and technology," said Dr. Christopher W. Olsen, a swine flu expert at the University of Wisconsin's veterinary medical school.

The governor of Veracruz has asked the National Autonomous University of Mexico to do its own investigation of industrial hog farming in his state; the work is expected to take months. Carlos Arias, the biochemist leading the team, said he hoped to test all the swab and tissue samples stored by the farms and the national veterinary laboratory.

Congressional Research Service
Informing the legislative debate since 1914

The 2009 Influenza Pandemic
U.S. Responses to Global Human Cases

Congressional Research Service, 23 June 2009

https://crsreports.congress.gov/product/pdf/R/R40588
https://archive.org/details/r-40588

Summary

In April 2009, a novel influenza virus began to spread around the world. The World Health Organization (WHO) refers to the virus as Influenza A(H1N1). The U.S. Centers for Disease Control and Prevention (CDC) and other Administration officials refer to it as 2009 H1N1 flu. Throughout this report, the virus is referred to as H1N1. The virus does not appear to be as lethal as H5N1 avian influenza – which reemerged in 2005 – but is slightly more lethal than seasonal flu. Although the virus has been characterized as a pandemic, researchers can not predict how virulent the virus will be ultimately.

As of June 22, 2009, WHO confirmed that more than 50,000 human cases of H1N1 had occurred in more than 80 countries and territories, including 231 deaths. With the exception of Britain and Australia, all human deaths have occurred in the Americas. About 87% of all deaths have occurred in Mexico (49%) and the United States (38%). The United Nations Food and Agricultural Organization (FAO), the World Organization for Animal Health (OIE), and WHO agree that there is no risk of contracting the virus from consuming well-cooked pork or pork products. WHO asserts that limiting travel and imposing travel restrictions would minimally affect the spread of the virus, but would be highly disruptive to the global community.

The strain of H1N1 circulating the globe is treatable with two antiviral drugs, oseltamivir (brand name Tamiflu®) and zanamivir (brand name Relenza®), though there is no available vaccine. WHO has been maintaining a global stockpile of approximately 5 million adult treatment courses of oseltamivir that were donated by manufacturers and donor countries. This stockpile was initiated after the onset of H5N1 bird flu outbreaks. WHO has already distributed some of the treatments through the WHO Regional Offices and is distributing 3 million treatment courses from the stockpile to developing countries in need.

As of May 18, 2009, the United States had provided more than $16 million to assist countries respond to H1N1 outbreaks. Global responses by U.S. agencies to H1N1 are conducted primarily by CDC and the U.S. Agency for International Development (USAID), though DOD does provide some support to global aid. CDC has sent experts to Latin America and the Caribbean to help the countries strengthen laboratory capacity and train health experts. HHS has already sent 400,000 treatment courses to Mexico, accounting for less than 1% of the total American stockpile. In total, the Administration aims to provide 2 million courses to Mexico. USAID announced on April 28, 2009, that it would provide an additional $5 million to WHO and the Pan American Health Organization (PAHO) for interventions against H1N1 in Mexico and Central America. To date, USAID has provided $6.2 million for international H1N1 assistance. The assistance includes support to FAO for animal surveillance efforts in Mexico and other parts of Central America, and the provision of personal protection equipment (PPE) kits from its avian and pandemic influenza stockpile to prevent first responders from contracting or spreading the disease. In May 2009, it distributed more than 100,000 PPE kits in Mexico City and announced that it had already prepositioned 400,000 PPE kits in 82 countries in preparation of a possible influenza pandemic.

Investments that the United States and other stakeholders have made to prepare for a possible influenza pandemic, and to monitor the spread of other infectious diseases, have been applied to the most recent global response to H1N1. While health experts have made considerable gains against the disease, questions remain. Some health experts are concerned that poorer countries may not yet have the capacity to sufficiently monitor and respond to H1N1. Others warn that H1N1 transmission might accelerate in winter months. Questions still remain about whether the disease can change or reassort, particularly in countries simultaneously contending with H5N1 bird flu cases occur (such as Egypt, Vietnam, and Indonesia). => see the hole documents ...

REUTERS

Marc Jones

German authorities warn of swine flu mutation risk

Reuters, 24 June 2009, 1:25 AM GMT+8
https://www.reuters.com/article/idUSLN125086/

Berlin, June 23 (Reuters) - Germany's federal agency for infectious diseases said on Tuesday there were signs the H1N1 swine flu virus had started to mutate and warned it could spread in the coming months in a more aggressive form.

Experts were concerned about how the flu was developing in Australia and South America, said Joerg Hacker, head of the Robert Koch Institute for infectious diseases.

"It's possible the virus has mutated. In autumn the mutated form could spread to the northern hemisphere and back to Germany," Hacker told a news conference in Berlin.

The World Health Organisation raised swine flu to pandemic status earlier this month. According to its latest figures, more than 230 people have been killed by the flu worldwide from 52,000 confirmed cases, mostly in the United States and Mexico.

Symptoms of swine flu are typically fairly mild, but doctors have said the virus could evolve into something more aggressive.

According to WHO figures, Germany has the third highest rate of swine flu infection in Europe with 275 confirmed cases.

German Chancellor Angela Merkel told the conference that Germany was as prepared as it could be for any surge in cases.

"We are in contact about it internationally," she said. "Now all we have to do is coordinate internationally who should be vaccinated and how we should do it, in case things get worse."

The WHO has advised governments to prepare for a long-term battle against the new pandemic it officially calls A(H1N1).

WHO Director-General Dr. Margaret Chan said recently the virus is currently "pretty stable," but warned it could still change into a more deadly form, perhaps mixing with the H5N1 bird flu virus circulating widely in poultry.

NEWSru.com

Гендиректор ВОЗ в Москве поведала об опасностях мутации свиного гриппа с птичьим

News.ru, 25 июня 2009 г., 21:40
https://www.newsru.com/russia/25Jun2009/crossing.html

В мире пока не отмечается мутации нового вируса гриппа A/H1N1, но медики всего мира должны быть бдительными, поскольку вирусы гриппа непредсказуемы и обладают высокой способностью к мутации, заявила гендиректор Всемирной организации здравоохранения (ВОЗ) Маргарет Чен журналистам в Москве.

Поэтому, отметила Чен после встречи с министром здравоохранения и социального развития России Татьяной Голиковой, необходимо продолжать наблюдение за поведением нового гриппа H1N1 в странах Южного полушария на предмет взаимодействия вируса с обычным сезонным гриппом. Пока, по словам гендиректора ВОЗ, таких случаев не отмечалось, сообщает "Интерфакс".

Кроме того, есть опасения, что вирус H1N1 (который называют свиным гриппом) может столкнуться с более опасным штаммом гриппа - H5N1 (называемым птичьим гриппом. "Может произойти перекрестное взаимодействие H1N1 с птичьим гриппом H5N1, особенно в странах, где есть вспышки птичьего гриппа", - отметила Чен.

"До сих пор мы не обнаружили никаких признаков того, что штаммы H5N1 и H1N1 каким-то образом перекрещиваются", - подчеркнула глава ВОЗ.

Чен также отметила, что в настоящее время в ряде стран, в том числе в России в тесном сотрудничестве с ВОЗ, ведется разработка вакцины против гриппа H1N1. Гендиректор ВОЗ отметила и усилия России в области борьбы с распространением гриппа H1N1 и предотвращением пандемии. "Я более чем уверена, что Россия прекрасно подготовилась к пандемии", - подчеркнула она.

Со своей стороны глава Минздравсоцразвития РФ Голикова сообщила, что до 1 июля министерство согласует все финансовые параметры по разработке, испытаниям и производству вакцины против гриппа H1N1.

Ранее ученые неоднократно высказывали опасения по поводу возможного скрещивания вируса свиного гриппа A/H1N1 с вирусом птичьего гриппа H5N1. Сами по себе эти вирусы не представляют большой опасности для людей, так как A/H1N1 не очень смертоносный, а H5N1 смертоносный, но не передается от человека к человеку.

Но если оба оказываются в одном организме, то их сегменты могут перемешаться, создав новый вирус, который будет передаваться от человека человеку так же легко, как A/H1N1, и при этом обладать смертоносностью птичьего гриппа. Убийственное объединение двух вирусов теоретически может произойти в организме какого-нибудь животного, например свиньи.

Средняя смертность от вируса гриппа A/H1N1 на данный момент находится на уровне 0,4%, что примерно в 4 раза выше, чем у так называемых "сезонных" гриппов. Переносится и

лечится он так же, как и обычный грипп. Смертность от птичьего гриппа превышает 60%, однако для того, чтобы им заразиться, необходимо получить большую дозу инфекции непосредственно от птицы.

ВОЗ ранее объявила о введении шестого максимального уровня угрозы пандемии нового гриппа. При этом, по прогнозам специалистов, резкого распространения данной инфекции можно ожидать уже осенью текущего года.

По данным ВОЗ на 24 июня, число заразившихся вирусом гриппа A/H1N1 в мире достигло 55867 человек, 238 из них умерли. Лидером по количеству заболевших по-прежнему остаются США, где на сегодняшний день лабораторно подтверждены 21449 случаев заражения, из которых 87 случаев закончились летальным исходом. В Мексике новым гриппом заболели 7847 человек, 115 из них умерли.

Аргентина вышла на третье место в мире по количеству летальных исходов - 21 человек, а общее число инфицированных в стране увеличилось до 1 391 человека, несколько из них находятся в реанимации в тяжелом состоянии. За последние дни больше всего заболевших зарегистрировано в Канаде - 747 человек; общее число заболевших в стране достигло 6457 человек, 20 из них умерли

CBSNEWS

Brian Montopoli

Unplugged: Sebelius Says H1N1 "Has not Gone Away"

CBS News, 9 July 2009, 1:33 PM EDT
https://www.cbsnews.com/news/unplugged-sebelius-says-h1n1-has-not-gone-away/

Health And Human Services Secretary Kathleen Sebelius, speaking from today's flu preparedness summit, said on "Washington Unplugged" today that there are currently about 1 million cases of H1N1 flu transmitting throughout the United States.

"This disease has not gone away," she told CBS News' Bob Orr. "In fact, it's spreading from state to state. We've got outbreaks in every state, in about 102 countries around the world."

"What we're watching very closely, though, is what happens next," Sebelius continued. "So far it hasn't been terrifically lethal…but we need to get prepared for what may happen later this fall."

Sebelius said there remained uncertainty as to the future, and that "we need to be prepared for the worst case scenario."

"We don't know what will happen with this brand new flu strain when it mixes with seasonal flu," she told Orr. Sebelius said a new vaccine to immunize people against H1N1, also known as swine flu, is being prepared, in addition to the standard seasonal flu vaccine, and that she hopes it will be ready later this year.

"We need to make sure it's safe, so the scientists will begin clinical tests this summer, testing to make sure we know the right dosage and we know it doesn't have adverse side effects," Sebelius said. "Assuming that all goes well…we're likely to launch a major vaccination program this fall, having flu vaccine available by mid-October."

The health and human services secretary said the target population for the H1N1 vaccine is younger Americans.

"This is a flu that's hitting school-age and younger kids," she said. "So it's different than seasonal flu."

Sebelius said "we're watching the southern hemisphere," which is currently in the midst of its flu season because it is winter, "really closely."

"We're going to get some pretty good clues on how lethal this disease may be if it mixes with seasonal flu," she said. "That's really what we're watching for."

Sebelius went on to stress that H1N1 is still spreading.

"So the hand washing techniques, you know, coughing into your sleeve, making sure that if you or your children are sick they stay home – that they don't spread this disease any further," she said. "We'd like to actually curtail the disease this summer and not see it continue to spread throughout the country."

Watch the full episode of "Washington Unplugged," which includes both the Sebelius interview and a report from the G-8 Summit in Italy, at left.

Slate

Jean-Yves Nau

Grippe A: les incohérences d'une très grosse dépense

Slate, 10 juillet 2009, à 2h00
https://www.slate.fr/story/7885/grippe-les-incoherences-dune-tres-grosse-depense

Contre une pandémie pas bien méchante, dépenser 700 millions d'euros pour un vaccin qui pourrait s'avérer inefficace si le virus mute pose problème.

Plus le temps passe, plus l'histoire de la lutte contre la pandémie de grippe A(H1N1) semble marquée par une perpétuelle surenchère. Ne revenons pas sur la constitution des volumineux stocks nationaux de Tamiflu qui trouve pour partie son origine dans l'émergence et la diffusion du A(H5N1) de la grippe aviaire. Mais parlons de cet autre volet de la lutte qu'est la vaccination contre l'infection par ce nouveau virus de la grippe. En France, la journée du jeudi 9 juillet a, sur ce thème, été riche d'enseignements. Et la question se pose chaque jour un peu plus de savoir si les moyens mis en œuvre ne sont pas totalement disproportionnés face à ce que l'on sait de la menace virale.

Il y eut tout d'abord l'annonce du quotidien Le Parisien/Aujourd'hui en France: «La France va acheter 100 millions de doses de vaccins contre la grippe A(H1N1) et ce pour 700 millions d'euros auprès de quatre laboratoires». Pour l'heure, selon le dernier point de l'Institut de veille sanitaire (InVS), le pays n'a officiellement recensé que 403 cas dont 354 en France métropolitaine. Aucun décès, aucune complication grave. Toujours selon ce quotidien, citant une source proche du Premier ministre, c'est la cellule française de crise interministérielle qui a pris la décision d'achat. Le marché serait classé «secret-défense» et son montant pourrait être en partie porté à la charge de l'assurance-maladie.

Cause nationale

Selon certains experts, vacciner un Français sur deux, soit environ 30 millions de personnes (sur la base de deux injections à trois semaines d'intervalle) suffirait à protéger l'ensemble de la population du pays. Ceci n'avait pas empêché Roselyne Bachelot ministre de la santé de faire sur ce thème des déclarations radicales. Selon elle, dès l'automne chaque Français pourrait s'il le souhaite être immunisé contre l'infection par le A(H1N1). Grande cause nationale décrétée dans l'urgence. Tous aux abris immunitaires!

On apprenait peu après que l'achat de ces mêmes vaccins à plusieurs laboratoires pharmaceutiques devrait effectivement coûter entre 600 et 800 millions d'euros. C'est du moins l'estimation faite par la direction de la Caisse nationale d'assurance maladie (Cnam), dans un rapport présenté à son conseil. Ce rapport contient l'ensemble des propositions de la direction de la Cnam pour l'année 2010 et évoque d'ores et déjà «le coût des mesures de prévention contre la grippe A». Il précise: «L'achat de plus de 90 millions de vaccins à l'industrie pharmaceutique, notamment, devrait coûter entre 600 et 800 millions d'euros à l'Eprus (Etablissement de préparation et de réponse aux urgences sanitaires) qui est financé à 50% par l'assurance maladie». Aussi a-t-on prévu «une provision de 400 millions d'euros concernant la participation de l'assurance maladie à l'achat par l'Eprus de vaccins contre la grippe A».

Transparence et secret-défense

Pour sa part, Roselyne Bachelot a tenu à réunir la presse pour faire savoir au peuple que les négociations avec les multinationales productrices de vaccins étaient toujours en cours, qu'elle souhaitait une prise en charge financière de la vaccination «la meilleure possible» pour chaque Français et que les arbitrages sur ce thème seraient rendus... dans quelques jours. Le citoyen peut-il en savoir plus? Non. La ministre de la Santé n'a pas souhaité indiquer le nombre de doses et le coût total des vaccins que le gouvernement souhaitait acquérir auprès des laboratoires pharmaceutiques. Pourquoi? Pourquoi ce «secret-défense»?

Officiellement pour ne pas nuire aux négociations financières en cours. La vaccination sera-t-elle gratuite ? Bachelot: «nous sommes en train de finaliser cette question avec l'assurance maladie et bien sûr le gouvernement pour faire en sorte que la prise en charge soit la meilleure possible ». Combien la France achètera-t-elle de doses? Bachelot : l'objectif est «de faire en sorte que tout Français soit vacciné s'il le souhaite».

Bachelot enfin: «Nous sommes en train de finaliser les négociations avec les laboratoires et vous comprenez bien que dans le cadre d'une négociation financière extrêmement serrée, je ne vais vous confirmer ni le nombre des doses commandées aux laboratoires ni évidemment le montant.»

Pari et plusieurs inconnues

Le Pr Didier Houssin directeur général de la Santé et délégué interministériel en charge de la lutte contre la pandémie grippale Didier avait déjà indiqué il y a quelques semaines que la France avait pris une option pour l'acquisition de 50 millions de doses vaccinales avec GlaxoSmithKline et que des pourparlers étaient en cours Sanofi-Aventis, Novartis et Baxter pour acquérir environ 50 millions de doses supplémentaires. Parallèlement aux vaccins à venir la France a d'ores et déjà acquis un milliard de masques anti-projections, 723 millions de masques de protection et 33 millions de traitements antiviraux.

Le pari fait par le gouvernement est que les investissements fait dans ce domaine permettront de prévenir le coût des multiples conséquences d'une épidémie de grippe et tout particulièrement le coût des arrêts maladie. Il n'en reste pas moins vrai que ce pari repose sur plusieurs inconnues de taille. Si l'on excepte le fait qu'il circule dans l'hémisphère Nord en été, le virus A(H1N1) ne semble guère différent des virus grippaux des épidémies saisonnières. Pourquoi dramatiser ce qui hier était tenu pour du ressort du banal ou de la fatalité?

Pourquoi déclencher une telle mobilisation nationale médicamenteuse et vaccinale alors même que face aux grippes hivernales, on se borne à inciter les «seniors» et les personnes les plus fragiles à se faire vacciner? Faut-il postuler que le A(H1N1) va muter et gagner en virulence? Mais dans ce cas ces vaccins chèrement acquis seront-ils efficaces?

Vaccination obligatoire

Comment ne pas voir, enfin, que la logique gouvernementale souffre d'une incohérence de taille. Si la santé publique est à ce point menacée qu'elle justifie la mobilisation de tant et tant de moyens pourquoi se borner à «proposer» la vaccination à chaque Français? Qui permet de dire ce cette proposition sera pleinement acceptée ou du moins qu'une fraction suffisante de la population se protègera en temps et en heure pour prévenir la circulation du virus en son sein? Si la menace est si grande, la cohérence voudrait qu'on rende obligatoire cette nouvelle vaccination. «Dans l'état actuel de l'épidémie, il n'est pas question de rendre la vaccination obligatoire», a pourtant indiqué Roselyne Bachelot le 1er juilllet à l'issue d'une réunion de la cellule interministérielle. On aimerait savoir ce qui, dans l'état actuel de l'épidémie, justifie l'ampleur de la mobilisation à laquelle nous assitons.

YAHOO! NEWS UK & IRELAND

'All Brits' To be Vaccinated For Swine Flu

SkyNews, 12 July 2009, 11:58 am

https://web.archive.org/web/20090715202501/http://uk.news.yahoo.com/5/20090712/tuk-all-brits-to-be-vaccinated-for-swine-45dbed5.html

The entire population could be vaccinated against swine flu as health chiefs draw up plans to build a nationwide immunity to the disease.

In what would be the biggest vaccination programme of the last 50 years, experts are already formulating a priority list of patients before the bug becomes more virulent.

The fast-tracking comes after the first British patient without underlying health problems succumbed to the disease - the 15th swine flu death in the UK.

Peter Holden, the British Medical Association's lead negotiator on swine flu, told The Sunday Times: "The high risk groups will be done at GPs' surgeries."

He added: "If the virus does (mutate), it can get a lot more nasty, and the idea is to give people immunity.

"But the sheer logistics of dealing with 60 million people can't be underestimated."

On Saturday holidaymakers were advised to check their travel insurance and keep in touch with tour operators as the bug sweeps across the UK.

As school holidays approach, people who contract the virus should consult doctors about whether to stay at home, according to travel association Abta.

Spokeswoman Frances Tuke said the firm had received calls "with regard to insurance".

"Apparently some insurers are placing exemptions on policies. If you need to cancel because of swine flu you need to check your travel insurance policy to ensure it is covered."

Nearly 10,000 Britons have gone down with swine flu after it spread to the UK from Mexico – the third highest case total in the world.

The latest death happened at Basildon and Thurrock University Hospitals NHS Foundation Trust, NHS East of England.

Chief Medical Officer Sir Liam Donaldson has warned that other healthy people were at risk of dying from the disease.

He said: "As with all flu-like viruses, some people are at higher risk than others. Unfortunately, people who are otherwise healthy could also become seriously ill or, sadly, die."

But Sir Liam added: "Fortunately, this particular new virus isn't nearly as severe as it could have been.

"If it had, for example, come out of the bird flu variant it would have been producing much higher levels of mortality."

THE TIMES

Mark Henderson

Swine flu is worse than seasonal flu, research suggests

The Times, 13 July 2009, 5.32pm BST,
https://www.thetimes.com/article/swine-flu-is-worse-than-seasonal-flu-research-suggests-xj7t2zplwmx

Swine flu is more severe than seasonal strains of the influenza virus, according to new research which suggests that the H1N1 pandemic should not be regarded as mild.

Scientists have discovered that the H1N1 inflicts significantly more lung damage in animals than seasonal flu strains, in similar fashion to the highly virulent H5N1 bird flu virus.

The findings, from a team led by Yoshihiro Kawaoka, of the University of Wisconsin-Madison in the United States, may explain why the swine flu pandemic has caused serious illness and deaths among people with no underlying health problems.

Though swine flu has often been described as mild, and most infected patients have had only minor symptoms, thousands of people have been hospitalised after falling ill and hundreds have died.

ZEIT ONLINE

Sven Stockrahm

Vorsicht, Pandemie!

Die ZEIT, 14 Juli 2009, 12:02 Uhr
https://www.zeit.de/online/2009/25/pandemie-warnstufe
https://www.zeit.de/online/2009/25/pandemie-warnstufe/seite-2

Seit Wochen breitet sich das H1N1-Virus aus. Jetzt nennt die WHO die Amerikagrippe weltweite Seuche. An der Situation ändert sich wenig. Warum herrscht dann Höchstalarm?

"Die Welt steht am Beginn der Influenzapandemie 2009", sagte die WHO-Generaldirektorin Margaret Chan am Donnerstagabend fast schon beschwörend. "Wir sind zusammen in dieser Lage und wir werden dies durchstehen, zusammen." Sie sprach über die als Schweinegrippe bekannt gewordene Influenza, ausgelöst durch den neuartigen Erreger H1N1.

Wer den Worten der Frau an der Spitze der Weltgesundheitsorganisation (WHO) lauschte, erlebte unfreiwillig ein Déjà vu. Denn grundsätzlich Neues gab es eigentlich nicht zu berichten. Pardon, eine Neuigkeit war dabei: Schließlich befindet sich die Welt nun auch offiziell in einer Pandemie, im Griff einer den Erdball umspannenden Grippe.

Inoffiziell war das schon seit Wochen mehr oder minder bekannt. So erscheint die gestrige Hochstufung der Warnphase von fünf auf sechs zunächst nur konsequent. Drei Gründe nannte Chan für diese Entscheidung: "Das Virus ist ansteckend, überträgt sich leicht von einer Person zur anderen und von einem Land zum nächsten." Diese Informationen sind nicht neu. Die gestrige Erklärung der WHO offenbart deshalb etwas ganz anderes. Sie zeigt, dass die Organisation selbst nicht genau weiß, was eine Pandemie ist.

Doch erst einmal ist die viel drängendere Frage: Was ändert sich durch die höchste Warnstufe? Laut dem "weltweiten Influenza-Vorbereitungsplan" der WHO ist die sogenannte pandemische Periode wie folgt definiert: Es sind Infektionen durch einen neuen Grippesubtyp aufgetreten, die durch eine "gesteigerte und anhaltenden Übertragung in der breiten Öffentlichkeit" gekennzeichnet sind. Der Plan sieht für diesen Fall eine "bedeutende Veränderung" in der weltweiten Überwachung und "Antwortstrategie" vor, denn, so heißt es weiter: Das Risiko einer Pandemie sei nun "immanent für alle Länder." Doch was heißt das konkret?

"Die WHO empfiehlt weiterhin weder Reisebeschränkungen noch Grenzschließungen", sagte Generaldirektorin Chan. Nichts Neues. "Länder mit keinen oder nur wenigen Fällen sollten wachsam sein." Das waren sie auch schon vorher. Und schließlich: "Länder mit ausgedehnter Übertragungsrate sollen sich auf angemessene Maßnahmen bei der Patientenbehandlung konzentrieren." Auch das wird bereits getan. Antivirale Medikamente werden verteilt und selbst die Impfstoffproduktion ist bereits vereinzelt angelaufen. Eine deutliche Empfehlung für die großflächige Herstellung einer Vakzine blieb gestern aus. Erste Dosen werden allerdings ohnehin im Herbst bereitstehen. Was also ist der Grund für Warnstufe sechs?

Die WHO und ihre Experten haben offensichtlich Probleme, eine Pandemie zu definieren. Das kann ihnen noch nicht einmal verübelt werden. Schließlich wurde das aktuelle sechstufige Warnsystem 2005 vor dem Hintergrund der Vogelgrippe, ausgelöst durch den Erregertyp H5N1, entwickelt. Die hatte, wenn sie denn vereinzelt auf den Menschen übersprang, eine Sterblichkeitsrate

von etwa 60 Prozent, schreibt etwa die *New York Times*. => See: *Is This a Pandemic? Define 'Pandemic'* – khttps://www.nytimes.com/2009/06/09/health/09docs.html?fta=y

Mit der aktuellen Amerikagrippe steckt man nun in einem Dilemma. Zwar verbreitet sich H1N1 von Land zu Land sowie kontinentübergreifend. Auch ist das Virus laut WHO ansteckender als die saisonale Grippe. Allerdings gibt es einen entscheidenden Unterschied: Die Erkrankung verläuft bei weitem nicht so schwer wie befürchtet. Gerade einmal zwei Prozent der Infizierten leiden unter lebensgefährlichen Lungentzündungen, erklärte die WHO-Generaldirektorin gestern Abend. Die "überwältigende Mehrheit" der Patienten zeige hingegen milde Symptome und würde rasch genesen, "zumeist auch ohne jegliche medizinische Behandlung."

Als ein Journalist auf der Konferenz nachhakte, wie man denn nun auf die neue Einstufung gekommen sei, wich Margaret Chan aus. Sowohl das Notfallkomittee der WHO, das extra für die Amerikagrippe einberufen wurde als auch Experten aus den WHO-Mitgliedsstaaten hätten die vorliegende Beweislage genau geprüft. Anschließend sei man zu einem Konsens gekommen. Dass allerdings nicht alle Beteiligten glücklich mit der Entscheidung waren, zeigt eine Aussage des Vizedirektors der WHO, Keiji Fukuda, in der New York Times vom 23. Mai. Hier wird zunächst berichtet, dass die WHO plane, die Regeln für die Einstufung einer weltweiten Seuche zu ändern. Ein entscheidendes Kriterium für eine Pandemie solle laut Fukuda sein, dass ein "beträchtliches Gefährdungsrisiko für den Menschen" von einer Pandemie ausgehen müsse, damit sie als solche gelte.

Ein Kennzeichen, das derzeit im Falle der als Schweinegrippe bekannt gewordenen Influenza augenscheinlich nicht greift. So ist die saisonale Grippe, die alljährlich ihren Streifzug über die Kontinente antritt, gefährlicher. Hierzulande sterben an ihr jede Saison zwischen 8000 und 11.000 Menschen. Auch als die WHO zuletzt eine Pandemie ausrief, im Jahr 1968, war die Situation ungleich dramatischer. Damals starben an der Honkonggrippe mehr als eine Million Menschen. Die Amerikagrippe verlief hingegen bislang bei etwas mehr als 140 Menschen tödlich und infizierte rund 30.000 weltweit.

Auch in Deutschland herrscht keine Pandemie. Dass mehr als 30 Kinder der japanischen Schule in Düsseldorf an H1N1 angesteckt haben, vermittelt den Menschen in Deutschland den verzerrten Eindruck, hier passiere etwas Unkontrollierbares. Zudem tauchen vermehrt Meldungen auf, nach denen die nationalen Notfallpläne nun anlaufen würden. Das ist Unsinn, sie sind bereits im Gang, und das mit Erfolg. Medikamente werden eingelagert, und auch die WHO hat bereits Arzneimittel an Entwicklungsländer verteilt.

Sicher besteht nach wie vor die Möglichkeit, dass die Amerikagrippe sich verändert und schwerer verläuft als bisher. Das liegt in der Natur der Grippeerreger, die sich ständig wandeln können. So ist auch die Warnung des Präsidenten des Robert-Koch-Instituts, Jörg Hacker, verständlich, der weiter zur Vorsicht aufruft. Auch die Mahnung des UN-Generalsekretärs Ban Ki Moon ist richtig, dass die Gefahr besteht, dass die Influenza gerade in Entwicklungsländern schwerer verlaufen könnte. Bislang breitet sich H1N1 zumeist in Ländern aus, die über ein grundsätzlich funktionierendes Gesundheitssystem verfügen.

Dennoch bleibt festzuhalten: Dem Virus H1N1 gebührt weiterhin unser aller Aufmerksamkeit. Die Welt hat bereits bewiesen, dass sie besonnen auf eine mögliche Pandemie reagieren kann und vorbereitet ist. Ob eine Warnstufe sechs, die auch aus Gründen der mangelhaften Definition des Begriffs "Pandemie" eingetreten ist, Panik vermeidet, ist fraglich.

Generaldirektorin Chan warnte denn auch vor Überreaktionen. Sie sei zudem zuversichtlich, dass alle Länder, die gewisse Verbote verhängt haben, diese wieder aufhöben. Sicher meinte sie damit auch die nicht nachzuvollziehende Reaktion Ägyptens nach dem Auftreten der ersten Fälle von H1N1. Hier wurde angeordnet, praktisch den gesamten Schweinebestand zu keulen.

Niemand kann den weiteren Verlauf der Amerikagrippe vorhersagen. Die Welt muss weiter wachsam sein – und die WHO muss ihr Alarmsystem überdenken. Denn sonst werden künftige Warnungen schnell verhallen. Nicht dass es am Ende heißt: Stell Dir vor, es ist Pandemie, und keinen interessiert es.

World Health Organization

Pandemic (H1N1) 2009 briefing, Note 3

Geneva, WHO, 16 July 2009

https://web.archive.org/web/20090716192624/http://www.who.int/csr/disease/swineflu/notes/h1n1_surveillance_20090710/en/index.html

Geneva – As the 2009 pandemic evolves, the data needed for risk assessment, both within affected countries and at the global level, are also changing.

At this point, further spread of the pandemic, within affected countries and to new countries, is considered inevitable.

This assumption is fully backed by experience. The 2009 influenza pandemic has spread internationally with unprecedented speed. In past pandemics, influenza viruses have needed more than six months to spread as widely as the new H1N1 virus has spread in less than six weeks.

The increasing number of cases in many countries with sustained community transmission is making it extremely difficult, if not impossible, for countries to try and confirm them through laboratory testing. Moreover, the counting of individual cases is now no longer essential in such countries for monitoring either the level or nature of the risk posed by the pandemic virus or to guide implementation of the most appropriate response measures.

Monitoring still needed

This pandemic has been characterized, to date, by the mildness of symptoms in the overwhelming majority of patients, who usually recover, even without medical treatment, within a week of the onset of symptoms. However, there is still an ongoing need in all countries to closely monitor unusual events, such as clusters of cases of severe or fatal pandemic (H1N1) 2009 virus infection, clusters of respiratory illness requiring hospitalization, or unexplained or unusual clinical patterns associated with serious or fatal cases.

Other potential signals of change in the currently prevailing pattern include unexpected, unusual or notable changes in patterns of transmission. Signals to be vigilant for include spikes in rates of absenteeism from schools or workplaces, or a more severe disease pattern, as suggested by, for example, a surge in emergency department visits.

In general, indications that health services are having difficulty coping with cases mean that such systems are under stress but they may also be a signal of increasing cases or a more severe clinical picture.

A strategy that concentrates on the detection, laboratory confirmation and investigation of all cases, including those with mild illness, is extremely resource-intensive. In some countries, this strategy is absorbing most national laboratory and response capacity, leaving little capacity for the monitoring and investigation of severe cases and other exceptional events.

Regular updates on newly affected countries

For all of these reasons, WHO *will no longer issue the global tables showing the numbers* of confirmed cases for all countries. However, as part of continued efforts to document the global

spread of the H1N1 pandemic, regular updates will be provided describing the situation in the newly affected countries. WHO will continue to request that these countries report the first confirmed cases and, as far as feasible, provide weekly aggregated case numbers and descriptive epidemiology of the early cases.

For countries already experiencing community-wide transmission, the focus of surveillance activities will shift to reporting against the established indicators for the monitoring of seasonal influenza activity. Those countries are no longer required to submit regular reports of individual laboratory-confirmed cases and deaths to WHO.

Monitoring the virological characteristics of the pandemic virus will be important throughout the pandemic and some countries have well-established laboratory-based surveillance systems in place already for seasonal influenza virus monitoring. Even in countries with limited laboratory capacity, WHO recommends that the initial virological assessment is followed by the testing of at least 10 samples per week in order to confirm that disease activity is due to the pandemic virus and to monitor changes in the virus that may be important for case management and vaccine development.

Updated WHO guidelines for global surveillance reflect in greater detail these recommended changes, in line with reporting requirements set out in the International Health Regulations.

CIDRAP

Lisa Schnirring

WHO suspends reporting of H1N1 case counts

CIDRAP, 16 July 2009
https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/who-suspends-reporting-h1n1-case-counts

Citing the questionable usefulness of reporting pandemic H1N1 case counts and the burden it puts on countries experiencing widespread transmission, the World Health Organization (WHO) announced today it will no longer issue regular reports of confirmed global case totals. The WHO has issued 58 such reports since the start of the novel H1N1 outbreak, the last one on Jul 6.

In a statement today, the WHO said countries with sustained community transmission are having an extremely difficult time confirming cases through laboratory testing. In addition, counting individual cases isn't essential for monitoring the level or nature of risk posed by the virus or implementing response measures.

Detecting and confirming all possible cases is highly resource-intensive, the WHO said. "In some countries, this strategy is absorbing most national laboratory and resource capacity, leaving little capacity for the monitoring and investigation of severe cases and other exceptional events."

For these reasons, the WHO said it will no longer issue reports of confirmed cases. However, it said it will provide regular updates on the spread of pandemic flu in newly affected countries.

The focus of surveillance activities in countries where the virus is already established will shift to existing systems for monitoring seasonal flu, the WHO said. Countries are no longer required to submit regular reports of individual confirmed cases and deaths to the WHO.

Monitoring for unusual events such as clusters of severe or fatal cases or changes in clinical patterns is important and should continue, the agency said. It added that countries should maintain vigilance for changes in transmission patterns, such as rising rates of school or work absenteeism, and also surges in emergency department visits, which could foreshadow increasing numbers of severe cases.

Keeping close track of changes in the pandemic virus is also essential for case management and vaccine development, the WHO said. It recommends that even countries with limited lab capacity to follow up initial viological assessment by testing at least 10 samples a week.

CDC says change is no surprise

Tom Skinner, a spokesman for the US Centers for Disease Control and Prevention (CDC), said the change in the WHO's case-reporting policy isn't unexpected, because the WHO and CDC have been emphasizing over the past several weeks that the number of lab-confirmed cases is just the tip of the iceberg of the true number of people who are or were sick with the novel H1N1 virus.

Specific case counts were once needed to help characterize the early spread of the disease, he said. Now that the virus is widespread and poised for a potential surge in the fall, "specific case counts are no longer needed, and since they don't represent the true picture of the situation, they are not necessary," Skinner said.

The CDC will likely make a similar move to downplay the number of confirmed cases, but it will maintain, if not expand, surveillance to gauge the health impact of the pandemic and the severity of the illness, he said.

Michael T. Osterholm, PhD, MPH, director of the University of Minnesota Center for Infectious Disease Research and Policy, publisher of CIDRAP News, said he fully supports the WHO's policy change. The media and other groups have made too much of the case numbers, which grossly underestimate the illness burden, he said.

"This a good thing, but it's only the beginning of what needs to be done," Osterholm said, adding that he hopes the WHO will introduce other comprehensive surveillance measures to more accurately gauge pandemic morbidity and mortality.

Case counts give wrong impression

Peter Sandman, PhD, a New Jersey-based consultant and risk-communication expert, told CIDRAP News that early on in the novel H1N1 outbreak the WHO had a good technical reason to urge countries to track the number of confirmed cases – to help assess community transmission – but the usefulness of the numbers quickly waned.

"The big problem is that almost everyone has used the number of confirmed cases as if it were the true number of cases," he said. "Everyone was pouncing on those numbers." Sandman said even CIDRAP News has made this mistake, repeatedly reporting the number of confirmed cases as if the number meant anything other than how many confirmatory tests were being done.

The downside of the focus on the confirmed case numbers has been that the public perceives the pandemic as less pervasive than experts know it to be, Sandman said. When a public health official makes a reasonable extrapolation of the burden of disease, the number of confirmed cases seems puny by comparison. "Reputable experts are dismissed as nuts," he added.

Sandman said another problem is that an emphasis on the number of confirmed cases, along with the number of deaths, gives the public – and even some government and public health officials – an inflated impression of the case fatality rate.

"The pandemic H1N1 virus could get more deadly at any time," Sandman said. "But if you compare the number of pandemic deaths in the US to the CDC estimates of how many people have already had the disease, it calculates out that the pandemic is less deadly than seasonal flu so far."

However, most people don't do that calculation, he said. "People compare the number of deaths to the number of confirmed cases, and that makes the pandemic look much more deadly, because all the cases that never got confirmatory testing are missing from the denominator."

The Guardian

Aida Edemariam

Swine flu will be biggest pandemic ever, warns world health chief

The Guardian, 16 July 2009, 00:05 BST.
https://www.theguardian.com/world/2009/jul/16/swine-flu-pandemic-who-warning

As swine flu sweeps the planet, Margaret Chan, head of the World Health Organisation, tells how she is leading the battle against it – and the personal price she is payingl.

lthough she would no doubt point out that swine flu should properly be called H1N1, there is something pleasing in the fact that the first thing Margaret Chan, director-general of the World Health Organisation, does when I enter her office is pick up a cut-out of a pig that has fallen on its face and carefully place it upright. A pink and gilt confection, it's left over from celebrating the Chinese year of the pig in 2007: it was so cute, she says, that she couldn't bear to throw it out.

A year earlier, Chan had been a surprise candidate in a surprise election (the previous incumbent died halfway through his term), but she won with a clear majority to become the first Chinese national to run a major UN agency. A rule change in 2005 (the WHO no longer has to beg states for information about threats to global health, but can just demand it) also makes her the most powerful public health official in history.

Tiny in her orange jacket and neat little orange-brown Miu Miu mules, she wears that authority not lightly, exactly, but naturally: in an organisation famed for its bureaucratic circumlocutions, she is refreshingly direct. It's a strength she's aware of – "I have a reputation for being a straight-talker, I will tell them the story like it is" – but that makes it no less striking, or true. (Also striking, for those who have witnessed it, is her penchant for bursting into song: she once punctured a tense moment at a summit about bird flu by singing a few lines of Getting To Know You, from The King and I.)

Months later, on 11 June 2009, she found herself the first WHO chief in 41 years to stand before the world and announce that a new virus had reached pandemic proportions. Right up until the last minute, scientists were calling her up and warning her to be careful about raising the threat alert so high — but the strict definition of "pandemic" is a new disease spreading uncontrollably through numerous countries, and on that count her decision has been completely borne out. On 11 June, swine flu had been registered in 74 countries; when we meet in Geneva four weeks later, it has just been confirmed in 140 countries.

Born in another year of the pig, 62 years ago, Chan began her career as a liberal arts graduate and a high school teacher of home economics, Chinese and English, but when her boyfriend moved to Canada to study medicine, she followed him. Finding that she still saw him very little, she applied to study medicine herself, in the same class. When they graduated they returned to Hong Kong, and in 1994 she was appointed as director of health there, with a staff of 7,000. Three years later, she faced a major outbreak of bird flu.

Chan learned then that clarity of communication is of utmost importance, and that over-reassurance can be as bad as no reassurance at all. She has in mind the (infamous in Hong Kong) moment when she was trying to tell people that it was still safe to eat chicken. "They asked me, 'Do you eat chicken?' and I said, 'Yes, I do. I eat chicken every day.'" It's the last sentence she regrets, because it is so patently undermining. No one would go on that kind of diet, right?

Her critics were not to know that it was, in fact, true: Chan did eat chicken every day, just as she has had a tuna sandwich every single lunchtime (barring official functions) for the five years she has lived in Geneva. Her job is so big, so unpredictable, that she says these fixed points are crucially important "to maintain my sanity". So now it's a tuna sandwich every day, and a session on a treadmill every morning.

But in Hong Kong the damage was done, and she eventually ordered a cull of all 1.5m chickens in the country. By the time the Sars epidemic came round in 2003, she was experienced and tough enough to have earned the nickname "Iron Lady"; although 299 people died in Hong Kong, and she was criticised in some quarters for being slow off the mark (she replied that she had found it hard to get accurate information from mainland China), most experts applauded her efficiency. She was headhunted to improve the WHO's response to infectious disease threats because, as the then director-general told her, "You are the only person who has managed crises. I have many armchair experts. I need generals."

Chan's war has arrived with a vengeance. A 2007 WHO report, A Safer Future, estimated that a flu pandemic could affect more than 1.5 bn people, or 25% of the world's population. Could swine flu be that big? "Quite likely. Quite likely. But it probably won't happen in one run. It will probably come back [in two or three waves]."

How does she expect it to compare to other pandemics? "In terms of the number of countries affected and the number of people infected, this has got to be the biggest."

Bigger than 1918? "If you're talking about mortality then it's different. 1918 is the biggest in terms of mortality. I would not like to make any predictions . . . I hope we don't see the 1918 picture. But we should expect to see more people infected, and more severe cases coming up, including deaths."

Swine flu is probably already much bigger than anyone knows. Ten days ago, only six countries in Africa had reported cases, but as Chan readily admits, this is rather misleading: until the WHO started sending out lab kits in early May, many developing countries had no means of testing for it. Furthermore, modelling suggests that swine flu has an attack rate of 30% - once it enters a country, the likelihood is 30% of citizens will catch it at some point.

In wealthy countries such as Britain, she observes, "The disease is self-limiting. Some even recover without medicine. But is it going to be the same in a country where they have a high proportion of people suffering from HIV? Or chronic malnutrition? Or diabetes? [all of which damage immune systems]?"

Pregnant women are among the groups most severely affected; already, every minute of every day, a woman dies in childbirth or pregnancy. Furthermore, unlike seasonal flu, H1N1 tends to affect previously healthy 30-50 year-olds; developing countries have large, young populations often living in crowded conditions.

As well as having no testing facilities, these countries will often have almost no access to antivirals such as Tamiflu. "Is it fair," demands Chan, rhetorically, "for these countries to go into a pandemic empty-handed?" So she has gone, cap in hand, to the companies that produce them: Roche has just provided 5.6m free doses of antivirals, which Chan has dispatched to the developing world; she is angling for another 5-6m, and hopes they will soon come through.

"Vaccines are much more difficult," she says with some understatement, "because of the limitations in production capacity." Companies in Europe and North America, and a few small ones in Asia, are racing to make a vaccine to combat this new disease. "One should be available soon, in August. But having a vaccine available is not the same as having a vaccine that is proven safe. Clinical trial data will not be available for another two to three months."

The process of acquiring a vaccine is already a salutary lesson in health inequality. "Most of the production capacity has already been booked up by wealthy countries. Again I have to ask the question: do the developing countries have to wait at the end of the queue? Because if that's the case, they won't have a vaccine for six months."

So Chan is trying to persuade manufacturers to free up a percentage of their production capacity for developing countries – 10% is her modest request. "The most important thing is to have a supply of vaccine to protect, first and foremost, a functioning health system. It is always important to keep taking care of pregnant women, cancer patients, diabetics and so forth. And I'm also mindful that a certain amount of vaccine should be provided to countries so they can maintain a stable society - that they must vaccinate law enforcement officers, and fire brigades, for example. Making sure that society can function in a normal way."

There is, of course, the caveat that swine flu has been "mild so far". Many countries may opt not to vaccinate at all, or not to make it compulsory. But it is also the case that an estimated 250,000-500,000 people die every year from seasonal flu (not including those who die of respiratory failure or heart disease which hasn't been traced back to an initial flu virus), and that the situation with swine flu could change at any moment. British scientists admitted this week that they were taken by surprise by swine flu's sudden spread; Chan is aware that while it could work itself out with comparatively minimal damage, she could also suddenly find herself dealing with a far more virulent, more deadly mutation.

And that, of course, would be on top of the myriad other epidemics and crises currently demanding her attention; the massive health impacts of climate change, for example, which she is in no doubt "will be the defining issue of the 21st century".

Declining food security will, she predicts, mean massive rises in people dying from malnutrition and diarrhoea, and probably more wars. More floods will mean more water contamination and issues with water security, and more deaths due to injuries and drowning. More waterlogged areas and changes in temperature will mean sharp rises in vector-borne diseases such as malaria and dengue fever.

"The prediction is that, within the next 10-20 years, food production in Africa will drop by 50%. If that's the case, how many more people will go hungry? Remember that malnourished, stunted children cannot reach their education potential, which will have a massive social and economic impact."

Chan worries, too, about massive rises in non-communicable diseases (cancer, diabetes, smoking-related illnesses) outside their traditional stamping grounds of the well-fed west. The trouble, from her point of view, is that these diseases attract nothing like the funds that, say, malaria or polio or HIV/AIDS do: "60-80% of the disease burden in developing countries is now due to so-called lifestyle diseases" – and yet, until the last two years when the Bloomberg and Gates foundations got in on the act, non-communicable diseases received no donor funds at all.

Then, of course, there are the ongoing battles — malaria (at least seven African regions have reduced deaths by half), polio, measles, HIV and TB, where another crisis of global proportions threatens: "The challenge is drug-resistant TB. And this is really huge. If it gets out of control," Chan warns, "it will take us back to the pre-antibiotic era."

And so her days begin at 7am, on her treadmill, and end hunched over her files late at night. Her husband opted not to come with her to Geneva (there would be nothing for him to do, and she travels frequently), so she lives alone in a flat five minutes' walk away from WHO headquarters. She does not drive, and speaks so little French that when she first came she couldn't even find a tin-opener in the shops.For 30 years her husband did all the cooking, so she had forgotten how – after a year and a half she fell ill with anaemia. Living apart from him for the first time in 50 years is taking its toll.

"I'm sorry!" she says, flapping her hands helplessly and wiping tears away. "When I talk about my husband . . . you know, he is so interesting, he is such a lovely man. I once said, 'David, can I have a contract?' He said, 'What do you mean?' I said, 'Can I marry you again in the next life?' It's not easy. But it is the kind of sacrifice I think you have to make in the interests of global health."

And it is a fixed term; she will be done in another two-and-a-half years. In the meantime, there are aeroplanes. The day after we met, Chan flew to Sharm-el-Sheikh to address the spouses of world leaders on maternal death rates; it was a brief stop on her way home to Hong Kong for a couple of weeks' annual holiday. Although "with a pandemic," Chan says wryly, "you can't really be on leave"

The Guardian

Owen Bowcott

Swine flu could kill 65,000 in UK, warns chief medical officer

The Guardian, 16 July 2009, 21:54 BST.
https://www.theguardian.com/world/2009/jul/16/swine-flu-pandemic-warning-helpline

Up to 65,000 people could die from swine flu in the UK in a worst case scenario set out by the chief medical officer as the government launched a national service for patients to obtain antiviral drugs over the internet and telephone.

With 29 deaths now linked to the pandemic and a further 53 patients in intensive care, the cabinet's emergency planning committee, Cobra, is meeting three times a week to prepare for the impact of the rapidly spreading pandemic.

On a day of dramatic revelations, the Department of Health revealed:

- 55,000 new infections last week.
- More than 650 people in hospital.
- Half of the UK's children might fall ill.
- 132 million doses of a vaccine – still in development – have been ordered, enough for two injections for every UK citizen.

The internet service and helpline will initially involve 2,000 people in call centres giving out advice and prescribing antiviral drugs such a Tamiflu and Relenza. The number has not yet been given out, but the helpline should open by the end of next week. It is intended to relieve intense pressure on GPs and hospitals.

The online service will let people follow a series of diagrams to input their symptoms, which will then allow them to prescribe drugs for themselves. Every caller will be given a unique reference number after giving their name and address, and will be reminded that antivirals have side-effects. Sir Liam Donaldson, the chief medical officer, said the government would have to trust in the "honesty" of the public not to abuse the system.

The devolved administrations in Scotland, Wales and Northern Ireland will not be part of the National Pandemic Flu Service, but will still rely on frontline services to treat patients.

The new total for swine flu-related deaths includes 26 in England and three in Scotland. It is not known how many had underlying health problems.

Last night, it was reported that a six-year-old boy had died of swine flu in Kent and his school had been closed, but local health authorities refused to confirm any details beyond saying they were investigating a case of swine flu.

The death earlier this week of Chloe Buckley, a six-year-old London schoolgirl, is still being investigated. The first six-year-old to die was Sameerah Ahmad in Birmingham, who had underlying health complications.

Health ministers from across the UK are attending weekly Cobra meetings to assess the impact of the disease. Senior civil servants from across Whitehall are also conferring three times a week.

The health secretary, Andy Burnham, said: "I want the public to be reassured we have been preparing for the possibility of a pandemic for a number of years and all that pre-planning is now paying dividends."

Liam Donaldson, the chief medical officer at the Department of Health.
Photograph: Dominic Lipinski/Getty Images

Sir Liam Donaldson said there was no evidence to suggest that the virus was mutating into a more virulent form.

The new service would, he said, "take the pressure off the frontline primary care and A&E departments to allow them to concentrate on the most ill patients".

Current planning assumptions involve a range of anticipated casualty rates. It is expected that as many as 60% of the population will eventually become infected, but only around 30% will fall ill and experience significant symptoms. That would produce 65,000 deaths if the mortality rate was as high as 0.35%, and 19,000 deaths if it was a rate of 0.1%.

The most optimistic scenario set out is based on only 5% of the population falling ill and 3,100 dying.

The mortality range should be seen in the context of recent outbreaks of seasonal winter flu, such as that in 1999-2000, which caused more than 21,000 deaths.

Donaldson said: "We can't give an estimate of deaths from this virus yet. We don't know enough about it." Health officials remained uncertain about what could happen next: infections may accelerate until they reach a peak in September; or the closure of schools for the summer may slow the spread of the disease.

The officials are particularly concerned that the hospitalisation rate is highest in the under-five age group, with young children who catch the infection three times more likely to need inpatient treatment.

Donaldson said infection rates were "absolutely intense" in "hot spots", and spreading.

The NHS has drawn up contingency plans to cancel routine operations if the situation deteriorates further.

One firm monitoring the outbreak said that up to a third of the UK's workforce might have fallen sick by September. Oxford Economics, a forecasting organisation, warns that the pandemic could knock 5% off the country's gross domestic product.

REUTERS

Denny Thomas

Australia's "worst case scenario" 6,000 H1N1 deaths

Reuters, July 16, 2009, 10:04 AM
https://www.reuters.com/article/idUSSYD537212

Sydney, July 16 (Reuters) - As many as 6,000 people could die from H1N1 in Australia this season in a "worst case scenario" if no preventive measures or vaccines are found, Australian Health Minister Nicola Roxon said on Thursday.

The H1N1 influenza has killed 21 people in Australia so far and there are 10,387 confirmed cases, according to data compiled by Australia's health department.

"We could expect around 6,000 deaths across the country," Roxon told local radio. "That is the really worst case scenario that is being projected at the moment."

Each year a few thousand Australians die from influenza.

The World Health Organization has confirmed 429 deaths and 94,512 cases of H1N1, declared a pandemic last month. But these numbers represent only a fraction of the real cases.

Swine flu is the dominant flu in Australia this southern hemisphere winter and authorities say they have ordered 21 million doses of swine flu vaccine still under development.

They say that should be enough for half the 21 million population with multiple doses.

The U.S. Centers for Disease Control and Prevention says at least a million people have been infected with H1N1 and the virus is spreading out of control.

Disease control experts say the death rate from H1N1 is similar to the death rate from seasonal influenza, which kills anywhere between 250,000 and 500,000 people globally each year.

Infection Control TODAY®

WHO Changes Reporting Requirements for Pandemic H1N1 Virus Infection

Infection Control Today July 18, 2009
https://www.infectioncontroltoday.com/view/who-changes-reporting-requirements-pandemic-h1n1-virus-infection

As the 2009 pandemic evolves, the data needed for risk assessment, both within affected countries and at the global level, are also changing, says the World Health Organization (WHO). At this point, further spread of the pandemic, within affected countries and to new countries, is considered inevitable, according to the organization.

It says that this assumption is fully backed by experience. The 2009 influenza pandemic has spread internationally with unprecedented speed. In past pandemics, influenza viruses have needed more than six months to spread as widely as the new H1N1 virus has spread in less than six weeks.

The increasing number of cases in many countries with sustained community transmission is making it extremely difficult, if not impossible, for countries to try to confirm them through laboratory testing. Moreover, the counting of individual cases is now no longer essential in such countries for monitoring either the level or nature of the risk posed by the pandemic virus or to guide implementation of the most appropriate response measures.

This pandemic has been characterized, to date, by the mildness of symptoms in the overwhelming majority of patients, who usually recover, even without medical treatment, within a week of the onset of symptoms. However, the WHO says there is still an ongoing need in all countries to closely monitor unusual events, such as clusters of cases of severe or fatal pandemic (H1N1) 2009 virus infection, clusters of respiratory illness requiring hospitalization, or unexplained or unusual clinical patterns associated with serious or fatal cases.

Other potential signals of change in the currently prevailing pattern include unexpected, unusual or notable changes in patterns of transmission. Signals to be vigilant for include spikes in rates of absenteeism from schools or workplaces, or a more severe disease pattern, as suggested by, for example, a surge in emergency department visits.

In general, indications that health services are having difficulty coping with cases mean that such systems are under stress but they may also be a signal of increasing cases or a more severe clinical picture.

A strategy that concentrates on the detection, laboratory confirmation and investigation of all cases, including those with mild illness, is extremely resource-intensive. In some countries, this strategy is absorbing most national laboratory and response capacity, leaving little capacity for the monitoring and investigation of severe cases and other exceptional events.

For all of these reasons, the WHO says it will no longer issue the global tables showing the numbers of confirmed cases for all countries. However, as part of continued efforts to document the global spread of the H1N1 pandemic, regular updates will be provided by WHO describing the situation in the newly affected countries. WHO says it will continue to request that these countries report the first confirmed cases and, as far as feasible, provide weekly aggregated case numbers and descriptive epidemiology of the early cases.

For countries already experiencing community-wide transmission, the focus of surveillance activities will shift to reporting against the established indicators for the monitoring of seasonal influenza activity. Those countries are no longer required to submit regular reports of individual laboratory-confirmed cases to WHO.

Monitoring the virological characteristics of the pandemic virus will be important throughout the pandemic and some countries have well-established laboratory-based surveillance systems in place already for seasonal influenza virus monitoring. Even in countries with limited laboratory capacity, WHO recommends that the initial virological assessment is followed by the testing of at least 10 samples per week in order to confirm that disease activity is due to the pandemic virus and to monitor changes in the virus that may be important for case management and vaccine development.

Mexico swine flu 'patient zero' was baby girl in February

MedicalXpress, 24 July 2009
https://medicalxpress.com/news/2009-07-mexico-swine-flu-patient-baby.html

Mexico's first known swine flu case was a six-month-old baby girl in a northern part of the country who had no known contact with pig farms, the head of a laboratory studying the virus told AFP Thursday.

"It's a six-month-old baby girl from San Luis Potosi who is alive" and first showed symptoms of the new strain of the influenza A(H1N1) virus on February 24, said Celia Alpuche of the Institute of Epidemiological Diagnosis and Reference (INDRE) in Mexico City.

Worldwide media honed in on two possible "patient zeros," including a five-year-old boy who lived near a pig farm in eastern Mexico and a woman from Oaxaca, in the southeast, after the government first raised the A(H1N1) alert exactly three months ago.

Both had contracted the virus, which has now killed more than 700 people worldwide, in April.

But studies carried out on a backlog of samples show that a first handful of recorded cases appeared in March in central and northern Mexico, before any showed up further south, said Alpuche.

"We have other positive samples in March from Baja California (northwest), San Luis Potosi and Mexico City (center)," Alpuche said, referring to results discovered around one month ago.

"It's complicated to say where it originated but the earlier samples are not from rural areas, that's to say areas with farms (or) pigs," she added.

Mexico's swine flu death toll now stands at 138, with almost 14,800 recorded cases, and the country has recently seen an upsurge of cases in the impoverished southeast.

CBS NEWS

WHO: Swine Flu could Infect 2 Billion

CBS News, 24 July 2009, 8:43 AM EDT / AP
https://www.cbsnews.com/news/who-swine-flu-could-infect-2-billion/

The World Health Organization's flu chief says the global H1N1 (swine flu) pandemic is still in its early stages and 2 billion infections over the course of the pandemic is "a reasonable ballpark to be looking at."

Keiji Fukuda, WHO's Assistant Director-General for Health Security and Environment, told The Associated Press on Friday that previous pandemics show even a few million cases could be "relatively early in the pandemic" and that given the size of the world's population, the new H1N1 virus is likely to spread for some time.

Fukuda says reports from Britain of a sharp spike in cases is consistent with WHO's expectations even though the Geneva-based agency has only received confirmed reports of some 130,000 infections worldwide.

The global health agency stopped asking governments to report new cases last week, saying the effort was too great now that the disease has become so widespread in some countries.

Health authorities in Britain say there were over 100,000 infections in England alone last week, while U.S. authorities estimate the United States has over 1 million swine flu cases. Those figures dwarf WHO's tally of 130,000 confirmed cases worldwide since the start of the outbreak last spring.

"We know that the total number of laboratory confirmed cases is really only a subset of the total number of cases," Fukuda said.

Fukuda, the former chief of epidemiology at the U.S. Centers for Disease Control and Prevention, also said there must be no doubt over the safety of swine flu vaccines before they are given to the public.

Health officials and drug makers are looking into ways of speeding up the production of the vaccine before the northern hemisphere enters its flu season in the fall.

"Everybody involved with the vaccine work, from manufacturers up to the regulatory agencies, are looking at what steps can be taken to make the process as streamlined as possible," Fukuda said. "*One of the things which cannot be compromised is the safety of vaccines*."

CBC

Swine flu pandemic in early days: WHO

CBC, 24 July 2009, 9:29 AM EDT.
https://www.cbc.ca/news/science/swine-flu-pandemic-in-early-days-who-1.781667

The global swine flu epidemic is still in its early stages, even though reports of over 100,000 infections in England alone last week are plausible, the World Health Organization's flu chief said Friday.

Keiji Fukuda, WHO's assistant director-general for health security and environment, told The Associated Press that given the size of the world's population, the new H1N1 virus is likely to spread for some time.

WHO earlier estimated that as many as two billion people could become infected over the next two years.

"Even if we have hundreds of thousands of cases or a few millions of cases …we're relatively early in the pandemic," Fukuda said in an interview at WHO's headquarters in Geneva.

The global health agency stopped asking governments to report new cases last week, saying the effort was too great now that the disease has become so widespread in some countries.

Authorities in Britain say there were over 100,000 infections in England alone last week, while U.S. health officials estimate the United States has passed the one million case mark. Those figures dwarf WHO's tally of 130,000 confirmed cases worldwide since the start of the outbreak last spring.

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Dramatic rise in H1N1 cases expected

Health officials and drug makers are looking into ways of speeding up the production of the vaccine before the Northern Hemisphere enters its flu season in the fall.

The first vaccines are expected in September and October, said Fukuda. Other vaccines will take until December or January before they are released onto the market — well into flu season when a further dramatic rise in swine flu cases is predicted.

"Everybody involved with the vaccine work, from manufacturers up to the regulatory agencies, are looking at what steps can be taken to make the process as streamlined as possible," Fukuda said. "One of the things which cannot be compromised is the safety of vaccines."

The search for an effective inoculation has taken on a new urgency as WHO announced that almost 800 people have died from the disease in the past four months. This is more than the H5N1 bird flu strain has killed in six years.

One question that scientists and health officials have disagreement on is whether pregnant women should be among the first to receive a vaccine.

A report by WHO experts found that pregnant women appear to be "at increased risk for severe disease, potentially resulting in spontaneous abortion and/or death, especially during the second and third trimesters of pregnancy."

Several women and their children have died in recent weeks, though obesity may have played a role in some of the deaths, the report says.

"Pregnant women have emerged as one of the groups that we are concerned about as being at higher risk than other people in terms of having the possibility of developing severe illness," said Fukuda.

Poor countries a priority

But right now, WHO is holding back on recommending that pregnant women receive priority vaccinations. And the agency is not commenting on the contentious suggestion by British and Swiss health officials that women should consider delaying pregnancy if they can.

"WHO certainly has no recommendations on whether women should try to have children" now, Fukuda said.

The agency has been working hard to ensure that poor countries receive vaccines too, despite rich nations having pre-ordered most of the available stock. A WHO spokesman said Friday that two drug makers have pledged to donate 150 million doses of vaccine to poorer countries by the end of October.

"We're working with a range of partners to secure more vaccine for developing countries," WHO's Gregory Hartl said.

Fukuda, who is effectively in charge of WHO's pandemic response until mid-August while the agency's Hong Kong-born director-general Margaret Chan is on home leave, also addressed the possibility that the virus might mutate and become resistant to anti-viral drugs such as Tamiflu.

Four separate Tamiflu-resistant cases have been reported recently from Denmark, Japan, Hong Kong and Canada.

NEWS ISRAEL-HAMAS WAR POLITICS U.S. NEWS WORLD BUSINESS

Swine flu could sicken over 2 billion in 2 years

U.S. health officials say 20 to 40 percent of Americans could become ill from swine flu over the next two years.

NBC News, 24 July 2009, 9:39 PM + 08
https://www.nbcnews.com/id/wbna32122776

U.S. health officials say swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren't successful.

Those estimates from the Centers for Disease Control and Prevention mean about twice the number of people who usually get sick in a normal flu season would be struck by swine flu. Officials said those projections would drop if a new vaccine is ready and widely available, as U.S. officials expect.

The U.S. may have as many as 160 million doses of swine flu vaccine available sometime in October, and U.S. tests of the new vaccine are to start shortly, federal officials said this week.

The infection estimates are based on a flu pandemic from 1957, which killed nearly 70,000 in the United States but was not as severe as the infamous Spanish flu pandemic of 1918-19. But influenza is notoriously hard to predict. The number of deaths and illnesses would drop if the pandemic peters out or if efforts to slow its spread are successful, said CDC spokesman Tom Skinner.

A CDC official said the agency came up with the estimate last month, but it was first disclosed in an interview with The Associated Press.

"Hopefully, mitigation efforts will have a big impact on future cases," Skinner said.

In a normal flu season, about 36,000 people die from flu and its complications, according to American Medical Association estimates. Because so many more people are expected to catch the new flu, the number of deaths over two years could range from 90,000 to several hundred thousand, the CDC calculated. Again, that is if a new vaccine and other efforts fail.

The World Health Organization says as many as 2 billion people could become infected over the next two years – nearly one-third of the world population. The estimates look at potential impacts over a two-year period because past flu pandemics have occurred in waves over more than one year.

Virus impossible to predict

While manufacturers rush to develop a vaccine to stop the spread of H1N1 virus across the globe, the WHO's flu chief says the swine flu will likely mutate over a long period of time. Keiji Fukuda, WHO's Assistant Director-General for Health Security and Environment, says its impossible to predict what shape the virus may take.

"Even if we have hundreds of thousands of cases or a few millions of cases ... we're relatively early in the pandemic, "he said in an interview at WHO's headquarters in Geneva.

"For the moment we haven't seen any changes in the behavior of the virus. What we are seeing still is a geographic expansion across countries," Hartl said, while warning that the flu could mutate with the onset of colder temperatures.

"We do have to be aware that there could be changes and we have to be prepared for those."

Fukuda says the virus hasn't yet shown a widespread resistance to the anti-viral drug Tamiflu, although a few scattered cases have developed.

Also Friday, the WHO said the virus is starting to infect older people, and pregnant women and the obese are at highest risk.

In a statement, the agency said school-age children remain most affected by the newly discovered virus that has been spreading fast in schools and is gaining momentum in broad communities alongside seasonal flu.

"It remains a top priority to determine which groups of people are at highest risk of serious disease so steps to best protect them can be taken," it said, estimating that vaccine manufacturers should have H1N1 shots ready soon.

At least 50 governments worldwide have placed orders or are negotiating with pharmaceutical companies to secure supplies of vaccines against the H1N1 strain, which are still being developed and tested.

"We expect the first doses to be available for human use in early autumn of the northern hemisphere," Hartl said.

The WHO is trying to ensure that health workers in the world's poorest countries can be vaccinated against the strain so that their hospitals and medical clinics can stay open.

Rich nations have already have already pre-ordered most of the vaccine's available stock. But two manufacturers have promised to donate 150 million doses and the Geneva-based United Nations agency is negotiating with other producers for further doses which would be earmarked for the least developed countries, he said.

Hartl did not name the donor companies. Leading vaccines makers include Sanofi-Aventis, Novartis, Baxter, GlaxoSmithKline and Solvay.

It is still unclear if one or two jabs will be required for protection against the virus – a never-before-seen combination of swine, bird and human flu strains. Its emergence and international transmission caused the WHO to declare in June that a full pandemic is under

TORONTO STAR

Frank Jordans

Pandemic still in early stages: WHO flu chief

Toronto Star // Associated Press, 24 July 2009
https://www.thestar.com/life/health-wellness/pandemic-still-in-early-stages-who-flu-chief/article_4e7ca065-7fb8-594d-9b7c-f41321291c3e.html

Geneva (AP) – The global swine flu epidemic is still in its early stages, even though reports of over 100,000 infections in England alone last week are plausible, the World Health Organization's flu chief said Friday,

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Fukuda, the former chief of epidemiology at the U.S. Centers for Disease Control and Prevention, or CDC, also said there must be no doubt over the safety of swine flu vaccines before they are given to the public.

ZEIT ONLINE

Sven Stockrahm

Kein Grund zur Panik [*No reason to panic*]

Zeit OnLine, 24 Juli 2009, 18:33 Uhr
https://www.zeit.de/online/2009/28/schweinegrippe-infektionszahlen
https://www.zeit.de/online/2009/28/schweinegrippe-infektionszahlen/seite-2

Wider die Schreckensszenarien: Das neue Grippevirus wird mit Sicherheit noch Hunderttausende anstecken. Doch die meisten Infizierten werden es kaum spüren

Sie hat es geschafft: Ein Niesen in der Bahn, ein Husten im Büro, ein Schniefen in der Menschenmenge – und schon scheint sie da. Die sogenannte Schweinegrippe ist derzeit allgegenwärtig. Tatsächlich ist sie zwar hierzulande noch nicht weit verbreitet, aber es ergießt sich schon makabrer Hohn und Spott über die "Weltgrippe", die Pandemie 2009. Es sind Scherze mit fahlem Beigeschmack und sie täuschen über die Unsicherheit hinweg. Denn nach wie vor fragen sich viele: Wie gefährlich ist diese Influenza wirklich?

Wer Panik schüren will, der findet derzeit gleich haufenweise Ansatzpunkte: Schulschließungen in Deutschland und im Ausland, angebliche oder tatsächliche Resistenzen gegen das antivirale Medikament Tamiflu, die mögliche Aussicht auf einen mutierten und sehr krankmachenden Supervirus sind nur einige davon. Ganz zu schweigen von den steigenden Infektionszahlen.

Beides ist jedoch falsch: Wir begehen einen Fehler, wenn wir die besser Amerikagrippe genannte Erkrankung (weil sie nicht von Schweinen übertragen wird) belächeln, und wir spielen mit der Angst, wenn wir sie ein ums andere Mal für Horrorszenarien missbrauchen.

"Ende des Jahres wird jeder Dritte sich angesteckt haben, weltweit", sagt Peter Wutzler, Präsident der Deutschen Vereinigung zur Bekämpfung von Viruserkrankungen. Davon gehen die Experten aus. Das macht allein in Deutschland bei rund 83 Millionen Einwohnern mehr als 27 Millionen Menschen, die das H1N1-Virus in sich tragen werden. "Bereits jetzt gibt es eine hohe Dunkelziffer an Infektionen, ohne dass die Leute davon etwas merken", sagt Wutzler. Weltweit steige die offizielle Zahl der Erkrankungen auf rund 100.000. Mehr als 400 Menschen sind an den Folgen des Virus gestorben. In Deutschland haben die Behörden bislang knapp 600 Infektionen bestätigt.

Solche Zahlen wirken beängstigend, die große Mehrheit der Infizierten erholt sich jedoch von der Amerikagrippe. Viele bemerken kaum, dass sie sich überhaupt infiziert haben, andere benötigen nicht einmal eine medizinische Versorgung oder gar Grippemedikamente. "Es ist ein harmloses Virus, das derzeit meist nur leichte Erkrankungen auslöst, die mehr grippeähnlich sind", sagt der Virologe Wutzler. Und doch: Auch hierzulande wird es Tote geben. Dies ist nur eine Frage der Zeit.

"Wir haben momentan das gleiche Problem wie auch mit der saisonalen Grippe", sagt Christian Drosten vom Universitätsklinikum Bonn. "Die allgemeine Wahrnehmung ist, dass man an einer Grippe gar nicht stirbt." Eine Fehleinschätzung: Jedes Jahr sterben in Deutschland an den "normalen" saisonalen Grippe-Erregern durchschnittlich 8000 bis 11.000 Menschen, in besonders schweren

Jahren auch mal bis zu 30.000. "In Aufklärungskampagnen versucht man Jahr für Jahr den Leuten zu sagen: Nehmt die Grippe ernst."

Für die schwache Amerikagrippe gilt das Gleiche: Wer leichte Symptome wie Fieber, Husten, Halsschmerzen und allgemeinem Unwohlsein bei sich erkennt, sollte zu Hause bleiben und sich auskurieren. "Gefährdete Personen mit gewissen Grunderkrankungen sollten bei ersten schweren Symptomen sofort behandelt werden." Asthmatiker und Menschen mit Atemwegs- oder Herz-Kreislaufproblemen provozierten ansonsten zum Beispiel Lungenentzündungen, die mitunter tödlich enden können.

Deshalb sind Hygienemaßnahmen wichtig. Dazu gehört etwa regelmäßiges Händewaschen und in den Ärmel statt in die Hand husten, damit Viren nicht an den Händen kleben bleiben und so leicht weitergegeben werden können. "Wenn das Amerikavirus so bleibt wie es ist, werden wir im Winter vermutlich nicht mehr Todesfälle zu erwarten haben, als in Zeiten einer schweren saisonalen Grippewelle", schätzt Drosten.

Die Amerikagrippe ist also keineswegs besonders gefährlich, aber eben auch genauso wenig zu unterschätzen wie die saisonale Grippe. Wenig hilfreich sind Berichte, der neue Erreger könne mit dem Grippemedikament Tamiflu bald nicht mehr behandelt werden. Drei Patienten in Dänemark, Japan und in Hongkong hatten eine Resistenz gegen Tamiflu entwickelt, sind aber vollkommen genesen. "Das ist keinesfalls sensationell", sagt Drosten. Zum einen beobachtet man solche Resistenzen auch während der saisonalen Grippe. Zum anderen seien die mutierten Viren erfahrungsgemäß sehr schwer übertragbar, da sie durch ihre Veränderung selbst schaden nehmen. "Eine Horrormeldung lässt sich daraus nicht ableiten, die meisten Resistenzen sind harmlos", sagt Drosten.

Was aber ist mit der Gefahr, dass sich das neue H1N1-Virus mit den bereits zirkulierenden saisonalen Grippe-Erregern vermischt und ein aggressiveres Supervirus entsteht? Natürlich kann es vorkommen, dass Erreger ihr genetisches Material austauschen. Doch solche veränderten Viren müssen sich nicht zwangsläufig verbreiten. "So ein Austausch schwächt die Viren und sie bräuchten Zeit, um sich zu berappeln. Diese Zeit gibt ihnen die Natur meist nicht", sagt Drosten. Zudem gibt es bereits zwei saisonale Grippeviren, die seit Ende der 1970er Seite an Seite verbreitet sind. Diese hätten sich zwar schon vermischt, ein weit verbreiteter Erreger sei dabei aber nie entstanden.

Es gibt also kein Grund zur Panik, wenn das Amerikavirus sich nun weiter seinen Weg um den Globus bahnt. Zudem ist ein Impfstoff bereits in der Herstellung. Einige Länder, darunter die USA, haben ihn bereits bei den Herstellern bestellt. Frankreich gibt für 100 Millionen Dosen 700 Millionen Euro aus wie die Zeitung *Le Parisien* berichtet. "Hierzulande wird kritisiert, dass noch nicht bestellt wurde, doch wir werden den Impfstoff nicht später haben als andere", sagt Drosten. Wann der allerdings geliefert werden kann, ist noch unklar, vermutlich ab Herbst werde es erste Dosen geben.

Der Versuch, die Amerikagrippe einzudämmen, ist gescheitert, doch sind wir gut gewappnet. "Die gegenwärtige Situation ist die beste Übung für den Ernstfall", sagt der Virologe Peter Wutzler. Maßnahmen wie Schulschließungen dienen nur dazu, die Verbreitung abzumildern. Aufzuhalten ist das H1N1-Virus nicht mehr. Wir sollten ihm nicht mit Angst begegnen. Es wird keinen Sturm auf die Krankenhäuser geben oder einen Kampf um den Impfstoff. Ernst nehmen sollten wir die Influenza aber schon, egal ob Amerika- oder Wintergrippe.

REUTERS

Laura MacInnis, Stephanie Nebehay

Swine flu spreads; health officials plan vaccines

Reuters, 25 July 2009, 5:26 AM GMT+8
https://www.reuters.com/article/flu/wrapup-1-swine-flu-spreads-health-officials-plan-vaccines-idUKN2448581020090724/

Geneva, July 24 (Reuters) – Global health officials stepped up efforts to prepare for quick vaccination against the H1N1 pandemic virus, saying on Friday it appeared now to be affecting older age groups spared earlier in the pandemic.

The World Health Organization and the U.S. Centers for Disease Control and Prevention both said they can only estimate how many people have been infected but the swine flu virus was still spreading quickly.

"As the disease expands broadly into communities, the average age of the cases is appearing to increase slightly," the WHO said in a statement.

"This may reflect the situation in many countries where the earliest cases often occurred as school outbreaks but later cases were occurring in the community."

The virus has been notable for affecting older children and young adults, groups normally not hard-hit by influenza.

The CDC said summer camps and military facilities were affected, but both agencies said there was no evidence the virus was mutating into drug-resistant or more virulent forms.

The CDC broadened its recommendations for seasonal flu vaccine – saying all children over the age of 6 months should get one, in part to lower the overall burden of respiratory disease when autumn and winter come. [ID:nN24480490]

WHO said vaccination against H1N1 might start in weeks, even though clinical trials to test the safety, efficacy and needed dosage of H1N1 vaccines have barely started.

"Manufacturers are expected to have vaccines for use around September. A number of companies are working on the pandemic vaccine production and have different timelines," WHO said.

At least 50 governments have placed orders or are currently negotiating with pharmaceutical companies to secure supplies of H1N1 vaccines, which are still being developed. [ID:nN16442908]

WHO is trying to ensure that health workers in poor countries can be vaccinated so hospitals can stay open if the flu becomes more debilitating as it spreads. Sanofi-Aventis and GlaxoSmithKline have promised to donate 150 million doses to this aim to date.

Other leading flu vaccine makers include Novartis, Baxter, AstraZeneca's MedImmune arm and Solvay.

Continued Transmission

"We are continuing to see transmission here in the United States in places like summer camps, some military academies and similar settings where people from different parts of the country come together," the CDC's Dr. Anne Schuchat told reporters in a telephone briefing.

"This is very unusual to have this much transmission of influenza during the (summer) and I think it's a testament to how susceptible people are to this virus."

The pandemic spread globally in less than two months and has infected people in 160 countries.

WHO has said the pandemic is unstoppable but some countries are still trying to limit its spread, in part by detaining travelers. Britain's Foreign Office said at least 160 Britons are being held in quarantine in China, Singapore, India and Egypt [ID:nLO303658].

Schuchat said there is no indication the virus is any worse in one country than another.

"There are differences in reporting. In some places, we're hearing about only the severe cases. In other places, we're hearing about illness that's in the community," she said.

She declined to call the pandemic "mild" and noted that people had died and many others had spent weeks in hospitals, sometimes on ventilators.

She said the CDC was also watching for more cases of seizures. The agency reported on Thursday on four children who suffered seizures from H1N1 infection but recovered.

Schuchat advised against summer camps offering the antiviral drug oseltamivir – Roche AG and Gilead Sciences Inc's Tamiflu – to prevent infection among children.

The drugs should be reserved for people at high risk of complications who have been in close contact with a known case, she said.

Los Angeles Times

By Thomas H. Maugh II

Swine flu could kill hundreds of thousands in U.S. if vaccine fails, CDC says

Los Angeles Times, 25 July 2009, 12 AM PT
https://www.latimes.com/archives/la-xpm-2009-jul-25-sci-swine-flu25-story.html

Hundreds of thousands of Americans could die over the next two years if the vaccine and other control measures for the new H1N1 influenza are not effective, and, at the pandemic's peak, as much as 40% of the workforce could be affected, according to new estimates from the Centers for Disease Control and Prevention.

That is admittedly a worst-case scenario that the federal agency says it doesn't expect to occur.

But the broad range of potential deaths highlights the unpredictability of flu viruses in general and this swine flu virus in particular because it hasn't behaved the way researchers have expected.

The number of potential deaths is much higher than that usually seen in seasonal flu, which kills an estimated 36,000 Americans a year, and is even higher than the nation's most recent pandemic.

A 2003 CDC study of deaths in the preceding decade showed yearly totals ranging from 17,000 to 52,000. The 1957 pandemic of Asian flu killed 70,000.

The vaccine the CDC is counting on is not expected to be available before the end of September, too late to immunize children before the start of school, where the proximity of children is expected to speed up transmission of the virus.

But testing of the vaccine has already begun at some sites, and authorities have no reason to believe it will fail because the technology for flu vaccines has been thoroughly demonstrated.

Rather, the questions have been about how long it will take to produce a new vaccine and how many doses will be available.

So far, the CDC has given no estimate of how many deaths might occur if the vaccine works.

The new estimates, prepared more than a month ago but released only Friday to the Associated Press, are not based on an enhanced lethality of the new H1N1 virus, but rather on the lack of resistance to the virus in the general population and its continuing spread through the summer months, when flu viruses normally are less active.

Twenty states are now reporting widespread or regional flu activity, with the H1N1 virus predominating, according to Dr. Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases. "That's very unusual at this time of year," she said. "It's a testament to how susceptible people are to the virus."

Cases this summer have been concentrated in camps and military installations where young people are gathered. “This has been a challenging summer for camps, with a lot of outbreaks” and closures, Schuchat said.

There have been many media reports of summer camps urging children to bring the antiviral drug Tamiflu and take it prophylactically, and that has concerned the CDC because such widespread use could lead to increased resistance to the drug, which is the first line of defense in treating infected people.

In cases the agency has investigated, however, it has been unable to confirm such reports.

The agency recommends that the drug be administered only to infected patients and as a preventive measure to high-risk people who are in close contact with flu patients.

To date, only five cases of Tamiflu-resistant viruses have been observed worldwide, and there is no evidence that such viruses have been spread from person to person, she said. But virtually all the strains of seasonal flu that are now circulating are resistant to the drug and the genes for such resistance could be very easily transmitted to the new virus.

According to the most recent figures posted this morning, the U.S. has so far seen 43,771 laboratory-confirmed cases of H1N1, and 302 deaths, “but that is just the tip of the iceberg,” Schuchat said. More than a month ago, the agency estimated that more than 1 million Americans had been infected, but that estimate has not been updated.

Friday morning’s posting of confirmed cases will be the last, she added, because the CDC wants to de-emphasize testing for the virus.

Influenza viruses mutate so freely that it is extremely difficult to make predictions.

Schuchat noted that this spring, 6% to 8% of the population in many U.S. communities were infected by the virus “in a season when transmission conditions weren’t that great.”

With the longer winter season coming, “we think it will reach two to three times that number.” Normally, 10% to 15% of people in a community are infected with seasonal flu.

And with closures due to outbreaks, as well as the need for many healthy adults to stay home and take care of a spouse or child with the flu, as much as 40% of the workforce might be unable to work at the pandemic’s peak, she noted.

Deaths caused by H1N1 flu over the two-year period could range from 90,000 to several hundred thousand, depending on the efficacy of the swine flu vaccine, officials project.

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Michel Chossudovsky

Martial Law and the Militarization of Public Health: The Worldwide H1N1 Flu Vaccination Program

Global Research, 26 July 2009
https://web.archive.org/web/20091108225252/http://globalresearch.ca/index.php?context=va&aid=14543

"The flu season is upon us. Which type will we worry about this year, and what kind of shots will we be told to take? Remember the swine flu scare of 1976? That was the year the U.S. government told us all that swine flu could turn out to be a killer that could spread across the nation, and Washington decided that every man, woman and child in the nation should get a shot to prevent a nation-wide outbreak, a pandemic." (Mike Wallace, CBS, 60 Minutes, November 4, 1979)

"The federal officials and industry representatives had assembled to discuss a disturbing new study that raised alarming questions about the safety of a host of common childhood vaccines administered to infants and young children. According to a CDC epidemiologist named Tom Verstraeten, who had analyzed the agency's massive database containing the medical records of 100,000 children, a mercury-based preservative in the vaccines – thimerosa – appeared to be responsible for a dramatic increase in autism and a host of other neurological disorders among children....

"It's hard to calculate the damage to our country – and to the international efforts to eradicate epidemic diseases – if Third World nations come to believe that America's most heralded foreign-aid initiative is poisoning their children. It's not difficult to predict how this scenario will be interpreted by America's enemies abroad." (Robert F. Kennedy Jr., Vaccinations: Deadly Immunity, June 2005)

"Vaccines are supposed to be making us healthier; however, in twenty-five years of nursing I have never seen so many damaged, sick kids. Something very, very wrong is happening to our children" (Patti White, School nurse, statement to the House Government Reform Committee, 1999, quoted in Robert F. Kennedy Jr., Vaccinations: Deadly Immunity, June 2005)

"On the basis of ... expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have therefore decided to raise the level of influenza pandemic alert from Phase 5 to Phase 6. The world is now at the start of the 2009 influenza pandemic. ... Margaret Chan, Director-General, World Health Organization (WHO), Press Briefing 11 June 2009)

"As many as 2 billion people could become infected over the next two years – nearly one-third of the world population." (World Health Organization as reported by the Western media, July 2009)

"Swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren't successful." (Official Statement of the US Administration, Associated Press, 24 July 2009).

"The U.S. expects to have 160 million doses of swine flu vaccine available sometime in October", (Associated Press, 23 July 2009)

"Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario", Margaret Chan, Director-General, World Health Organization (WHO), quoted by Reuters, 21 July 2009

Wealthier countries such as the U.S. and Britain will pay just under $10 per dose [of the H1N1 flu vaccine]. ... Developing countries will pay a lower price." [circa $400 billion for Big Pharma] (Business Week, July 2009) =>
https://web.archive.org/web/20090725053244/http:/www.businessweek.com/globalbiz/content/jul2009/gb20090722_800367.htm

War without borders, a great depression, a military adventure in the Middle East, a massive concentration of wealth resulting from the restructuring of the global financial system.

...

The 2009 pandemic, which started in Mexico in April, is timely: it coincides with a deepening economic depression. It takes place at a time of military escalation.

The epidemiological data is fabricated, falsified and manipulated. According to the World Health Organization (WHO), an epidemic of worldwide proportions now looms and threatens the livelihood of millions of people.

A "Catastrophic Emergency" is in the making. The WHO and the US Centre for Disease Control (CDC) are authoritative bodies. Why would they lie? The information released by these organizations, although subject to statistical errors, could not, by any stretch of the imagination, be falsified or manipulated.

People believe that the public health crisis at a global level is real and that government health officials are "working for the public good."

Press reports confirm the US government's intent to implement a mass H1N1 vaccination program in Fall-Winter of 2009. A major contract for 160 million doses has been established with Big Pharma, enough to inoculate more than half the US population. Similar plans are ongoing in other Western countries including France, Canada, the UK.

Volunteers are being recruited to test the swine flu vaccine during the month of August, with a view to implementing a nationwide vaccination program in the Fall.

Manipulating The Data

There is ample evidence, documented in numerous reports, that the WHO's level 6 pandemic alert is based on fabricated evidence and a manipulation of the figures on mortality and morbidity resulting from the N1H1 swine flu.

The data initially used to justify the WHO's Worldwide level 5 alert in April 2009 was extremely scanty. The WHO asserted without evidence that a "global outbreak of the disease is imminent". It distorted Mexico's mortality data pertaining to the swine flu pandemic. According to the WHO Director General Dr. Margaret Chan in her official April 29 statement: "So far, 176 people have been killed in Mexico". From what? Where does she get these numbers? 159 died from influenza out of which only seven deaths, corroborated by lab analysis, resulted from the H1N1 swine flu strain, according to the Mexican Ministry of Health.

Similarly in New York city in April, several hundred children were categorized as having the H1N1 influenza, yet in none of these cases, was the diagnosis corroborated on a laboratory test.

"Dr. Frieden said. Health officials reached their preliminary conclusion after conducting viral tests on nose or throat swabs from the eight students, which allowed them to eliminate other strains of flu."

Tests were conducted on school children in Queen's, but the tests were inconclusive: among theses "hundreds of school children", there were no reports of laboratory analysis leading to a positive identification of the influenza virus. In fact the reports are contradictory: according to the reports, the Atlanta based CDCP is the "only lab in the country that can positively confirm the new swine flu strain – which has been identified as H1N1." (Michel Chossudovsky, Political Lies and Media Disinformation regarding the Swine Flu Pandemic, Global Research, May 2009, last quotation is from the New York Times, April 25, 2009)

Influenza is a common disease. Unless there is a thorough lab examination, the identity if the virus cannot be established.

There are numerous cases of seasonal influenza across America, on an annual basis. "According to the Canadian Medical Association Journal, the flu kills up to 2,500 Canadians and about 36,000 Americans annually. Worldwide, the number of deaths attributed to the flu each year is between 250,000 and 500,000" (Thomas Walkom, The Toronto Star, May 1, 2009).

What the CDCP and the WHO are doing is routinely us re-categorizing a large number of cases of common influenza as H1N1 swine flu.

"The increasing number of cases in many countries with sustained community transmission is making it extremely difficult, if not impossible, for countries to try and confirm them through laboratory testing. Moreover, the counting of individual cases is now no longer essential in such countries for monitoring either the level or nature of the risk posed by the pandemic virus or to guide implementation of the most appropriate response measures. (WHO, Briefing note, 2009)

The WHO admits that at a country level laboratory testing is often absent, while emphasising that lab confirmation it is not required for data collection, with a view to ascertaining the spread of the disease:

A strategy that concentrates on the detection, laboratory confirmation and investigation of all cases, including those with mild illness, is extremely resource-intensive. In some countries, this strategy is absorbing most national laboratory and response capacity, leaving little capacity for the monitoring and investigation of severe cases and other exceptional events. ... For all of these reasons, WHO will no longer issue the global tables showing the numbers of confirmed cases for all countries. However, as part of continued efforts to document the global spread of the H1N1 pandemic, regular updates will be provided describing the situation in the newly affected countries. WHO will continue to request that these countries report the first confirmed cases and, as far as feasible, provide weekly aggregated case numbers and descriptive epidemiology of the early cases. (Ibid)

At a June 2009 WHO press conference, the issue of lab testing was raised:
Marion Falco, CNN Atlanta: My question may be a little basic but if you are not, and so forgive me for that, if you are not requiring testing in the countries that already have well established numbers of cases, then how are you distinguishing between seasonal flu and this particular flu. I mean how are you going to separate the numbers?

Dr Fukuda, WHO, Geneva: It is not that we are recommending not doing any testing at all. In fact when the guidance comes out, what it will suggest is what countries are to do is tailor down their testing so that they are not trying to test everybody but certainly keeping up testing of some people for exactly the kinds of reasons that you bring up. When people get sick with an influenza-like illness it will be important for us to know whether is it caused by the pandemic virus or whether is caused by seasonal viruses. What we are indicating is that if you ratchet down the level of testing we will still be able to figure that out and so we do not need to test everybody for that, but we will continue to recommend some level of testing – at a lower level of people who continue to get sick. See Transcript of WHO Virtual Press Conference, Dr Keiji Fukuda, Assistant Director-General for Health Security and Environment, WHO, Geneva, July 2009, emphasis added).

"Figure that out"? What the foregoing statements by the WHO suggest is that:

1) the WHO is not collecting data on the spread of H1N1 based on systematic lab confirmation.

2) the WHO in fact discourages national health officials to conduct detection and laboratory confirmation, while also pressuring the countries' public health authorities to duly deliver to the WHO on a weekly basis the data on H1N1 cases.

3) The WHO in its reporting only refers to "confirmed cases" It does not distinguish between confirmed and non-confirmed case. It would appear that the "non-confirmed" cases are categorized as confirmed cases and the numbers are then used by the WHO to prove that the disease is spreading. (See WHO tables: http://www.who.int/csr/don/2009_07_06/en/index.html)

The swine flu has the same symptoms as seasonal influenza: fever, cough and sore throat. What is happening is that the widespread incidence of the common flu is being used to generate the reports delivered to the WHO pertaining to the H1N1 swine flu. Nonetheless, in the tabulated release of country level data, the WHO uses the term: "number of laboratory-confirmed cases", while also admitting that the cases are, in many cases, not confirmed.

Worldwide Pandemic
The WHO establishes trends on the spread of the disease, essentially using unconfirmed data. Based on these extrapolations, the WHO is now claiming, in the absence of laboratory confirmation, that "as many as 2 billion people could become infected over the next two years – nearly one-third of the world population." In turn, in the US, the Atlanta based Centers for Disease Control (CDC) suggests that "swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren't successful." (AP, July 24, 2009).

How did they come up with these numbers?

The CDC estimate has nothing to do with an assessment of the spread of the H1N1 virus. It is based on a mechanical pro-rata extrapolation of trends underlying the 1957 pandemic, which resulted in 70,000 deaths in the US. The presumption here is that the H1N1 flu has the "same transmission path" as the 1957 epidemic.

Creating a Crisis where there is No Crisis

The underlying political intent is to use the WHO level six pandemic to divert public attention from an impending and far-reaching social crisis, which is largely the consequence of a deep-seated global economic depression.

On the basis of ... expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have therefore decided to raise the level of influenza pandemic alert from Phase 5 to Phase 6. The world is now at the start of the 2009 influenza pandemic. ... Calling a pandemic is also a signal to the international community. This is a time where the world's countries, rich or poor, big or small, must come together in the name of global solidarity to make sure that no countries because of poor resources, no countries' people should be left behind without help. ...The World Health Organization has been in contact with donor communities, development partners, resource poor countries, and also drug companies as well as vaccine companies. Margaret Chan, Director-General, World Health Organization (WHO), Press Briefing, 11 June 2009

WHO Director General Margaret Chan

How best to tame the Nation's citizens, to rein in people's resentment in the face of mounting unemployment?

Create a Worldwide pandemic, instil an atmosphere of anxiety and intimidation, which demobilizes meaningful and organized public action against the programmed enrichment of a social minority. The flu pandemic is used to foreclose organized resistance against the government's economic policies in support of the financial elites. It provides both a pretext and a justification to adopt emergency procedures. Under the existing legislation in the US, Martial Law, implying the suspension of constitutional government, could be invoked in the case of "A Catastrophic Emergency" including a the H1N1 swine flu pandemic.

Martial Law

Legislation inherited from the Clinton administration, not to mention the post 9/11 Patriot Acts I and II, allow the military to intervene in judicial and civilian law enforcement activities. In 1996, legislation was passed which allowed the military to intervene in the case of a national emergency. In 1999, Clinton's Defense Authorization Act (DAA) extended those powers (under the 1996 legislation) by creating an "exception" to the Posse Comitatus Act, which permits the military to be involved in civilian affairs "regardless of whether there is an emergency".

See ACLU at http://www.aclu.org/NationalSecurity/NationalSecurity.cfm?ID=8683&c=24

The issue of a pandemic or public health emergency , however, was not explicitly outlined in the Clinton era legislation.

The Katrina disaster (2005) constitutes a dividing line, a watershed leading de facto to the militarization of emergency relief:

"The disaster that struck New Orleans and the southern Gulf Coast has given rise to the largest military mobilization in modern history on US soil. Nearly 65,000 US military personnel are now deployed in disaster area, transforming the devastated port city into a war zone," (Bill Van Auken, Wsws.org, September 2005).

Hurricanes Katrina (August 2005) and Rita (September 2005) contributed to justifying the role of the Military in natural disasters. They also contributed to shaping the formulation of presidential directives and subsequent legislation. President Bush called for the Military to become the "lead agency" in disaster relief:

".....The other question, of course, I asked, was, is there a circumstance in which the Department of Defense becomes the lead agency. Clearly, in the case of a terrorist attack, that would be the case, but is there a natural disaster which -- of a certain size that would then enable the Defense Department to become the lead agency in coordinating and leading the response effort. That's going to be a very important consideration for Congress to think about. (Press Conference, 25 Sept 2005

http://www.globalresearch.ca/index.php?context=viewArticle&code=BUS20050925&articleId=1004)

Militarization of Public Health: The Avian Flu

The 2005 bird flu crisis followed barely a month after Hurricane Rita. It was presented to the US public as an issue of National Security. Following the 2005 outbreak of avian flu, president Bush confirmed that the military would be actively involved in the case of a pandemic, with the authority to detain large numbers of people: "I am concerned about avian flu. I'm concerned about what an avian flu outbreak could mean for the United States and the world. ... I have thought through the scenarios of what an avian flu outbreak could mean....

The policy decisions for a president in dealing with an avian flu outbreak are difficult. ...

If we had an outbreak somewhere in the United States, do we not then quarantine that part of the country? And how do you, then, enforce a quarantine? ...

One option is the use of a military that's able to plan and move. So that's why I put it on the table. I think it's an important debate for Congress to have. ...

But Congress needs to take a look at circumstances that may need to vest the capacity of the president to move beyond that debate. And one such catastrophe or one such challenge could be an avian flu outbreak. (White House Press Conference, 4 October, 2005, emphasis added)

On the day following Bush`s October 4, 2005 Press Conference, a major piece of legislation was introduced in the US Senate. The Pandemic Preparedness and Response Act.

While the proposed legislation was never adopted, it nonetheless contributed to building a consensus among key members of the US Senate. The militarization of public health was subsequently embodied in the John Warner Defense Authorization Act of 2007.

"Public Health Emergency" and Martial Law: The John Warner Defense Authorization Act of 2007. H.R. 5122

New legislation is devised. The terms "epidemic", and "public health emergency" are explicitly included in a key piece of legislation, signed into law by President Bush in October 2006.

Lost in the midst of hundreds of pages, Public Law 109-364, better known as the "John Warner Defense Authorization Act of 2007" (H.R.5122) includes a specific section on the role of the Military in national emergencies.

Section 1076 of this legislation entitled "Use of the Armed Forces in Major Public Emergencies" allows the President of the United States the deploy the armed forces and the National Guard across the US, to "restore public order and enforce the laws of the United States" in the case of "a natural disaster, epidemic, or other serious public health emergency":

... => See the Law

Vaccination: From H5N1 to H1N1

A nationwide flu vaccination program has been in the pipeline in the US since 2005.

According to the Wall Street Journal (Oct 1, 2005), the Bush administration had asked Congress for an estimated $6-10 billion "to stockpile vaccines and antiviral medications as part of its plans to prepare the U.S. for a possible flu pandemic." A large part of this budget, namely 3.1 billion was used under the Bush administration to stockpile the antiviral drug oseltamivir (Tamiflu), of which the intellectual property rights belong to Gilead Science Inc, a company headed by Don Rumsfeld prior to becoming Secretary of Defense under the Bush administration.

Consistent with its role as "lead agency", more than half of the money earmarked by the Bush administration for the program was handed over to the Pentagon. In other words, what we are dealing with is a process of militarization of the civilian public health budget. . Part of the money for a public health is controlled by the Department of Defense, under the rules of DoD procurement.

"The US Senate voted [September 3, 2005] yesterday to provide $4 billion for antiviral drugs and other measures to prepare for a feared influenza pandemic, but whether the measure would clear Congress was uncertain.

The Senate attached the measure to a $440 billion defense-spending bill for 2006, according to the Associated Press (AP). But the House included no flu money in its version of the defense bill, and a key senator said he would try to keep the funds out of the House-Senate compromise version. The Senate is expected to vote on the overall bill next week.

Almost $3.1 billion of the money would be used to stockpile the antiviral drug oseltamivir (Tamiflu), and the rest would go for global flu surveillance, development of vaccines, and state and local preparedness, according to a Reuters report. The government currently has enough oseltamivir to treat a few million people, with a goal of acquiring enough to treat 20 million"

(CIDRAP, http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/sep3005avian.html)

...

The WHO is planning for the production of 4.9 billion dose, enough to inoculate a large share of the World's population. Big Pharma including Baxter, GlaxoSmithKline, Novartis, Sanofi-Aventis and AstraZeneca have signed procurement contracts with some 50 governments. (Reuters, July 16, 2009). For these companies, compulsory vaccination is a highly lucrative undertaking:

"The WHO has refused to release the Minutes of a key meeting of an advisory vaccine group "packed with executives from Baxter, Novartis and Sanofi" that recommended compulsory vaccinations in the USA, Europe and other countries against the artificial H1N1 "swine flu" virus this autumn.

In an email this morning, a WHO spokesperson claimed there are no Minutes of the meeting that took place on July 7th in which guidelines on the need for worldwide vaccinations that WH0 adopted this Monday were formulated and in which Baxter and other Pharma executives participated.

Under the International Health Regulations, WHO guidelines have a binding character on all of WHO's 194 signatory countries in the event of a pandemic emergency of the kind anticipated this autumn when the second more lethal wave of the H1N1 virus "which is bioengineered to resemble the Spanish flu virus" emerges.

In short: WHO has the authority to force everyone in those 194 countries to take a vaccine this fall at gunpoint, impose quarantines and restrict travel." (Jane Burgermeister, WHO moves forward in secrecy to accomplish forced vaccination and population agenda, Global Research, July 2009).

On May 19th, the WHO Director General and senior officials met behind closed doors with the representatives of some 30 pharmaceutical companies.

"In a perfect world the planet's leading pharmaceutical companies could produce 4.9 billion H1N1 swine flu vaccinations over the course of the next year. This is the World Health Organization's latest assessment. WHO Director-General Dr. Margaret Chan met with 30 pharmaceutical companies on Tuesday and briefed reporters on a WHO plan to secure vaccinations for poor countries who lack sufficient infrastructure to fight a possible pandemic. (Digital Journal, 19 May 2009)

According to recent report in Business Week, "Wealthier countries such as the U.S. and Britain will pay just under $10 per dose, the same price for the seasonal flu vaccine. Developing countries will pay a lower price, (Business Week, July 2009). The WHO suggests that the 4.9 billion doses will not suffice and that a second inoculation will be required.

4,9 billion doses at about ten dollars ($10.00) a shot and somewhat less in the developing countries, represents a windfall profit bonanza for Big Pharma of more than 40 billion dollars in a single year. And the WHO claims that one dose per person may not suffice...

Dangerous Life Threatening Vaccine: Who owns the Patent?

While the production has been entrusted to a select number of companies, it would appear that the intellectual property rights belong to Illinois based pharmaceutical giant Baxter. Baxter is central in the negotiations between the US Administration and the World Health Organization (WHO). Moreover, "a full year before any reported case of the current alleged H1N1" Baxter had filed for a patent for the H1N1 vaccine:

Baxter Vaccine Patent Application US 2009/0060950 A1. (See William Engdahl, Now legal immunity for swine flu vaccine makers, Global Research, July 2009). Their application: states:

"the composition or vaccine comprises more than one antigen... such as influenza A and influenza B in particular selected from of one or more of the human H1N1, H2N2, H3N2, H5N1, H7N7, H1N2, H9N2, H7N2, H7N3, H10N7 subtypes, of the pig flu H1N1, H1N2, H3N1 and H3N2 subtypes, of the dog or horse flu H7N7, H3N8 subtypes or of the avian H5N1, H7N2, H1N7, H7N3, H13N6, H5N9, H11N6, H3N8, H9N2, H5N2, H4N8, H10N7, H2N2, H8N4, H14N5, H6N5, H12N5 subtypes."

The application further states, "Suitable adjuvants can be selected from mineral gels, aluminium hydroxide, surface active substances, lysolecithin, pluronic polyols, polyanions or oil emulsions such as water in oil or oil in water, or a combination thereof. Of course the selection of the adjuvant depends on the intended use. E.g. toxicity may depend on the destined subject organism and can vary from no toxicity to high toxicity."

With no legal liability, could it be that Baxter is preparing to sell hundreds of millions of doses containing highly toxic aluminium hydroxide as adjuvant? (Ibid)

The Los Angeles Times has reassured the US public with an article entitled: What are the odds that H1N1 will kill you? One might also ask, what are the odds that the H1N1 vaccine will kill you?

National Emergency Centers Establishment Act: H.R. 645

There are no indications that the Obama Adminstration is planning in the forseeable future a Public Health Emergency which would require the imposition of martial law. What we have emphasised in this article is the existence of various provisions (legislation and presidential directives) which would allow the President of the United States to instigate Martial Law in the case of a Public Health Emergency. If Martial Law were to be adopted in the context of a Public Health Emergency, what we would be dealing with is the "forced vaccination" of targeted population groups as well as the possible establishment of facilities for the internment of people who have been quarantined.

In this regard, it is worth noting that in January 2009, a piece of legislation entitled the **National Emergency Centers Establishment** Act (HR 645) was introduced in the US Congress.The bill calls for the establishment of six national emergency centers in major regions in the US to be located on existing military installations, which could be used to quarantine people in the case of a public health emergency or forced vaccination program.

The bill goes far beyond previous legislation (including H.R 5122). The stated purpose of the "national emergency centers" is to provide "temporary housing, medical, and humanitarian assistance to individuals and families dislocated due to an emergency or major disaster." In actuality, what we are dealing with are FEMA internment camps. HR 645 states that the camps can be used to "meet other appropriate needs, as determined by the Secretary of Homeland Security." (Michel Chossudovsky, Preparing for Civil Unrest in America Legislation to Establish Internment Camps on US Military Bases, Global Research, March 2009)

There has been virtually no press coverage of HR 645, which is currently being discussed by several congressional committees. There are no indications that the bill is on its way to being adopted.

These "civilian facilities" on US military bases are to be established in cooperation with the US Military. Once a person is arrested and interned in a FEMA camp located on a military base, that person would in all likelihood, under a public health emergency, fall under the de facto jurisdiction of the Military: civilian justice and law enforcement including habeas corpus would no longer apply.

HR 645 could be used, were it to be adopted, in the case of public health emergency. It obviously bears a direct relationship to the economic crisis and the likelihood of mass protests across America. It constitutes a further move to militarize civilian law enforcement, repealing the Posse Comitatus Act.

In the words of Rep. Ron Paul:

"...the fusion centers, militarized police, surveillance cameras and a domestic military command is not enough... Even though we know that detention facilities are already in place, they now want to legalize the construction of FEMA camps on military installations using the ever popular excuse that the facilities are for the purposes of a national emergency. With the phony debt-based economy getting worse and worse by the day, the possibility of civil unrest is becoming a greater threat to the establishment. One need only look at Iceland, Greece and other nations for what might happen in the United States next." (Daily Paul, September 2008, emphasis added)

The proposed internment camps should be seen in relation to the broader process of militarization of civilian institutions. The construction of internment camps predates the introduction of HR 645 (Establishment of Emergency Centers) in January 2009.

"Military Civil Support": The Role of US Northern Command in the Case of a Flu Pandemic

US Northern Command has a mandate to support and oversee civilian institutions in the case of a National Emergency.

"In addition to defending the nation, U.S. Northern Command provides defense support of civil authorities in accordance with U.S. laws and as directed by the President or Secretary of Defense. Military assistance is always in support of a lead federal agency, such as the Federal Emergency Management Agency (FEMA).

Military civil support includes domestic disaster relief operations that occur during fires, hurricanes, floods, and earthquakes. Support also includes counter-drug operations and consequence management assistance, such as would occur after a terrorist event employing a weapon of mass destruction.

Generally, an emergency must exceed the management capabilities of local, state and federal agencies before U.S. Northern Command becomes involved. In providing civil support, the command operates through subordinate Joint Task Forces.

(See US Northcom website at http://www.northcom.mil/index.cfm?fuseaction=s.who_civil).

The Katrina and Rita hurricane disasters played a key role in shaping the role of US Northern Command in "military civil support" activities. The emergency procedures were closely coordinated by US Northern Command out of the Peterson Air Force Base, together with Homeland Security, which oversees FEMA.

During Hurricane Rita (September 2005), US Northern Command Headquarters was directly in control of the movement of military personnel and hardware in the Gulf of Mexico, in some cases overriding, as in the case of Katrina, the actions of civilian bodies. The entire operation was under the jurisdiction of the military rather than FEMA. (Michel Chossudovsky, US Northern Command and Hurricane Rita, Global Research, September 24, 2005)

Northern Command would, as part of its mandate in the case of a national emergency, oversee a number of civilian functions. In the words of Preident Bush at the height of the Rita hurricane, "the Government and the US military needed broader authority to help handle major domestic crises such as hurricanes." Homeland Security Secretary Michael Chertoff subsequently classified Hurricane Rita as an "incident of national significance," which justified the activation of a so-called "National Response Plan"(NRP). (For further details, consult the complete document at http://www.dhs.gov/interweb/assetlibrary/NRPbaseplan.pdf

Within the broader framework of "Disaster Relief", Northern Command has, in the course of the last two years, defined a mandate in the eventuality of a public health emergency or a flu pandemic. The emphasis is on the militarization of public health whereby NORTHCOM would oversee the activities of civilian institutions involved in health related services.

According Brig. Gen. Robert Felderman, deputy director of USNORTHCOM's Plans, Policy and Strategy Directorate: "USNORTHCOM is the global synchronizer – the global coordinator – for pandemic influenza across the combatant commands"(emphasis added) (See Gail Braymen, USNORTHCOM contributes pandemic flu contingency planning expertise to trilateral workshop, USNORTHCOM, April 14, 2008, See also USNORTHCOM. Pandemic Influenza Chain Training (U) pdf)

"Also, the United States in 1918 had the Spanish influenza. We were the ones who had the largest response to [a pandemic] in more recent history. So I discussed what we did then, what we expect to have happen now and the numbers that we would expect in a pandemic influenza."

The potential number of fatalities in the United States in a modern pandemic influenza could reach nearly two million, according to Felderman. Not only would the nation's economy suffer, but the Department of Defense would still have to be ready and able to protect and defend the country and provide support of civil authorities in disaster situations. While virtually every aspect of society would be affected, "the implications for Northern Command will be very significant."

"[A pandemic would have] a huge economic impact, in addition to the defense-of-our-nation impact," Felderman said. The United States isn't alone in preparing for such a potential catastrophe. (Gail Braymen, op cit)

Also of relevance, was the repatriation of combat units from the war theater to assist US Northern Command in the case of a national emergency including a flu pandemic. In the last months of the Bush administration, the Department of Defense ordered the recall of the 3rd Infantry's 1st Brigade Combat Team from Iraq.

The BCT combat unit was attached to US Army North, the Army's component of US Northern Command (USNORTHCOM). The 1st BCT and other combat units would be called upon to perform specific military functions in the case of a national emergency or natural disaster including a public health emergency:

"The Army Times reports that the 3rd Infantry's 1st Brigade Combat Team is returning from Iraq to defend the Homeland, as "an on-call federal response force for natural or manmade emergencies and disasters, including terrorist attacks." The BCT unit has been attached to US Army North, the Army's component of US Northern Command (USNORTHCOM). (See Gina Cavallaro, Brigade homeland tours start Oct. 1, Army Times, September 8, 2008, emphasis added).

MailOnline

David Derbyshire

Government virus expert paid £116k by swine flu vaccine manufacturers

Daily Mail, 27 July 2009, 18:37 BST
https://www.dailymail.co.uk/news/article-1202389/Government-virus-expert-paid-116k-swine-flu-vaccine-manufacturers.html

A scientist who advises the Government on swine flu is a paid director of a drugs firm making hundreds of millions of pounds from the pandemic.

Professor Sir Roy Anderson sits on the Scientific Advisory Group for Emergencies (Sage), a 20-strong task force drawing up the action plan for the virus.

Yet he also holds a £116,000-a-year post on the board of GlaxoSmithKline, the company selling swine flu vaccines and anti-virals to the NHS.

Sir Roy faced demands to step down yesterday amid claims that the jobs were incompatible. 'This is a clear conflict of interest and should be of great concern to taxpayers and government officials alike,' said Matthew Elliott of the TaxPayers' Alliance.

'You cannot have the man in charge of medical emergencies having any financial interest in the management of those emergencies. We need someone totally unbiased to tackle this crisis.'

The Department of Health and GSK denied there was a conflict and said Sir Roy did not attend Sage meetings where vaccines and drugs were discussed.

Sir Roy was appointed to Sage to 'provide cross-government scientific advice regarding the outbreak of swine flu'. He was one of the first UK experts to call the outbreak a pandemic.

During an interview for Radio Four's Today programme on May 1, he praised the anti-flu drugs and called for their distribution. Listeners were not told he was paid by GSK.

The West London-based drugs giant has had to defend itself from allegations of profiteering from swine flu after posting profits of £2.1billion in the last three months.

Sales of the company's Relenza inhaler, an alternative to Tamiflu used by pregnant women among others, are expected to top £600million. This figure could be boosted by up to £2billion once deliveries of the firm's swine-flu vaccine begin in September.

Sir Roy, 61, who was unavailable for comment yesterday, earned £116,000 at GSK last year, at least a quarter of which he received in shares.

GSK's share price has risen 10 per cent since May from about 1,060p to more than 1,160p.

A spokesman for GSK insisted there was no conflict of interest. 'Professor Anderson stepped down from the government's flu advisory group on appointment to GSK.

'In May, he was asked to rejoin as a temporary member as the scale of the influenza pandemic became evident.

He is a world authority on the epidemiology of infectious diseases and his positions as an adviser to the government and as a member of GSK's board are entirely appropriate.

'These interests have been declared at all times and he has not attended any meetings related to purchase of drugs or vaccine for either the government or GSK.'

A spokesman for Imperial College said Sir Roy's temporarily appointment to Sage was made 'with the full knowledge of the government departments involved in handling the pandemic'.

He added: 'He is not a member of the drug or vaccine sub committees of the flu advisory group.'

During the 2001 foot and mouth outbreak, Sir Roy's advice to Tony Blair led to the culling of more than 6million animals.

The previous year at Oxford University, Sir Roy was at the centre of controversy after claiming a female colleague had slept with her boss before getting a job. He was forced to apologise and pay compensation.

A university inquiry in the wake of the scandal found that he was in breach of rules by failing to disclose his business interests as director and shareholder of International Biomedical and Health Sciences Consortium - an Oxford-based biomedical consultancy, which had awarded grants to his research centre.

Sir Roy was forced to resign, although his career soon recovered. He moved to Imperial College within months, was made the Ministry of Defence's chief scientist and, last year, took over as Rector of Imperial College, London where he earns up to £400,000 a year.

The New York Times

Sheryl Gay Stolberg, Olivia Robinson

Swine Flu Diary: Caught in a Beijing Dragne

The New York Times, 27 July 2009
https://www.nytimes.com/2009/07/28/health/28flu.html

Washington – The phone rang at 5:30 a.m. on Saturday, July 18, jarring me out of an uneasy sleep. My husband and I had been dreading this call. It was our 14-year-old daughter, Olivia, on a language study trip in Beijing. She is usually calm and upbeat. Now she was frantic and crying:

"Mommy, I have a temperature and I'm coughing, and they're taking me to the hospital. I want to come home."

I told her to take a deep breath, even as I was shaking. We had feared Olivia could get caught in China's swine flu dragnet; now those fears had come to pass in what would become a nightmare of bureaucracy and language barriers, against the sleep-depriving backdrop of a 12-hour time difference.

As a White House correspondent and former science writer for The New York Times, I have a professional understanding of international relations and how epidemics spread. My daughter and I are getting a deeply personal lesson in both. Here – as a mother-daughter journal, with Olivia's dictations from a phone in the hospital – is our story.

SHERYL Washington, Monday, July 13. Her bags are packed, she's ready to go. Olivia and 20 other teenagers are on this trip, run by the University of Maryland's Confucius Institute and Hanban, an arm of the Chinese Education Ministry. She has clothes, camera, snacks, a deck of cards, Tylenol, an antibiotic for a nagging sinus infection, and a doctor's note declaring her "not infectious and safe to travel."

The swine flu virus, H1N1, has been racing through our schools and summer camps. The Chinese, still bruised by the SARS epidemic, are trying to contain it – an effort that American public health officials view as absurd, because the flu is mild and because stopping its spread is like trying to stop the common cold. Hundreds of Americans suspected of carrying H1N1 have been quarantined in China this summer. We are determined: this is not going to happen to us.

OLIVIA Beijing, Tuesday, July 14. Before we got off the plane, we saw people in white suits with things that looked like radar guns. They pointed a light at our foreheads, moving quickly. Luckily, no one had a temperature, so we were free to go. We walked through a hallway and saw a tan machine and ladies in masks sitting at a computer screen. They had our heat signatures. Our bodies lighted up. Everyone looked red.

I saw one of our teachers, Ms. Song, and Nolan off to the side. At first I just thought Nolan's temperature was high because he was excited to come to China, but he ended up going to the hospital. The rest of us went to the Beijing Foreign Language School.

SHERYL Wednesday, July 15. Olivia called! She had been e-mailing with observations of China ("They have toilets that are just holes"). The call brought unsettling news: a "one-day quarantine." The trip to the Forbidden City was off. They were to remain on campus, with three daily temperature checks.

My heart sank. This did not bode well. And it didn't make sense. If Nolan had swine flu, the kids might be better off separated. It was midnight, noon in Beijing. I called the American Embassy.

OLIVIA Thursday, July 16. I slept a lot today. Two naps. My friend Norine and I made a video documentary. We were making jokes: It's like a horror movie! They're picking us off one by one!

SHERYL Olivia sounded chipper ("This will make a great story," she assured me, ever the reporter's daughter), but I was a wreck. Her roommate, Rachel, had sat next to Nolan on the plane. It didn't take an epidemiologist to figure out how this movie would end.

I took the train to New York to cover President Obama's speech to the N.A.A.C.P. I ran into April Ryan, a radio reporter, and promptly burst into tears. She ushered me into the ladies' room.

"Do you pray?" she asked. I am Jewish. We joined hands, bowed heads, and April let it rip: "Lord, put your arms around this child! Put your arms around Sheryl! Put your arms around all the children and parents!" She went on and on, ending with a rousing "Thank you, Jesus! Amen!"

"April," I said, "I've never prayed to Jesus before and probably never will again, but if it works, I'm all for it."

OLIVIA Friday, July 17. They took Yago and Rachel away. Nolan's test came back positive. Everybody got masks. I knew this meant we weren't going to see the Great Wall today.

SHERYL Just as in Olivia's horror movie joke, the kids were dropping one by one. Parents' e-mail messages were flying. I suggested the kids be given Tamiflu, the antiviral drug. Doctors here use it to treat H1N1 (it shortens the duration of symptoms) and as a prophylactic. Nancy Chen, my contact at the embassy, said the Chinese refused.

OLIVIA Saturday, July 18. One of my friends came into the computer lab. "They're testing our blood and sending us somewhere else," she said.

Everyone was buzzing. A lot of people were scared of needles, especially in a foreign country. We packed our bags and piled into a bus to go to a quarantine hotel. A kid dropped his thermometer on the stone floor. It broke, spilling beads of mercury. Guys in moon suits hurried to scrape it up. They didn't take blood, just swabbed our throats.

SHERYL Saturday morning. The fateful call. I couldn't breathe. My mind was spinning. What if her sinus infection caused complications? What if she developed a mutant strain? What if? What if? We had no way to reach her, didn't know where she was going.

I called my colleague Sharon LaFraniere in The Times's Beijing bureau. I could hear her kids playing outside and was insanely jealous.

OLIVIA Monday, July 20. The embassy called and they let me out of the room to answer. Schuyler is in the room next to me and I got a peek; I flipped out a little because he had an IV. The embassy lady was really nice. She said: "How are they treating you? How is the food?" I tried to be optimistic. I didn't want to be a complainer.

My test for H1N1 came back positive. They put me in an ambulance and drove me to a new hospital, 10 minutes away. They took me to a shiny glass building, up a nice modern elevator eight floors. Everything was white and clean. There was a phone in my room and they said I could have pizza for lunch.

SHERYL Friday, July 24. It has been nearly a week now, and Olivia is still trapped in her hospital room. Food is passed to her through a double set of windows, like prison. On the bright side, she has a British roommate, Jessica, also 14; they have declared themselves "friends for life." My Beijing colleagues delivered a laptop and some movies.

She hasn't had fever for four days, but she won't be released until she tests negative for H1N1. We have had an endless e-mail stream of conflicting test results. The kids who were quarantined in the hotel were released today; they went out touring.

Our emotions, hers and mine, run up and down. Hanban says it will extend her trip at no cost to us, but she's not sure she wants to stay, and the flights are all booked. At the embassy, Nancy Chen says that without the negative tests, there is little the American government can do. Four of the nine kids, including Schuyler, are still in the hospital.

Every day, the nurses take another throat swab. Every day, we wait.

OLIVIA Monday, July 27. The doctors are mad. They know we're not sick and they want us out of here. Once I realized they didn't care, I went out in the hallway and ran around. I'm worried I'll get out of shape, with field hockey tryouts coming up.

SHERYL Monday. Schuyler is out. So is Jess, the British roommate. Hanban has rescheduled Olivia's flight home. I spent the weekend e-mailing my congressman and every State Department official I know. Ten days in; her H1N1 remains positive. In the United States, federal authorities say children with swine flu are unlikely to make others sick after seven days.

I am furious. Olivia is calm. "Mom," she said, "I really don't think you can e-mail me out of here."

UPDATE: She's out!

SHERYL Tuesday, July 28. My cellphone buzzed with the sound of a text message: "mom i'm leaving the hospital!!!. call me if you can!"

It was 3:30 a.m. in Washington, 3:30 p.m. Tuesday in Beijing. A nurse delivered her release papers; a Hanban official escorted her to the hotel where the rest of her group is staying.

"I feel great," she said after dinner in the hotel restaurant. "It's great to see everyone again."

Some of the students will come home July 30, as originally scheduled. Others, including Olivia, plan to stay until Aug. 8. And one girl from her group, Liana, remains in the hospital.

Paul Joseph Watson

Government Swine Flu Advisor on Vaccine Maker Payroll

Global Research, July 27, 2009
https://www.globalresearch.ca/government-swine-flu-advisor-on-vaccine-maker-payroll/14550

Many people seem genuinely baffled that western governments are hyping the arrival of a swine flu pandemic as if it's the greatest threat to humanity since the bubonic plague, despite the relatively low number of deaths from the virus, unaware that the pharmaceutical industry has been intimately joined at the hip with the state for decades.

Another illustration of that fact is the revelation that one of the UK government's top advisors on swine flu also happens to be a sitting board member of GlaxoSmithKline, the company selling dangerous and untested swine flu vaccines, as well as anti-viral drugs Tamiflu and Relenza, to the NHS.

"Professor Sir Roy Anderson sits on the Scientific Advisory Group for Emergencies (Sage), a 20-strong task force drawing up the action plan for the virus. Yet he also holds a £116,000-a-year post on the board of GlaxoSmithKline," reports the Daily Mail.

We also learn that Anderson was "one of the first UK experts to call the outbreak a pandemic," and has been busy on radio and TV pushing the effectiveness of anti-virals to fight swine flu, without telling listeners that he was on the GSK payroll.

Anderson was also a key government advisor during the 2001 foot and mouth outbreak in Britain which led to the slaughter of over 6 million animals and the complete decimation of the farming industry.

Batches of swine flu vaccine destined for Europe are being fast-tracked through safety procedures and there will be no testing on humans whatsoever before millions of people, starting with children and pregnant women, are inoculated as part of mass vaccination programs.

Despite warnings from World Health Organization flu chief Dr Keiji Fukuda about the dangers of untested vaccines, GlaxoSmithKline and other pharmaceutical companies like Baxter, will begin shipping the vaccine to governments in Europe within two months.

Officials claim that the swine flu vaccine has similar ingredients to the avian flu vaccine and is therefore safe. In that case, we better hope that the vaccine does not have the same ingredients as batches of Baxter's bird flu vaccine, which were actually contaminated with the live avian flu virus and shipped out to numerous European countries.

In addition, the swine flu vaccine will contain an ingredient known to cause debilitating diseases.

As we reported last week, the shots will include the ingredient squalene, which has been directly linked with cases of Gulf War Syndrome.

According to award-winning investigative journalist Gary Matsumoto, there's a "close match between the squalene-induced diseases in animals and those observed in humans injected with this oil: rheumatoid arthritis, multiple sclerosis and systemic lupus erythematosus."

"There are now data in more than two dozen peer-reviewed scientific papers, from ten different laboratories in the US, Europe, Asia and Australia, documenting that squalene-based adjuvants can induce autoimmune diseases in animals…observed in mice, rats, guinea pigs and rabbits. Sweden's Karolinska Institute has demonstrated that squalene alone can induce the animal version of rheumatoid arthritis. The Polish Academy of Sciences has shown that in animals, squalene alone can produce catastrophic injury to the nervous system and the brain. The University of Florida Medical School has shown that in animals, squalene alone can induce production of antibodies specifically associated with systemic lupus erythematosus," writes Matsumoto.

Micropaleontologist Dr. Viera Scheibner, who conducted research into the adverse effects of adjuvants in vaccines, wrote the following about squalene.

Squalene "contributed to the cascade of reactions called "Gulf War syndrome. (GIs developed) arthritis, fibromyalgia, lymphadenopathy, rashes, photosensitive rashes, malar rashes, chronic fatigue, chronic headaches, abnormal body hair loss, non-healing skin lesions, aphthous ulcers, dizziness, weakness, memory loss, seizures, mood changes, neuropsychiatric problems, anti-thyroid effects, anaemia, elevated ESR (erythrocyte sedimentation rate), systemic lupus erythematosus, multiple sclerosis, ALS, Raynaud's phenomenon, Sjorgren's syndrome, chronic diarrhea, night sweats and low-grade fever."

СОВЕТ ФЕДЕРАЦИИ
ФЕДЕРАЛЬНОГО СОБРАНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

Мнения и комментарии членов Совета Федерации

Совет Федерации, 28 июля 2009
http://council.gov.ru/events/news/20495/

Главный санитарный врач страны заботится о здоровье нации и никакого политического подтекста в его заявлениях нет, считают российские сенаторы.

Главный санитарный врач РФ Геннадий Онищенко запретил выезд в августе детских групп из России в Великобританию в связи с новым гриппом. О своем решении он сообщил 27 июля 2009 года в прямом эфире информационного канала «Вести».

По ситуации с гриппом А /H1N1/ «Англия сегодня самая неблагополучная страна в Европе», – подчеркнул Онищенко. «Сегодня я подписал указание регионам, чтобы ни одна группа детей в августе не выехала в Великобританию», – сообщил он.

Всего, по словам Онищенко, в России подтверждено 28 случаев заболевания новым гриппом.

Главный санитарный врач привел пример Екатеринбурга, в который из Великобритании вернулась группа изучения английского языка из екатеринбургских школ. «Дети жили в Оксфорде в студенческом общежитии, питались в общей столовой, ездили по стране, общались, посещали людные места», – рассказал он. В итоге, «из 24 детей – 14 лежат в больнице».

Онищенко напомнил, что случаи заболевания были зарегистрированы за последнюю неделю в Томске, Челябинске, Перми, Екатеринбурге.

Председатель Комитета Совета федерации по международным делам, представитель в Совете Федерации от исполнительного органа государственной власти Псковской области Михаил Маргелов:

«*Большинство людей оставит без внимания пожелания главного санитарного врача*»
Забота главного санитарного врача о населении страны – это нормально. В данный момент я нахожусь в Нью-Йорке, а, как известно, на территории США свирепствует свиной грипп. Если главному санитарному врачу поступает информация, что какие-то страны становятся странами повышенной опасности, то он делает выводы, и в подобном заявлении Онищенко я не вижу ничего странного. Другое дело, что поток едущих в Великобританию, Испанию, в другие страны Евросоюза и в США настолько велик, что большинство людей оставит без внимания предостережения главного санитарного врача.

Заместитель Председателя Комитета Совета Федерации по аграрно-продовольственной политике и рыбохозяйственному комплексу, представитель в Совете Федерации от Курганской областной Думы Сергей Лисовский:

«*К осени эпидемия может охватить всю англию, и там может случиться коллапс*».
За словами Онищенко стоит забота о здоровье нации. Тем, что в Англии сейчас свирепствует эпидемия свиного гриппа, Англия расплачивается за подобострастное отношение к Америке. Как только США объявили об эпидемии свиного гриппа, надо было и закрыть их полностью

на карантин, то есть перекрыть все рейсы в Европу. Но этого не сделали потому, что Америка слишком давила на всех, а особенно на Англию. Пусть теперь Англия и расхлебывает, что в ущерб здоровью своей нации так и не решилась ввести карантин в отношении США. У них теперь это реальная и большая проблема. А к осени эпидемия может охватить всю Англию, и там может случиться коллапс.

Ведь коровье бешенство убило там крупный рогатый скот (в свое время Англия была крупнейшим поставщиком говядины), а теперь грипп может убить и свиней.

И непонятно, чем будет жить Англия… Видимо, подачками Америки.

Заместитель председателя Комитета Совета Федерации по социальной политике и здравоохранению, представитель в Совете Федерации от исполнительного органа государственной власти Самарской области Константин Титов:

«*Никакого политического подтекста в заявлениях Онищенко я не вижу*»

Главный санитарный врач России, как ему и положено, заботится о здоровье граждан своей страны. Никакого политического подтекста в его заявлениях я не вижу. Как пел Высоцкий: «Ширится, растет заболевание…», и это очевидный факт. Слова Онищенко свидетельствуют лишь о том, что он отслеживает ту опасную ситуацию, когда по миру все больше и больше распространяется инфекция. Просто всем нам теперь надо сначала подумать, а потом куда-то ехать. Если подобные заявления делает глава федерального агентства, значит, ситуация серьезная. И дай-то бог здоровья господину Онищенко за то, что он забоится о нашей с вами безопасности!

CNN.com /US

Barbara Starr

Military planning for possible H1N1 outbreak

CNN, 28 July 2009, 10:20 p.m. EDT
https://web.archive.org/web/20091201173526/http://www.cnn.com/2009/US/07/28/military.swine.flu/

Washington (CNN) **-** The U.S. military wants to establish regional teams of military personnel to assist civilian authorities in the event of a significant outbreak of the H1N1 virus this fall, according to Defense Department officials.

The proposal is awaiting final approval from Defense Secretary Robert Gates.

The officials would not be identified because the proposal from U.S. Northern Command's Gen. Victor Renuart has not been approved by the secretary.

The plan calls for military task forces to work in conjunction with the Federal Emergency Management Agency. There is no final decision on how the military effort would be manned, but one source said it would likely include personnel from all branches of the military.

It has yet to be determined how many troops would be needed and whether they would come from the active duty or the National Guard and Reserve forces.

Civilian authorities would lead any relief efforts in the event of a major outbreak, the official said. The military, as they would for a natural disaster or other significant emergency situation, could provide support and fulfill any tasks that civilian authorities could not, such as air transport or testing of large numbers of viral samples from infected patients.

As a first step, Gates is being asked to sign a so-called "execution order" that would authorize the military to begin to conduct the detailed planning to execute the proposed plan.

Orders to deploy actual forces would be reviewed later, depending on how much of a health threat the flu poses this fall, the officials said.

REUTERS

Kate Kelland

Report criticises government's flu planning

Reuters, 28 July 2009, 6:10 PM GMT+8
https://www.reuters.com/article/world/us/report-criticises-governments-flu-planning-idUSTRE56R1GZ/

LONDON (Reuters) - The government has failed in some of its preparations for pandemic flu and must now explain how health services will handle an expected second wave of H1N1 flu later this year, a parliamentary committee said on Tuesday.

The science and technology committee urged the government to set out how intensive and critical care facilities will cope with the pandemic and to be open about where there are weaknesses in critical care services which must be addressed.

Britain has been hit hard by the global pandemic of H1N1 flu virus – known as swine flu – which was first seen in March in Mexico and the United States.

Around 30 people have died from H1N1 in Britain and the government said on Thursday it estimated there were around 100,000 new cases in the previous week.

In a report, begun last year, of the government's preparedness for pandemic flu, the House of Lords committee said it had "significant concerns" about delays in getting the National Pandemic Flu Service (NPFS) up and running.

The service, which allows patients to get diagnosis and prescriptions online and by telephone, was launched on Thursday but crashed within hours due to overwhelming demand.

The government's health department said the service was now working properly and a "final version" would be launched later in the year with some "additional administrative flexibilities."

The committee called for "reassurance that the enhanced service will be able to meet anticipated demand and that it will be fully operational in the autumn, in good time to meet the challenges of the anticipated second wave of influenza."

Lord Sutherland, the committee's chairman, praised the government's efforts in stockpiling antiviral drugs, but said "there are other areas where we appear to be under-prepared."

"We were surprised and disappointed that the government had not undertaken 'whole system' testing of health service preparations for a flu pandemic before swine flu emerged," he said in a statement.

The H1N1 virus has killed an estimated 816 people worldwide to date, according to the World Health Organisation's latest tally.

The August Forecast

Patrick Wood

Swine Flu: Pigs to fly soon?

The August Forecast, 28 July 2009
https://web.archive.org/web/20090731110122/http://www.augustforecast.com/2009/07/28/swine-flu-pigs-to-fly-soon/

On April 28, 2009, this writer asked:
"Are globalist fear-mongers driving the media to panic the public into universal health care solutions? Or federally-mandated vaccinations?"
https://web.archive.org/web/20090710180814/http://www.augustreview.com/news_commentary/general/pandemic_nonsense:_flying_pig_flu_20090428118/

In the three months since, not one government official or mainline journalist has asked any tough questions. Instead, they have continued their paranoid stampede to a) make the outbreak a world catastrophe and b) prepare to force immunization vaccine shots on hundreds of millions of unsuspecting people.

This is a formula for health disaster, but when it comes to the bottom line profit of Big Pharma, who stand to gain billions from vaccine sales, a few casualties are acceptable as long as the greater good is being served.

This is the same fuzzy logic popularized by the TV series *24*: Accidentally snuffing a few innocents is acceptable if it leads to the saving of thousands more lives. Of course, the latter is only a possibility and no other options are offered. Somehow, star Jack Bauer always comes through to save the day, but the viewer is left agitated and frustrated.

Worldwide, there have been only 311 deaths directly attributed to Swine Flu, and in many of those cases, there were other circumstances that created complications. The global total of 70,893 reported and confirmed cases is itself suspect, because it's difficult to tell one virus from another.

The scene is being set up. Associated Press reported on July 17 that Secretary of Health and Human Services Kathleen Sibelius recently signed an order granting legal immunity to vaccine makers who might be sued over "unintended consequences" that arise from their vaccines.=>
https://web.archive.org/web/20090802134815/http://www.google.com/hostednews/ap/article/ALeqM5hjdCHrP82YTFser5vD6CzTK1az6wD99GH8580

A top government scientific adviser in England is also a paid member (£116,000) of the board of directors of GlaxoSmithKline. Professor Sir Roy Anderson was one of the first "scientists" who cried "Pandemic!" in April. Since then, he has been working TV and radio to tout the effectiveness of anti-virals to fight Swine Flu (but not disclosing his financial arrangement with GSK, of course.)

Baxter Labs, a major vaccine maker, fortuitously filed a patent for *their* H1N1 vaccine (see page 4 of application) on August 28, 2008. That's right, *2008*, months before the first known outbreak!

Big Pharma lobbyists have been busy working up support in governments around the world to implement ***mandatory*** government vaccination programs to stop the pandemic. In France for instance, it was recently leaked that President Sarkozy had launched a secret plan to set up mandatory vaccination for all residents of France.

In the U.S., Sibelius has already urged school superintendents around the country to spend the summer preparing for a massive Swine Flu vaccination program this fall. For the first time in history, the Feds are recommending three vaccine shots that will include two extra ones for Swine Flu.

Then, there is the mystery of the virus itself. My friend, Dr. Russell Blaylock, who contributed to my original article in The August Review, writes:
"This virus continues to be an enigma for virologists. In the April 30, 2009 issue of Nature, a virologist was quoted as saying,'Where the hell it got all these genes from we don't know.' Extensive analysis of the virus found that it contained the original 1918 H1N1 flu virus, the avian flu virus (bird flu), and two new H3N2 virus genes from Eurasia. Debate continues over the possibility that swine flu is a genetically engineered virus." (see Vaccine May Be More Dangerous Than Swine Flu)

If this was an episode of 24, what *would* Jack Bauer do next?

Science

Jon Cohen

Yet Another New Patient Zero in Swine Flu Pandemic

Science, 28 July 2009, doi: 10.1126/article.41399
https://www.science.org/content/article/yet-another-new-patient-zero-swine-flu-pandemic

A baby from San Luis Potosí in north-central Mexico was likely infected with the 2009 H1N1 influenza virus on 24 February, making this the earliest case of swine flu yet detected.

In an e-mail with ScienceInsider, Celia Alpuche, head of the Instituto de Diagnóstico y Referencia Epidemiologicos (InDRE) in Mexico City, said that her lab had confirmed that the virus had infected a 6-month-old girl who had symptoms of the disease on 24 February, as news outlets had reported . Previously, the earliest case InDRE dated had been to 11 March.

Alpuche said InDRE has confirmed three other cases that had symptoms prior to 11 March: One from Tlaxcala (3 March) and two from Mexico City (8 and 10 March). None of the cases were near Perote, which received a flurry of media attention shortly after the outbreak surfaced because it had what then looked like the earliest cases and the large hog farms in the area.

"We are absolutely done with retesting of all the valid samples we received at InDRE 1 January until now," Alpuche noted.

THE LANCET

Denise J Jamieson, Margaret A Honein, Sonja A Rasmussen,
Jennifer L Williams, David L Swerdlow, Matthew S Biggerstaff, et al.

H1N1 2009 influenza virus infection during pregnancy in the USA

Lancet, 28 July 2009 // 8 August; 374(9688): 451-8.
doi: 10.1016/S0140-6736(09)61304-0. Epub 2009 Jul 28. PMID: 19643469.

Summary

Background
Pandemic H1N1 2009 influenza virus has been identified as the cause of a widespread outbreak of febrile respiratory infection in the USA and worldwide. We summarised cases of infection with pandemic H1N1 virus in pregnant women identified in the USA during the first month of the present outbreak, and deaths associated with this virus during the first 2 months of the outbreak.

Methods
After initial reports of infection in pregnant women, the US Centers for Disease Control and Prevention (CDC) began systematically collecting additional information about cases and deaths in pregnant women in the USA with pandemic H1N1 virus infection as part of enhanced surveillance. A confirmed case was defined as an acute respiratory illness with laboratory-confirmed pandemic H1N1 virus infection by real-time reverse-transcriptase PCR or viral culture; a probable case was defined as a person with an acute febrile respiratory illness who was positive for influenza A, but negative for H1 and H3. We used population estimates derived from the 2007 census data to calculate rates of admission to hospital and illness.

Findings
From April 15 to May 18, 2009, 34 confirmed or probable cases of pandemic H1N1 in pregnant women were reported to CDC from 13 states. 11 (32%) women were admitted to hospital. The estimated rate of admission for pandemic H1N1 influenza virus infection in pregnant women during the first month of the outbreak was higher than it was in the general population (0·32 per 100 000 pregnant women, 95% CI 0·13–0·52 vs 0·076 per 100 000 population at risk, 95% CI 0·07–0·09). Between April 15 and June 16, 2009, six deaths in pregnant women were reported to the CDC; all were in women who had developed pneumonia and subsequent acute respiratory distress syndrome requiring mechanical ventilation.

Interpretation
Pregnant women might be at increased risk for complications from pandemic H1N1 virus infection. These data lend support to the present recommendation to promptly treat pregnant women with H1N1 influenza virus infection with anti-influenza drugs.

The Guardian

Sarah Boseley

Give pregnant women priority for swine flu vaccine, study urges

The Guardian, 29 July 2009, 10.06 BST
https://www.theguardian.com/world/2009/jul/29/swine-flu-pregnant-woman-lancet

Article in Lancet says risk of complications is higher, with worrying death rate from virus among expectant mothers in US

Pregnant women should be prioritised for the flu vaccine as soon as it is available, according to the authors of a study showing they are more at risk of complications and more likely to end up in hospital than other people.

Women expecting a baby should also be given antiviral drugs as soon as they get the flu, says the paper published online today by the Lancet medical journal. Little is known about the possible ill-effects of the drugs on the foetus but scientists say their benefits are likely to be greater than the risks.

The research comes from the US, where six pregnant women died of swine flu complications between 15 April and 18 May. In that month, 34 confirmed or probable cases of swine flu were reported to the Centres for Disease Control and Prevention (CDC) from 13 states. Eleven of them were admitted to hospital.

The rate of admission to hospital is four times higher than in the general population, say the authors, Dr Denise Jamieson from the CDC's division of reproductive health in Atlanta and colleagues. That could be because doctors are more nervous about the effects if flu on pregnant women and are more likely to admit them, but the death rate among pregnant women is high.

"Although the decision to admit a pregnant woman is complex and might include considerations beyond simply the severity of disease, that a high proportion (greater than 10%) of influenza-related deaths in the USA have been in pregnant women is concerning," they write.

"In the previous influenza pandemics of 1918 and 1957, mortality seemed to be higher in pregnant women than in non-pregnant populations ... During the pandemic of 1957, 50% of deaths due to Asian influenza in Minnesota among women of reproductive age occurred in pregnant women."

None of the women who died had been given antiviral drugs promptly, within the first 48 hours of symptoms occurring, they write.

Once a vaccine is available, pregnant women will be a high priority, the authors say. However they are concerned that women may not come forward to be vaccinated because of fear of any effect on their baby. Few pregnant women choose to be immunised against winter flu.

CNN INTERNATIONAL .com/US

Barbara Starr

Military planning for possible H1N1 outbreak

CNN, 29 July 2009, 02:20 GMT (1020 HKT)
http://edition.cnn.com/2009/US/07/28/military.swine.flu/
https://web.archive.org/web/20090801122627/http://edition.cnn.com/2009/US/07/28/military.swine.flu/

Washington (CNN) – The U.S. military wants to establish regional teams of military personnel to assist civilian authorities in the event of a significant outbreak of the H1N1 virus this fall, according to Defense Department officials.

The proposal is awaiting final approval from Defense Secretary Robert Gates.

The officials would not be identified because the proposal from U.S. Northern Command's Gen. Victor Renuart has not been approved by the secretary.

The plan calls for military task forces to work in conjunction with the Federal Emergency Management Agency. There is no final decision on how the military effort would be manned, but one source said it would likely include personnel from all branches of the military.

It has yet to be determined how many troops would be needed and whether they would come from the active duty or the National Guard and Reserve forces.

Civilian authorities would lead any relief efforts in the event of a major outbreak, the official said. The military, as they would for a natural disaster or other significant emergency situation, could provide support and fulfill any tasks that civilian authorities could not, such as air transport or testing of large numbers of viral samples from infected patients.

As a first step, Gates is being asked to sign a so-called "execution order" that would authorize the military to begin to conduct the detailed planning to execute the proposed plan.

Orders to deploy actual forces would be reviewed later, depending on how much of a health threat the flu poses this fall, the officials said.

GlobalResearch

Paul Joseph Watson

Military To Work With FEMA During Swine Flu Pandemic

Global Researach, 29 July 2009
https://www.globalresearch.ca/military-to-work-with-fema-during-swine-flu-pandemic/14949
https://infiniteunknown.net/2009/09/30/us-military-to-get-mandatory-swine-flu-shots-soon/

According to a CNN report, the military will assist civilian authorities in the event of a significant swine flu outbreak in the U.S. this fall, stoking fears that the pandemic, which has claimed relatively few lives so far, will be used as an excuse to implement martial law and a mandatory vaccination program.

"The plan calls for military task forces to work in conjunction with the Federal Emergency Management Agency. There is no final decision on how the military effort would be manned, but one source said it would likely include personnel from all branches of the military," states the report.

The proposal, which was drawn up by U.S. Northern Command's Gen. Victor Renuart, is awaiting final approval from Defense Secretary Robert Gates. The first step would be to sign an "execution order" which would authorize the military to begin detailed planning on how to implement the proposal, before actual orders to deploy military personnel are given.

The amount of troops required or whether they would come from the active duty or the National Guard and Reserve forces has not yet been determined.

Northcom has been preparing for mass flu pandemics for years and indeed, Gen. Victor Renuart spoke of the threat of a flu pandemic emerging out of Mexico just weeks before it actually happened.

Testifying back in March, Renuart said Northcom would provide "assistance in support of civil authorities" during an epidemic, adding "when requested and approved by the Secretary of Defense or directed by the President, federal military forces will contribute to federal support." However, Renuart then added, "USNorthCom does not wait for that call to action."

"Because Mexico is our neighbor and disasters do not respect national boundaries, we are focused on developing and improving procedures to respond to potentially catastrophic events such as pandemic influenza outbreak, mass exposure to dangerous chemicals and materials, and natural disasters," he testified.

Northcom was only relatively recently assigned its own fighting unit – the Army's 3rd Infantry Division's 1st Brigade Combat Team, which had been fighting in Iraq for five years before that. As we have previously reported, the Armed Forces Press Service has initiated a propaganda campaign designed to convince the American people that deploying the 3rd Infantry Division in the United States in violation of the Posse Comitatus Act is a good thing, with images of soldiers from the brigade helping in "humanitarian" rescue missions, such as car wrecks. This is all designed to condition Americans to accept troops on the streets and highways as a part of everyday life.

The assignment of the 1st Brigade Combat Team to Northcom alarmed the American Civil Liberties Union (ACLU). "This is a radical departure from separation of civilian law enforcement and military authority and could, quite possibly, represent a violation of law," said Mike German, ACLU national security policy counsel.

The news that troops are being prepared to work with FEMA in the event of a swine flu pandemic will increase fears that the government is preparing to enforce a mandatory vaccination program – at gunpoint if necessary.

State health authorities have already confirmed that if the government were to announce a mandatory vaccination program, then there would be no exemptions whatsoever and the program could be carried out with the use of force if necessary.

As reported by CNS News earlier this month, a health-care reform bill approved by the Senate Health, Education, Labor and Pension Committee called The Affordable Health Choices Act, will fund the creation of state "intervention" teams that will carry out home visits in order to check that both children and adults have been vaccinated and also provide "provision of immunizations".

"Home visits? What exactly is the state going to do when it sends people to "implement interventions" in private homes designed "to improve immunization coverage of children"? asks the CNS report.

There can be little doubt that many Americans will call upon their second amendment rights and resort to using force to protect themselves and their children if the government attempts to forcibly impose a mass vaccination program. This is why the assistance of military personnel may be necessary to subdue potential resistors in the event of mandatory quarantines and inoculations.

The last time the the national guard and military worked with FEMA and local law enforcement on a large scale in the United States was during Hurricane Katrina, when they aided in the confiscation of privately owned firearms of citizens, even those who lived in the high and dry areas and were unaffected by the hurricane.

US prepares major terrorism readiness exercise

Waspigton, AFP, 29 July 2009
https://web.archive.org/web/20090728041820/https://www.google.com/hostednews/afp/article/ALeqM5g92sATJfkAFOJQYMEohSQp42A9QQ

Washington – Law enforcement and intelligence agencies in the United States and abroad are preparing to go on high alert as part of a massive terrorism prevention exercise – the first of its kind here.

Beginning Monday, security officials at all levels in the United States and four other countries will scramble into action in the wake of a fictional terrorist attack somewhere outside the United States.

The scenario envisions the receipt of intelligence that a follow-up attack is planned inside the United States, forcing agencies inside and out of the country to test their coordination, intelligence and terror prevention skills.

The National Level Exercise 2009 "will be the first major exercise conducted by the United States government that will focus exclusively on terrorism prevention and protection, as opposed to incident response and recovery," the Federal Emergency Management Agency (FEMA) said in a statement.

The US government regularly carries out preparedness exercises, dealing with crises ranging from natural disasters to terrorist attacks.

The 2009 exercise will include agencies in Britain, Mexico, Canada and Australia, as well as federal, regional, state, tribal, local and private sector officials throughout the United States, the Department of Homeland Security said.

"Coordinating with our partners across the United States and around the world is critical to protecting the nation from terrorists attacks," said Homeland Security Secretary Janet Napolitano.

"The National Level Exercise allows us to test our capabilities in real-time to refine and strengthen our strategies for preventing terrorist attacks."

The exercise is expected to last for five days and is being designed to test a variety of "capabilities," including intelligence sharing, counter-terrorism investigation, border security, infrastructure protection, security alerts and international coordination, FEMA said.

"Lessons learned from the exercise will provide valuable insights to guide future planning for securing the nation against terrorist attacks, disasters, and other emergencies," the emergency response agency said.

ZEIT ONLINE

Harro Albrecht

Bitte nicht küssen

Die ZEIT, 30 Juli 2009, Nr. 32
https://www.zeit.de/2009/32/01-Grippe

Noch haben wir eine Chance, die rasante Ausbreitung der Schweinegrippe in Deutschland zu verlangsamen.

Deutschland ist noch nicht Großbritannien. Dort hat sich die Zahl der registrierten Schweinegrippefälle innerhalb einer Woche von 55.000 auf 100.000 fast verdoppelt. Zwar bestand auch in Großbritannien eine Weile die Hoffnung, die Ausbreitung des Virus bis zur Auslieferung eines Impfstoffes im Herbst bremsen zu können, aber diese Hoffnung ist nun zerstoben. Zeitgleich mit den Meldungen aus Großbritannien stiegen in der vergangenen Woche auch hierzulande die Infektionszahlen sprunghaft an. Werden also auch wir bald britische Verhältnisse haben?

Noch ist Deutschland davon weit entfernt. Schwere Fälle waren bisher sehr selten. Viele Erkrankte gesundeten, noch bevor die Bestätigung für das H1N1-Virus aus dem Labor kam. Es schien, als sei die Schweinegrippe das Problem anderer Leute und anderer Länder.

Doch die Hoffnung, die Grippe könne an uns vorbeigehen, war naiv. Spätestens seit die Weltgesundheitsorganisation Mitte Juni die höchste Alarmstufe ausrief, waren drei Entwicklungen absehbar: Erstens wird sich das Schweinegrippevirus umfassend ausbreiten. Deshalb müssen wir uns in den kommenden Wochen darauf einstellen, dass Verwandte, Freunde und Kollegen erkranken. Zweitens ruft das Virus in den meisten Fällen nur milde Erkrankungen hervor. Aber selbst ein vergleichsweise harmloses Virus kann, wenn es auf eine Bevölkerung ohne Immunschutz trifft, sehr viele Menschen befallen. Drittens kann sich die Situation zuspitzen, etwa wenn der Erreger aggressiver wird – obwohl es dafür bislang keine Anhaltspunkte gibt.

In den deutschen Krankenhäusern war die Lage bis Dienstag dieser Woche noch entspannt. In der größten Klinik Europas, in Aachen, lag »kein einziger Grippepatient«; das Gleiche meldet auch das Universitätsklinikum Hamburg-Eppendorf; und das Klinikum rechts der Isar in München ließ wissen, alles sei »relativ ruhig«. Ganz offensichtlich springt das Virus in Deutschland nicht so geschwind von Mensch zu Mensch wie in Großbritannien. Die meisten Fälle gehen nach wie vor auf Urlaubsheimkehrer zurück, viele von ihnen kamen aus Spanien.

In Großbritannien haben sich bisher 30-mal so viele Menschen mit dem Schweinegrippevirus infiziert wie in Deutschland. Wir sollten deshalb die relativ ruhige Lage hierzulande nutzen, um die notwendigen Abwehrmaßnahmen zu ergreifen. Denn jeder Ansteckungsfall weniger verzögert die Ausbreitung des Virus; so gewinnen wir Zeit bis zur Impfstoffauslieferung im Herbst.

Die Schweinegrippe ist jetzt nicht mehr das Problem anderer Leute und Länder, sondern eine ganz persönliche Angelegenheit. Wir alle sollten unsere Umgangsformen anpassen: nicht mehr wie gewohnt beim Niesen die Hand, sondern den stoffbewehrten Ellenbogen vor den Mund halten, nicht mehr zur Begrüßung die Hand schütteln und – so trivial das klingt – häufig die Hände waschen, öfter mal auch desinfizieren. Noch denken die wenigsten beim ersten Anzeichen eines Schnupfens

oder bei Gliederschmerzen an Schweinegrippe. Von jetzt an könnte es besser sein, im Zweifelsfall genau davon auszugehen: Könnte ich mich angesteckt haben? Wie halte ich das Virus von meiner Umgebung fern?

Hustend und fiebernd sollte sich kein Fußballfan ins Stadion quälen

Gerade erst teilte das Bundesgesundheitsministerium mit, noch nie habe es in Deutschland einen niedrigeren Krankenstand gegeben. Mit Blick auf die Grippeverbreitung ist das keine gute Nachricht. Wer sich aus Sorge vor dem Verlust des Arbeitsplatzes mit einer Schweinegrippe ins Büro schleppt, schadet nicht nur sich selbst, sondern handelt höchst leichtsinnig – und übrigens auch nicht im Interesse seines Arbeitgebers. Unsolidarisch sind natürlich auch Fußballfans, die sich zu Beginn der Bundesligasaison hustend und fiebernd ins Stadion quälen.

Die notwendige Solidarität erfordert auf der einen Seite gesunden Abstand zu den Mitmenschen, zugleich aber auch mehr Nähe. Britische Gesundheitsbehörden raten dazu, sich im Krankheitsfall einen gesunden *flu friend,* einen Grippe-Freund, zu suchen, der einem die Tabletten holt – so kann der Kranke auf dem Weg zur Apotheke niemanden anstecken. Auch sei es wenig hilfreich, aus übertriebener Sorge die Notaufnahmen der Krankenhäuser zu belagern. Solch eine »Panik-Pandemie« sei vielleicht noch schlimmer als das Virus selbst.

In den nächsten vier Wochen wird sich zeigen, ob sich eine Ausbreitung der Infektion nach britischem Muster bei uns wiederholt. Mit jedem Bundesland, in dem die Sommerferien enden (Bayern ist Mitte September das letzte), bringen mehr Urlaubsrückkehrer das Virus aus Spanien, England oder den Vereinigten Staaten mit nach Hause. Wir sollten die Heimkehrer nicht gleich mit Küsschen begrüßen.

Und wer den Sommerurlaub noch vor sich hat? Ist es ratsam, in eine Gegend mit sehr vielen Grippefällen zu fahren? Für einen gesunden Menschen ist das nicht besonders gefährlich, hygienisches Verhalten der beste Schutz. Wenn hingegen Kinder mit Vorerkrankungen, chronisch Kranke oder Schwangere mit auf die Reise gehen, sollte ein alternatives Ferienland zumindest eine Überlegung wert sein.

Ein mögliches Ausweichziel wäre dann übrigens Mexiko. Dort, wo die Pandemie ihren Anfang nahm, nähern sich die aktuellen Zahlen der Nulllinie – die Schweinegrippe scheint fast vollständig abgeklungen zu sein.

Rapid tests often wrong about swine flu
CDC's first study finds cases missed at least half the time

MSNBC, 6 August 2009, 4:48 p.m.
https://web.archive.org/web/20090808212703/http://www.msnbc.msn.com/id/32316348/ns/health-swine_flu/

Washington - Current quick tests for flu miss many cases of the new pandemic H1N1 strain, researchers at the U.S. Centers for Disease Control and Prevention reported on Thursday.

The accuracy of the tests ranged from just 40 percent to 69 percent in detecting swine flu, the CDC team reported.

The findings confirm the CDC's warnings that instant tests performed on the spot in doctor's offices and clinics are not highly worthwhile for diagnosing H1N1 infections.

The three popular tests were better at detecting seasonal influenza, catching more than 80 percent of H3N2 infections, the CDC found. But in general for patients, the agency advises treating based on symptoms and the knowledge that the virus is circulating in a community.

"The recent appearance and worldwide spread of novel influenza A (H1N1) virus has highlighted the need to evaluate commercially available, widely used, rapid influenza diagnostic tests," the researchers wrote in the CDC's weekly report on death and disease.

The team at CDC's influenza division tested three popular diagnostics – BinaxNow, made by Inverness Medical Innovations, Becton Dickinson's Directigen EZ Flu A+B test and Quidel's QuickVue.

They used 65 respiratory specimens collected during April and May that had previously tested positive either for swine flu or one of the seasonal flu viruses.

All had been evaluated using a slower but highly accurate test called real-time reverse transcription-polymerase chain reaction, or rRT-PCR, which checks for the genetic material of the virus.

"The results showed that, although the (rapid tests) were capable of detecting novel A (H1N1) virus from respiratory specimens containing high levels of virus, the overall sensitivity was low," the CDC team wrote.

The QuickVue test detected 69 percent of the H1N1 cases, the Directigen test found 49 percent and BinaxNow caught just 40 percent.

None can distinguish among the different types of flu — they just tell a patient and a doctor if one of the flu viruses is there.

In its latest update, the World Health Organization last week reported 162,230 confirmed cases of the pandemic H1N1 virus and 1,154 deaths, but the CDC says more than a million people in the United States alone have been infected. Most public health officials have given up on trying to get precise counts of how many people are infected.

The CDC's study gives one reason why: Even if patients go to the doctor to be tested, and not all do, the instant test does not do a good job of detecting swine flu.

Many companies have seen an opportunity to make better quick, point-of-care flu diagnostics.

- GlaxoSmithKline and Enigma Diagnostics have an agreement to develop point-of-care PCR tests to identify specific flu strains.
- Seegene, based in South Korea and Maryland, says it is developing a multiplex PCR test for hospitals that can quickly detect different influenza types and look for resistance to antiviral drugs, too.
- Utah-based DxNA has asked the U.S. Food and Drug Administration to approve its quick Gene STAT PCR test.
- California-based Osmetech had asked for FDA emergency approval of a test it says can differentiate among 18 common bacterial and viral infections, including H1N1 flu.

=> the same text

REUTERS

Maggie Fox

Flu tests miss many cases, U.S. CDC confirm

Reuters, 7 August 2009, 3:38 a.m.
https://www.reuters.com/article/uk-flu-tests-sb-idUKTRE5755LP20090806

THE 193RD GENERAL COURT OF THE
COMMONWEALTH OF MASSACHUSETTS

An Act relative to pandemic and disaster preparation and response in the Commonwealth

Bill S.2028 186th (2009 - 2010). – 7 August 2009
https://malegislature.gov/Bills/186/S2028 // **https://malegislature.gov/Bills/186/S2028.pdf**

SENATE DOCKET, NO. 2194 FILED ON: 8/7/2009

SENATE . . . . No. 2028

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act relative to pandemic and disaster preparation and response in the Commonwealth.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 17 of the General Laws is hereby amended by striking out section 2A, as appearing in the 2006 Official Edition, and inserting in place thereof the following section:-

Section 2A. (a) Upon declaration by the governor that an emergency exists which is detrimental to the public health or upon declaration of a state of emergency under chapter 639 of the acts of 1950, as amended, the commissioner may, during such period of emergency, take such action and incur such liabilities as he or she may consider necessary to assure the maintenance of public health and the prevention of disease. The commissioner may establish procedures to be followed during such emergency to ensure the continuation of essential public health services and the enforcement of the same.

In circumstances where the governor declares that the emergency detrimental to public health is limited to a specified local area, the appropriate local public health authority, as defined in section 1 of chapter 111, may, with the approval of the commissioner, during such period of emergency, take such action and incur such liabilities as it may deem necessary to assure the

THE LANCET
Infectious Diseases

Jane Burch, Mark Corbett, Christian Stock,
Prof Karl Nicholson, Alex J Elliot, Steven Duffy, et al.

Prescription of anti-influenza drugs for healthy adults: a systematic review and meta-analysis

The Lancet, Infectious Diseases, 8 August 2009 / Sept 2009, 9(9): 537-545
DOI:https://doi.org/10.1016/S1473-3099(09)70199-9
https://pubmed.ncbi.nlm.nih.gov/19665930/

Summary

In publicly funded health systems with finite resources, management decisions are based on assessments of clinical effectiveness and cost-effectiveness.

The UK National Institute for Health and Clinical Excellence commissioned a systematic review to inform their 2009 update to guidance on the use of antiviral drugs for the treatment of influenza. We searched databases for studies of the use of neuraminidase inhibitors for the treatment of seasonal influenza. We present the results for healthy adults (ie, adults without known comorbidities) and people at-risk of influenza-related complications.

There was an overall reduction in the median time to symptom alleviation in healthy adults by 0·57 days (95% CI −1·07 to −0·08; p=0·02; 2701 individuals) with zanamivir, and 0·55 days (95% CI −0·96 to −0·14; p=0·008; 1410 individuals) with oseltamivir.

In those at risk, the median time to symptom alleviation was reduced by 0·98 days (95% CI −1·84 to −0·11; p=0·03; 1252 individuals) with zanamivir, and 0·74 days (95% CI −1·51 to 0·02; p=0·06; 1472 individuals) with oseltamivir. Little information was available on the incidence of complications.

In view of the advantages and disadvantages of different management strategies for controlling seasonal influenza in healthy adults recommending the use of antiviral drugs for the treatment of people presenting with symptoms is unlikely to be the most appropriate course of action.

thebmj

Matthew Shun-Shin, Matthew Thompson, Carl Heneghan,
Rafael Perera, Anthony Harnden, David Mant

Neuraminidase inhibitors for treatment and prophylaxis of influenza in children: systematic review and meta-analysis of randomised controlled trials

British Medical Journal, 10 August 2009, 339: b3172; doi: 10.1136/bmj.b3172
https://www.bmj.com/content/339/bmj.b3172

Abstract

Objective To assess the effects of the neuraminidase inhibitors oseltamivir and zanamivir in treatment of children with seasonal influenza and prevention of transmission to children in households.

Design Systematic review and meta-analysis of data from published and unpublished randomised controlled trials.

Data sources Medline and Embase to June 2009, trial registries, and manufacturers and authors of relevant studies.

Review methods Eligible studies were randomised controlled trials of neuraminidase inhibitors in children aged ≤12 in the community (that is, not admitted to hospital) with confirmed or clinically suspected influenza. Primary outcome measures were time to resolution of illness and incidence of influenza in children living in households with index cases of influenza.

Results We identified four randomised trials of treatment of influenza (two with oseltamivir, two with zanamivir) involving 1766 children (1243 with confirmed influenza, of whom 55-69% had influenza A), and three randomised trials for postexposure prophylaxis (one with oseltamivir, two with zanamivir) involving 863 children; none of these trials tested efficacy with the current pandemic strain. Treatment trials showed reductions in median time to resolution of symptoms or return to normal activities, or both, of 0.5-1.5 days, which were significant in only two trials. A 10 day course of postexposure prophylaxis with zanamivir or oseltamivir resulted in an 8% (95% confidence interval 5% to 12%) decrease in the incidence of symptomatic influenza. Based on only one trial, oseltamivir did not reduce asthma exacerbations or improve peak flow in children with asthma. Treatment was not associated with reduction in overall use of antibiotics (risk difference −0.30, −0.13 to 0.01). Zanamivir was well tolerated, but oseltamivir was associated with an increased risk of vomiting (0.05, 0.02 to 0.09, number needed to harm=20).

Conclusions Neuraminidase inhibitors provide a small benefit by shortening the duration of illness in children with seasonal influenza and reducing household transmission. They have little effect on asthma exacerbations or the use of antibiotics. Their effects on the incidence of serious complications, and on the current A/H1N1 influenza strain remain to be determined.

Healthy Skepticism
Join us to help reduce harm from misleading health information.

Juan Gérvas

Ante la Gripe A, Paciencia y Tranquilidad
In the Face of Swine Flu, Common Sense and Science

Healthy Skepticism, 10 de agosto de 2009
http://www.healthyskepticism.org/global/news/extra/hsin2009-10es

Resumen

1. La gripe A es muy contagiosa y muy leve. Más leve que la gripe de todos los años (gripe estacional).

2. Ante la gripe A conviene un comportamiento prudente y tranquilo, similar al que tenemos con la gripe estacional. Se debe consultar al médico sólo en caso de enfermedad importante (tos con sangre, gran deterioro respiratorio).

3. Los antivirales como Tamiflú y Relenza no previenen la gripe A, y tienen efectos secundarios importantes. Tampoco sirven para el tratamiento en pacientes sanos por lo demás. Se deben reservar para tratar casos graves.

4. La vacuna contra la gripe estacional no sirve para la gripe A. Además, el virus de la gripe estacional está desapareciendo. Por ello no vale la pena vacunarse contra la gripe estacional.

5. La vacuna contra la gripe A es experimental, y por ahora sabemos poco de su efectividad (utilidad en la práctica). La infección por el propio virus de la gripe A confiere inmunidad para más de 50 años. La vacuna se espera que confiera inmunidad para un año. Por ello vale la pena pasar la gripe A y por ello no vale la pena vacunarse contra la gripe A.

6. Las pandemias previas no produjeron gran mortalidad en cuanto se dispuso de antibióticos para tratar las neumonÃ-as que complican la gripe. Las pandemias previas no tuvieron una segunda "ola" de mayor agresividad.

7. Frente a la gripe A, el embarazo no deberÃ-a conllevar ningún cambio ni modificación de la vida de la mujer. Sabemos que hay un cierto grado mayor de complicaciones, pero es similar a lo que se ve en la gripe estacional. Para evitar el contagio no se necesita baja si se está embarazada. Tampoco hay que retrasar el embarazo por miedo a la gripe A. La lactancia no modifica nada la situación frente a la gripe A.

8. Además de la gripe A, los servicios sanitarios tienen que atender a los miles enfermos agudos y crónicos habituales por lo que conviene no saturar la actividad de médicos y enfermeras con pacientes leves de gripe A.

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Juan Gérvas

In the Face of Swine Flu, Common Sense and Science

Healthy Skepticism, October 2009
http://www.healthyskepticism.org/global/news/extra/hsin2009-10es
http://www.healthyskepticism.org/global/news/int/hsin2009-10

Abstract

1. Swine flu is very contagious. But the severity of swine flu is much lower than the seasonal flu (the flu of normal winters).
2. Swine flu demands common sense and calmness, as for seasonal flu. Contact your physician only in severe cases, such as coughing up blood or significant difficulty breathing.
3. Medications for swine flu such as Tamiflu and Relenza do not prevent the disease, and they are not useful for treatment in healthy people, They have common side effects some of which are serious causing admission to hospital. These medications might be useful in severe cases, but this is unproven.
4. Vaccine against swine flu is experimental. Nobody knows how effective it will be in preventing the disease or how safe it will be.
5. Swine flu does not have any different consequences for pregnant women than seasonal flu.
6. Previous flu pandemics do not produce high mortality since we have had antibiotics to cure pneumonias which complicate flu. Previous flu pandemics have no "second wave" and if it takes place it is not likely to be more severe.
7. Health services must always take care of thousands of acute and chronic patients, and it is important not to waste time and resources for mild cases of swine flu.

The Problem

Flu is a viral illness that usually strikes as an epidemic in the winter (a seasonal epidemic) and affects a large portion of the population. As the old adage says, "the flu lasts 7 days with treatment and one week without it". Flu is a minor sickness with symptoms like fever, head and muscle pain, nausea, diarrhoea, and general malaise, which require a couple of days' rest. It's not recommended to lower the fever (not even in children), and the treatment is for the pain and malaise.

In spite of the mild course of flu, there are two annual peaks in mortality: one in summer during the hottest days, and another in winter during the flu epidemic. For this reason vaccination against the flu might decrease severe cases and mortality, however, this has not been proven.

The swine flu epidemic, which began in Mexico in 2009, is less severe than the seasonal flu epidemic. It's a very contagious flu, so it's called a "pandemic" because it could affect up to half the population. Thus far based on the experience in the Southern hemisphere it was much lower, around 10%. However, the contagiousness of swine flu has nothing to do with its severity, and in fact swine flu is less severe than any previous flu epidemic. It affects a lot of people, but it kills less than the seasonal flu. Numbers vary, but in the United Kingdom, for example, there have been hundreds of thousands of cases and only 30 deaths, and in the United States there have been a million cases and only 302 deaths. During the winter in the southern hemisphere (summer in the Northern hemisphere) 132 people died in Australia, 128 in Chile and 16 in New Zealand. When the southern hemisphere

winter is coming to an end, the total the number of deaths in the world is 2,501. To put these figures in the proper context, during a usual winter in Spain (44 millions inhabitants) 1,500-3,000 people die from the seasonal flu. Spain, being a developed country with a public health system which covers the whole population, we can predict based on the experience from Southern hemisphere countries that about 500 deaths from swine flu will occur in the winter of 2009-2010.

We have had many pandemics, and the most lethal, the "Spanish flu" of 1918 killed mostly the impoverished (malnourished people who lived in poorly insulated dwellings) through bacterial pneumonias. The pandemics of 1957 and 1968 were not as lethal, due in part to the existence of antibiotics for treating bacterial pneumonias.

Looking back over the 14 pandemics from 1510, pandemic flu has never been able to infect the entire population at once. And although it tends to recur after a first wave, it eventually adopts the familiar seasonal flu pattern.

Swine flu appears to kill more younger people than older people. This is true as a percentage but as the total number of deaths compared to seasonal flu is much smaller, the total number of young people killed by swine flu is less than that killed by seasonal flu.

What can we do in the face of swine flu?

In 2005 the World Health Organization (WHO) predicted that up to 150 millions people could die from bird flu, which unleashed worldwide panic. When the death toll was tallied, there were only 262 deaths. Obviously, the prediction was totally wrong. In the face of swine flu in 2009-10 we should not make the same mistake. Avoiding panic is essential. It's absurd to panic about swine flu, especially since it won't cause severe disease in many people. The current WHO messages, which are increasing fear of swine flu is a form of disease mongering.

One should approach swine flu like one would the normal/seasonal flu: take care of yourself and your family calmly and with common sense. Practice good hygiene and keep yourselves well hydrated and nourished. Consult a doctor only in the event of serious symptoms such as coughing up blood or significant difficulty breathing. Cover your mouth when you cough or sneeze. Don't touch your nose, and wash your hands before eating, after using the toilet and after blowing your nose. The virus is eliminated through nasal secretions during approximately the first five days of illness. Wearing surgical masks does not appear to prevent the spread of the epidemic. For the first days of illness, avoid social contact.

There is nothing special about swine flu for pregnant women. Pregnant women should follow a healthy lifestyle in any situation. During the last three months of pregnancy women have less respiratory capacity, which puts them at greater risk for pneumonias both from seasonal or swine flu. Therefore pregnant women should visit their doctors if they suspect they have the flu.

Obesity also limits breathing and thus swine flu or seasonal flu could be more severe in obese patients. However, unfortunately, in general, risk factors are not useful for deciding how to respond to flu of any kind. For example up to 70% of children who died of seasonal flu had no identified risk factors.

Policy makers should consider potential sources of socioeconomic disparities during pandemic swine flu and formulate specific plans to minimize these disparities.

There is no preventative treatment; medications for swine flu. The antiviral drugs oseltamivir-Tamiflu or zanamivir-Relenza do not prevent the illness. Even for people who have seasonal flu, these drugs are also almost useless (they shorten the duration of the illness by a half day). In the case of swine flu, we do not have proof that the drugs work. Furthermore, the antiviral drugs have important adverse effects. According to a London study, half the children treated with oseltamivir-Tamiflu had adverse effects. In most it was limited to nausea and vomiting, but in 18% there were neuropsychiatric adverse effects.

It remains possible that antiviral treatment is valuable in severe cases or in patients with previous serious chronic diseases, but this has not been proven at the present time. They are not useful in the treatment of otherwise healthy children or adults.

The seasonal flu vaccine is relatively ineffective in children and adolescents, with a success rate of 33%, and is absolutely useless for children under 2 years. There are doubts about how effective it is in preventing flu in adults and the elderly. We don't know anything about the effectiveness and safety of the swine flu vaccine which is ready to be marketed, but in 1976 the United States produced a similar vaccine (also created as quickly as possible in response to the danger of a swine pandemic), and the result was an epidemic of severe adverse side effects (Guillain-Barre syndrome, neurological illness) that required the vaccination program to be halted. Speeding the development of these vaccines is good for no one, and even less so for swine flu, which has such a low mortality rate. We don't need to repeat the error of 1976.

If vaccination against the swine flu is offered, it is essential that subject are required to sign an "informed consent" form and that this form makes all risks, benefits and uncertainties clear. The form should also provide clear directions as to how to proceed in the case of potential adverse effects. Being so new, the producers of the vaccine do not accept any responsibility for harms which may result from the vaccine and have passed this responsibility onto Governments.

Anything more?

The fast diagnostic tests for swine flu are not very accurate (only from 10-60%). Therefore it is not worth getting it as the test can't prove that you don't have swine flu.

Swine flu can mutate just like the seasonal flu, rendering the vaccine that is being produced useless. The seasonal flu vaccine will not give protection against the swine flu.

It's important to remember that children (and adults) can have other illnesses besides swine flu. In the United Kingdom there have been cases of children dying from meningitis after being falsely diagnosed with swine flu.

During the swine flu pandemic there will still be myocardial infarctions, appendicitis, cardiac failure, diabetes, asthma, suicide attempts, hip fractures, depression, schizophrenia and thousands of other illnesses that require medical attention. It's important that patients suffering with swine flu don't panic and overwhelm the system, so that hospitals and doctors can continue to treat all patients.

In front of the menace of avian flu, in 2005, the Canadian Government had two goals, 1/ to decrease mortality and 2/ to avoid social chaos. For swine flu goal number one should not be a problem because of its low severity. The second goal calls for a strong policy of calmness and accurate information for both professionals and public. The present messages by Governments, the WHO and the media focusing on the worst case scenario and the detailed description of each death is the completely wrong approach to fulfil the second goal. We need a health policy of common sense and self-control.

Note

The only purpose of the author is to transmit the best knowledge about the problem at present, and for that he has reviewed the world literature. This text is an informative one, not for clinical use. Sadly, the information you can obtain from other sources (public organizations, scientific societies, media) is very different; they will know why.

Some people have misunderstood the last sentence so here is a clarification added on 14 October 2009. Juan's intended meaning is: I do not know why the information from other sources is different from the information I have given here. Maybe scientific reasons. Maybe opportunity reasons. Maybe bad reasons. Maybe commercial reasons. Maybe reasonable reasons. But I do not know why.

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Информационный сайт для специалистов в области медицины
Медицинская практика

Хуан Хервас / Juan Gérvas

Перед лицом свиного гриппа: Здравый смысл и наука

Медицинская Практика, 9 декабря 2009
https://mfvt.ru/pered-licom-svinogo-grippa-zdravyj-smysl-i-nauka/

Примечание. *Единственной целью автора является передача лучших знаний по проблеме в настоящее время, для чего автор выполнил обзор и анализ мировой литературы. Этот текст носит информационный характер и не предназначен для использования в качестве клинического руководства. Печально, что информация, которую Вы можете получить из других источников (общественные организации, научные общества, СМИ) очень отличается от представляемой здесь, и они знают, почему.* – 30 Августа 2009

Резюме

1. Свиной грипп очень контагиозен. Но тяжесть свиного гриппа много меньше, чем сезонного гриппа (обычный грипп каждой нормальной зимы).

2. Свиной грипп требует здравого смысла и спокойствия, так же как и сезонный грипп. Обращайтесь к врачу только в тяжелых случаях, таких как кровохарканье или тяжелые нарушения дыхания (одышка).

3. Лекарства для лечения свиного гриппа, такие как Тамифлу (Tamiflu) и Реленза (Relenza) не предотвращают болезнь, от них нет пользы для применения у здоровых людей. Эти лекарства имеют общие побочные эффекты, некоторые из которых являются серьезными, требующими госпитализации. Эти лекарства могут оказаться полезными в тяжелых случаях, но это не доказано.

4. Вакцина против свиного гриппа – экспериментальная. Никто не знает, насколько эффективной она может оказаться в предотвращении (профилактике) болезни, или насколько она безопасна.

5. Свиной грипп не имеет никаких отличий от обычного сезонного гриппа по последствиям для беременных женщин.

6. Предыдущие пандемии гриппа не вызывали высокой смертности, поскольку мы имели антибиотики для лечения пневмоний, осложняющих грипп. Предыдущие пандемии гриппа не имеют «второй волны», и, если таковая и случится, не вероятно, что она будет более тяжелая, отсутствуют.

7. Службы здравоохранения должны всегда обеспечивать благополучие пациентов с острыми и хроническими состояниями, и очень важно не тратить время и ресурсы на легкие случаи свиного гриппа.

Проблема

Грипп – это вирусное заболевание, которое обычно поражает людей, как эпидемия зимой (сезонная эпидемия) и поражает существенную часть населения. Как говорится в старой поговорке, "грипп продолжается в течение 7 дней без лечения, и одну неделю – при лечении". Грипп – в целом легкое заболевание с такими симптомами, как лихорадка (повышение температуры), головная и мышечная боль, тошнота, диарея, и общая слабость, которые требуют пары дней отдыха. Не рекомендуется снижать температуру (даже у детей), и только облегчать боль и общее недомогание.

Вопреки легкому течению гриппа, имеются два пика смертности в год: один – летом, во время самых жарких дней, и другой – зимой во время эпидемии гриппа. По этой причине вакцинация против гриппа может уменьшить частоту тяжелых случаев и смертность, однако, это не было доказано.

Эпидемия свиного гриппа, которая началась в Мехико в 2009, менее тяжелая, чем эпидемия сезонного гриппа. Это очень контагиозный грипп, поэтому эту вспышку назвали «пандемией», так как свиной грипп может поразить до половины всего населения. До сих пор, на основании опыта Южного полушария, пораженность была значительно меньшей, около 10%.

Однако, контагиозность свиного гриппа ни коим образом не связана с его тяжестью, а в действительности, свиной грипп – менее тяжелый, чем любая предыдущая эпидемия гриппа. Он (свиной грипп) поражает множество людей, но он убивает меньше. Чем сезонный грипп. Численные показатели варьируют, но в Великобритании, например, зарегистрированы сотни тысяч случаев заболевания и только 30 смертей, а в США зарегистрировано около миллиона случаев, и только 302 смерти. Во время зимы в Южном полушарии (лето в Северном полушарии) 132 человека умерли в Австралии, 128 – в Чили, и 16 – в Новой Зеландии. Когда в Южном полушарии зима на исходе, общее число смертей в мире составило 2,501. Чтобы рассмотреть эти цифры в надлежащем контексте, во время обычной зимы в Испании (44 миллиона населения) 1 500 – 3 000 людей умирают от обычного сезонного гриппа. На основании опыта Южного полушария можно предсказать, что в Испании, как развитой стране, система общественного здоровья которой охватывает все население, что зимой 2009-2010 случится около 500 смертей от свиного гриппа.

У нас (в Испании) было много пандемий, и наиболее смертоносной была Испанка ("Испанский грипп") 1918 года, которая убивала наиболее обездоленных (людей с недостатком питания, проживавших в бедных, плохо изолированных жилищах), у которых развивалась бактериальная пневмония. Пандемии 1957 и 1968 гг. были не столь смертоносными, частично благодаря существованию антибиотиков для лечения бактериальных пневмоний.

Ретроспективно рассматривая более 14 пандемий, начиная с 1510 года, пандемии гриппа никогда не имели силы поразить (инфицировать) сразу все население. И хотя имелась тенденция возврата после первой волны, в конце концов, каждая пандемия приобретала черты обычного сезонного гриппа.

Свиной грипп в больше степени действует на молодых людей, чем на пожилых. Это верно в терминах процентов, однако, общее число смертей, при сравнении с сезонным гриппом, много меньше, общее число молодых людей, умерших от свиного гриппа меньше, чем число молодых людей, умерших от обычного сезонного гриппа.

Что мы может сделать перед лицом свиного гриппа?

В 2005 году Всемирная Организация Здравоохранения (ВОЗ) прогнозировала, что до 150 миллионов людей могут умереть от птичьего гриппа, что вызвало всемирную панику. Когда потери были подсчитаны, были обнаружены только 262 смерти. Очевидно, что прогноз был полностью неверным. Перед лицом свиного гриппа в 2009-10 мы не должны повторить ту же

ошибку. Существенно важно избежать паники. Абсурдно паниковать по поводу свиного гриппа, особенно потому что он не вызовет тяжелую болезнь у большинства людей. Настоящие заявления от ВОЗ, которые повышают страх по поводу свиного гриппа, являются формой «продажи болезни» (disease mongering).

Необходимо относиться к свиному гриппу так же, как к уормальному/обычному/ сезонному гриппу: оберегать себя и свою семью спокойно и со здравым смыслом, использовать правила гигиены, полноценный водный (гидратация) и пищевой режим. Обращаться к врачу следует только при появлении тяжелых симптомов, таких как кровохарканье или тяжелые нарушения дыхания (одышка). Закрывайте рот, когда кашляете или чихаете. Не трогайте свой нос, и мойте руки перед едой, после пользования туалетом и после сморкания. Вирус элиминирует с назальными выделениями в течение примерно первых пяти дней заболевания. Ношение масок не показывает эффективности в предотвращении распространения эпидемии. В течение первых дней заболевания, избегайте контактов (оставайтесь дома).

Нет каких-либо особенностей в отношении свиного гриппа и беременных женщин. Беременным женщинам следует соблюдать здоровый образ жизни в любой ситуации. Во время последних трех месяцев беременности снижается дыхательная мощность, что повышает риск развития пневмоний, как при сезонном, так и при свином гриппе. Поэтому беременные женщины должны посетить своего врача, если они подозревают, что у них грипп.

Ожирение также снижает дыхательную мощность, и, таким образом, свиной грипп или сезонный грипп могут быть более тяжелыми у пациентов с ожирением. Однако, к сожалению, в общем случае, факторы риска не помогают при решении вопроса о том, как отвечать на любой грипп. Так, например, до 70% детей, умерших от сезонного гриппа, не имели никаких идентифицированных факторов риска.

Политики здравоохранения должны рассматривать потенциальные источники социального/экономического неравенства населения во время пандемии свиного гриппа, разрабатывать и формулировать специальный план преодоления этого неравенства.

Не существует профилактического лечения, лекарств для профилактики свиного гриппа. Противовирусное средство осельтамивир (oseltamivir-Tamiflu) или занамивир (zanamivir-Relenza) не предотвращают заболевание. Даже для людей, у которых сезонный грипп, эти лекарства также почти бесполезны (они укорачивают продолжительность заболевания на полдня). В случае свиного гриппа, мы не имеем доказательств, что эти лекарства работают. Более того, противовирусные лекарства имеют серьезные побочные эффекты. В соответствии с Лондонским исследованием, половина детей, леченных осельтамивиром (oseltamivir-Tamiflu) страдали от побочных эффектов. У большинства детей побочные эффекты ограничивались тошнотой и рвотой, но у 18% развивались нейропсихиатрические побочные эффекты.

Остается возможным предполагать, что противовирусное лечение является ценным в тяжелых случаях или у пациентов с предсуществующими серьезными хроническими заболеваниями, но это не доказано к настоящему времени. Эти лекарства не помогают в лечении от гриппа в общем случае здоровых детей и взрослых.

Вакцина против сезонного гриппа относительно неэффективна у детей и подростков, с частотой успешной профилактики в 33%, и абсолютно бесполезна у детей до 2 лет. Существуют сомнений об эффективности вакцины в профилактике гриппа у взрослых и пожилых. Мы ничего не знаем относительно эффективности и безопасности вакцины против свиного гриппа, которая готова к маркетингу.

Однако, известно, что в 1976 году США разработали подобную вакцину (вакцина также была разработана насколько возможно быстро в ответ на опасность свиной пандемии), и результатом этого стала ЭПИДЕМИЯ ТЯЖЕЛЫХ ПОБОЧНЫХ ЭФФЕКТОВ (синдром Гийена-Барре, неврологические заболевания), что потребовало остановить программу вакцинации.

Ускорение разработки таких вакцин не приносит пользу никому, и еще меньше пользы в отношении свиного гриппа, смертность от которого столь низка. Нам не нужно повторения ошибок 1976 года. Если предполагается вакцинация против свиного гриппа, существенно важно, чтобы действовало требование подписания формы «информированного согласия», и чтобы эта форма четко представляла информацию о рисках, пользе и неопределенности. Такая форма должна также представлять четкие указания о том, что необходимо делать в случае развития побочных эффектов. Поскольку вакцина новая, производители вакцины не принимают на себя ответственность за вред, который может нанести вакцина, и передают эту ответственность Государствам (правительствам).

Что еще?

Быстрые диагностические тесты (диагностика свиного гриппа) не являются очень точными: только 10-60%. Следовательно, нет смысла проводить тест, так как тест не может доказать, что у Вас не свиной грипп.

Свиной грипп может мутировать точно так же, как и сезонный грипп, оставляя вакцину, которая была разработана, совершенно бесполезной. Вакцина, разработанная для профилактики сезонного гриппа, не обеспечит защиты от свиного гриппа.

Важно помнить, что дети (и взрослые) могут иметь и другие заболевания, кроме свиного гриппа. В Великобритании появились случаи смерти детей от менингита, у которых ошибочно диагностировали свиной грипп.

Во время пандемии свиного гриппа, так же, как и в обычное время, будут развиваться инфаркты миокарда, аппендициты, сердечная недостаточность, диабет, астма, попытки самоубийства, переломы бедра, депрессия, шизофрения, и тысячи других заболеваний, которые требуют внимания врачей. Важно, чтобы пациенты, страдающие свиным гриппом, не паниковали и не вызывали срыв систем здравоохранения, так, чтобы больницы и врачи могли бы продолжать лечить всех пациентов.

Перед лицом угрозы птичьего гриппа, в 2005, правительство Канады поставило две цели: 1) уменьшить смертность, и 2) избежать социального хаоса. В случае свиного гриппа цель номер 1 не является проблемой, в силу малой тяжести заболевания. Вторая цель требует сильной политики спокойствия и точности информации, как для профессионалов здравоохранения, так и для всего населения. Публикуемые в настоящее время сообщения Правительствами, ВОЗ и средствами массовой информации, фокусирующие внимание на худших вариантах развития ситуации, и детальном описании каждого смертельного случая, представляют собой совершенно неверный подход к осуществлению второй цели. Нам необходима политика здравоохранения здравого смысла и самоконтроля.

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COUNCIL *on* FOREIGN

Toni Johnson

The World Health Organization

CFR, 10 August 2009

https://web.archive.org/web/20090822113126/http://www.cfr.org/publication/20003/world_health_organization.html

1. Introduction
2. A Broad Health Mandate
3. Governing the WHO
4. International Health Regulations
5. Competing Among Financial Giants

Introduction

Part of the UN system, the 60-year-old World Health Organization (WHO) is the world's designated leader for global health issues, particularly in the developing world. At the same time, the WHO's *mandate is limited because it can only recommend*, not enforce, specific health policies.

The organization attracted notice in the spring of 2009 with the onset of the swine flu (H1N1 virus) and its declaration of a growing pandemic for the first time in more than forty years. Some critics say the WHO's focus is too broad (Slate) but global health experts say its mandate reflects the desire for a universal agency. Experts say a big challenge going forward will be maintaining the WHO's global leadership among a crowded field of international health organizations, many of which have more resources at their disposal.

...

International Health Regulations

In 1995, the WHO began revising the International Health Regulations (PDF), a legally binding policy for infectious diseases for all WHO member countries. The regulations, first developed in 1969, were confined to a few diseases, including cholera, small pox, plague, and yellow fever and the reporting requirement "ultimately failed to generate compliance" by WHO member countries, say health researchers Michael G. Baker and David P. Fidler. After a decade of debate, the WHO issued new regulations in 2005 that are much broader in scope, requiring member countries not only to report but also to prevent and control any disease that presents a significant harm to humans. The new regulations also establish a global surveillance system for possible pandemics (PDF). Scott F. Dowell (PDF), director of the Global Disease Detection program at the U.S. Centers for Disease Control, said the new regulations "are a tremendous step forward."

Beyond the International Health Regulations' requirements for reporting to the WHO on health emergencies of potential international scope and a general requirement for disease containment, policies for intervention at the national level are at the discretion of individual countries. Specific requirements were left out in part because of political wrangling. "The WHA health assembly in past sessions refused to go along with any quid pro quo," CFR's Garrett says, noting that governments aren't required to do anything when a pandemic is declared by the WHO. "The poor countries said 'We can't afford to do anything.' The middle income countries said 'We don't like the rich guys telling us what to do.' And the rich countries said 'We have our own policies, why should we listen to WHO?' So all the policy outcomes were eliminated." The infectious disease management plans of many countries, however, still closely follow WHO recommendations, says Eurasia Group's Rosenstein.

Politics have also affected the implementation of the alert system, which got its first test during the 2009 outbreak of H1N1, also known as swine flu. Since swine flu did not prove to be as deadly as avian flu (H5N1 virus) – a disease which influenced baseline assumptions for the alert system's

framework - **some members of the WHA during their May 2009 meeting were unwilling to declare a full pandemic**, pointing to fears of economic harm (MSNBC) and other global health issues on the table. It took nearly two months of lobbying and a three-day emergency session to get enough members on board for the pandemic declaration, Garrett says.

https://web.archive.org/web/20090819041056/http://www.msnbc.msn.com/id/30547728/

Meanwhile there is no specific organization that is charged with enforcing international health requirements and the WHO has very little power (PDF) to get countries to comply with their obligations or cooperate. The Indonesian government, for example, has repeatedly refused to provide samples of avian flu for study to create possible vaccines. The government claims "biological sovereignty" over the samples and argues that sharing would only benefit Western pharmaceutical companies that would create drugs the country couldn't afford. Rosenstein notes the WHO has no capacity to create vaccines itself, and all it can do is share protocols for the creation of vaccines. Many global health experts argue international health regulations should give the WHO more leverage during transnational emergencies.

Pandemic Response and International Health Regulations. – MJAFI, 2007, 63: 366-367.
https://web.archive.org/web/20090417034759/http://medind.nic.in/maa/t07/i4/maat07i4p366.pdf

Competing Among Financial Giants

The WHO's estimated budget (PDF) is $4.9 billion for 2010, more than $1 billion of which is allocated for "partnerships and collaborative arrangements," such as the Global Alliance for Vaccines and Immunizations (GAVI). Another $2.2 billion is targeted at combating HIV/AIDS ($731 million) and infectious diseases ($1.5 billion). Health experts say funding for the organization is inadequate given the WHO's mandate and that a significant portion of the budget is targeted by donors toward particular programs, similar to the earmarking done by the U.S. Congress.

WHA members finance the WHO with dues based on their individual gross domestic products (GDPs). Garrett says this means, in essence, that countries with the greatest health needs have to listen to the countries with the most money. The 2005 Global Health Watch report says the United States, in particular, uses its funding leverage to continually pressure WHO (PDF) "to steer clear of 'macroeconomics' and 'trade issues' that it says are outside its scope, and to avoid such terminology as 'the right to health.'"

Since the organization was created, the number of global health bodies has ballooned, including those within the UN framework like UNAIDS and UNICEF, numerous HIV/AIDS programs, large private entities such as the Bill and Melinda Gates Foundation, and nongovernmental organizations such as Doctors without Borders. Experts say the rise of these other organizations, especially those with vastly more resources, is testing the WHO's leadership role. "It's chaos," CFR's Garrett says, adding that WHO's job is sometimes akin to "corralling kittens." The 2005 Global Health Watch report found that "transnational corporations and other global institutions--particularly the World Bank and International Monetary Fund – have a growing influence on population health that outweighs WHO's" and "some of these institutions, the Bank in particular, now operate in direct competition with WHO."

The WHO's funding is overshadowed by that of newly emerging organizations, such as the Bill and Melinda Gates Foundation, the Global Fund for AIDS, Tuberculosis, and Malaria, and PEPFAR (the U.S. President's Emergency Fund for AIDS Relief). The Centers for Diseases Control (CDC), for example, has nearly twice the budget (PDF) of the entire WHO. The Gates Foundation's budget for global health (PDF) is around $2 billion per year, about twice the WHO's core budget.

Experts contend that the WHO, challenged though it might be, is still needed. "There is no alternative to the World Health Organization," says the CDC's Scott Dowell. "We all contribute but we will only succeed if the WHO succeeds." A 2008 report from the British parliament points out that the WHO is still extremely influential among middle- and low-income countries, and has an image of being more neutral than U.S.- or British-based organizations. The report suggests WHO's mission statement be revised to specifically give it a mandate of "preparing a strategy for global health governance." Many health experts suggest Geneva should have more control over the WHO's resources for health programs.

THE HILL

Reid Wilson

Governors oppose DoD emergency powers

The Hill, 10 August 2009, 11:42 AM
https://web.archive.org/web/20090812065154/https://thehill.com/leading-the-news/governors-oppose-dod-emergency-powers-2009-08-10.html

A bipartisan pair of governors is opposing a new Defense Department proposal to handle natural and terrorism-related disasters, contending that a murky chain of command could lead to more problems than solutions.

Vermont Gov. Jim Douglas (R), chairman of the National Governors Association, and Vice Chairman Gov. Joe Manchin (D) of West Virginia penned a letter opposing the Pentagon proposal, which they said would hinder a state's effort to respond to a disaster.

Current law gives governors control over National Guard forces in their own states as well as any Guard units and Defense Department personnel imported from other states.

The letter comes as the Pentagon proposes a legislative fix that would give the secretary of Defense the authority to assist in response to domestic disasters and, consequently, control over units stationed in an affected state.

"We are concerned that the legislative proposal you discuss in your letter would invite confusion on critical command and control issues, complicate interagency planning, establish stove-piped response efforts, and interfere with governors' constitutional responsibilities to ensure the safety and security of their citizens," Douglas and Manchin wrote to Paul Stockton, assistant secretary of Defense for Homeland Defense and America's Security Affairs.

"One of the key lessons learned from the response to the terrorist attacks of Sept. 11, 2001, and to Hurricanes Katrina and Rita in 2005 was the need for clear chains of command to avoid duplication of effort and to ensure the most effective use of response resources," the governors wrote.

Though the Pentagon has said the legislative fix would increase the number of Defense Department personnel available to respond to disasters, Douglas and Manchin expressed skepticism, arguing that current law already allows the Pentagon to order personnel to key areas inside the U.S.

A similar fix was removed from the Defense Department appropriation measure in conference committee for fiscal 2009.

A Pentagon spokesman did not immediately return a phone call seeking comment.

National Hog Farmer

International Swine Flu Conference Scheduled

National Hog Farmer, 10 August 2009
https://www.nationalhogfarmer.com/health-diseases/news/0810-international-swine-flu-conference

The H1N1 Flu Outbreak Virus has been reported in 135 countries.

The International Swine Flu Conference is slated for Aug. 19-20, 2009 at the Hyatt Regency Hotel on Capitol Hill in Washington, DC.

The H1N1 Flu Outbreak Virus has been reported in 135 countries. The World Health Organization has recently reported 94,512 human cases of the novel H1N1 flu, with 429 deaths.

The flu conference will include leaders in public health, business, science, first response and nonprofit sectors who will focus on response to this first flu outbreak and preparation for a potential second wave of H1N1 virus this fall.

For more information, contact H1N1 Task Force Project Manager Virginia Blanco at (202) 536-5600 or Virginia.Blanco@New-Fields.com.

These International Swine Flu Conferences were annonced:

– 1st International Swine Flu Conference. – Washington, DC, 19-20 August 2009.
– International Swine Flu Conference. – Toronto, Canada, 23-25 November 2009.
– International Swine Flu Conference. – London, UK, 2-3 December 2009.
– International Swine Flu Conference. – London, UK, 10-12 March 2010.
– 2nd International Swine Flu Conference. – Washington, DC, 18-19 August 2010.

LewRockwell.com

Karen De Coster

Government Prepares for "unwillingness to follow government orders"

LewRockwell, 10 August 2009 08:47 AM
https://web.archive.org/web/20090813112711/http://www.lewrockwell.com/blog/lewrw/archives/32605.html

The International Swine Flu Conference is being held in Washington D.C. next week, just two weeks after the conference on weight control that I wrote about last week. Here's a summary of it:

Top leaders and key decision-makers of major companies representing a broad range of industries will meet with distinguished scientists, public health officials, law enforcers, first responders, and other experts to discuss pandemic prevention, preparedness, response and recovery at the 1st International Swine Flu Summit.

Read the agenda for the breakout sessions, especially the session on "psychological issues" (Session #2) and the topic heading: **"Unwillingness to follow government orders."** Also note session #6, which includes "Control and diffuse social unrest & public disorder" and "Isolate prisons and other facilities."

REUTERS

For flu, vaccines better than antiviral drugs

Reuters, 11 August 2009, 3:20 A M GMT+8Updated
https://www.reuters.com/article/us-antiviral-drugs/for-flu-vaccines-better-than-antiviral-drugs-idUKTRE5794IX20090810/

New York (Reuters Health) – Healthy adults are likely to fare better during the flu season by getting a flu shot than by depending on antiviral drugs to make them feel better, new research from the UK shows.

The research team headed by Dr. Jane Burch found that Tamiflu (oseltamivir), a flu drug made by Swiss-based Roche, and Relenza (zanamivir), made by GlaxoSmithKline, will quash symptoms no more than one day earlier than no drugs at all.

Although the researchers did not compare the benefits of vaccines to the benefits of antiviral drugs, they note that vaccination has the advantage of being a preventive measure. That's part true in those years where there is a "good match" between the vaccine and the influenza virus circulating that year.

As a result, making more people eligible for vaccination "might be a more appropriate choice for healthy adults," the authors state in The Lancet Infectious Diseases, published online on August 8.

The UK National Institute for Health and Clinical Excellence (NICE) asked Burch, at the University of York, UK, and her team to review 26 scientific studies to determine the effectiveness of zanamivir and oseltamivir as treatments for seasonal flu in adults. NICE is responsible for assessing drugs for reimbursement by the state health service.

Flu symptoms went away one half to one day earlier than they would have if no drug had been used.

With results like that, drug treatment is "unlikely to be the most appropriate course of action," Burch and colleagues write. They believe a better policy for healthy adults would be to extend recommendations so that all healthy adult can get one.

In fact, they point out, the findings might be relevant to the current swine flu (H1N1) pandemic.

As a result of this work, NICE now only recommends use of the antiviral treatments for influenza in people considered to be at risk. These include people aged 65 and older, and anyone over 6 months old with other serious health conditions, such as chronic disease affecting the lungs, heart, liver, or kidney, as well as those with diabetes or a suppressed immune system.

Their primary concern, the paper says, is lowering the risk of influenza-related complications, such as pneumonia or exacerbations of other underlying illnesses, though research has yet to prove such a benefit.

In addition to vaccination, Burch's team lists other approaches that may be more effective than starting an anti-viral medication once people are sick. These include having those who are exposed to the flu start one of the medications immediately and making the drugs available over the counter for purchase.

They also propose that family doctors have rapid tests for diagnosing flu on hand. That way, patients won't be treated with a drug that will have no effect at all if they don't even have the flu.

One of the nine members of the research team has received funding from drug companies that make vaccines and antivirals, and another has received "funding from the pharmaceutical industry to attend an influenza-related conference."

The Progressive
SINCE 1909

Matthew Rothschild

The Pentagon Wants Authority to Post Almost 400,000 Military Personnel in U.S.

The Progressive, 12 August 2009
https://web.archive.org/web/20100504114708/http://www.progressive.org/wx081209b.html

The Pentagon has approached Congress to grant the Secretary of Defense the authority to post almost 400,000 military personnel throughout the United States in times of emergency or a major disaster.

This request has already occasioned a dispute with the nation's governors. And it raises the prospect of U.S. military personnel patrolling the streets of the United States, in conflict with the Posse Comitatus Act of 1878.

In June, the U.S. Northern Command distributed a "Congressional Fact Sheet" entitled "Legislative Proposal for Activation of Federal Reserve Forces for Disasters." That proposal would amend current law, thereby "authorizing the Secretary of Defense to order any unit or member of the Army Reserve, Air Force Reserve, Navy Reserve, and the Marine Corps Reserve, to active duty for a major disaster or emergency."

Taken together, these reserve units would amount to "more than 379,000 military personnel in thousands of communities across the United States," explained

Paul Stockton, Assistant Secretary of Defense for Homeland Defense and America's Security Affairs, in a letter to the National Governors Association, dated July 20.

The governors were not happy about this proposal, since they want to maintain control of their own National Guard forces, as well as military personnel acting in a domestic capacity in their states.

"We are concerned that the legislative proposal you discuss in your letter would invite confusion on critical command and control issues," Governor James H. Douglas of Vermont and Governor Joe Manchin III of West Virginia, the president and vice president of the governors' association, wrote in a letter back to Stockton on August 7. The governors asserted that they "must have tactical control over all . . . active duty and reserve military forces engaged in domestic operations within the governor's state or territory."

According to Pentagon public affairs officer Lt. Col. Almarah K. Belk, Stockton has not responded formally to the governors but understands their concerns.

"There is a rub there," she said. "If the Secretary calls up the reserve personnel to provide support in a state and retains command and control of those forces, the governors are concerned about if I have command and control of the Guard, how do we ensure unity of effort and everyone is communicating and not running over each other."

Belk said Stockton is addressing this problem. "That is exactly what Dr. Stockton is working out right now with the governors and DHS and the National Guard," she said. "He’s bringing all the stakeholders together."

Belk said the legislative change is necessary in the aftermath of a "catastrophic natural disaster, not beyond that," and she referred to Katrina, among other events.

But NorthCom’s Congressional fact sheet refers not just to a "major disaster" but also to "emergencies." And it says, "Those terms are defined in section 5122 of title 42, U.S. Code."

That section gives the President the sole discretion to designate an event as an "emergency" or a "major disaster." Both are "in the determination of the President" alone.

That section also defines "major disaster" by citing plenty of specifics: "hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought," as well as "fire, flood, or explosion."

But the definition of "emergency" is vague: "Emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States."

Currently, the President can call up the Reserves only in an emergency involving "a use or threatened use of a weapon of mass destruction" or "a terrorist attack or threatened terrorist attack in the United States that results, or could result, in significant loss of life or property," according to Title 10, Chapter 1209, Section 12304, of the U.S. Code. In fact, Section 12304 explicitly prohibits the President from calling up the Reserves for any other "natural or manmade disaster, accident, or catastrophe."

So the new proposed legislation would greatly expand the President’s power to call up the Reserves in a disaster or an emergency and would extend that power to the Secretary of Defense. (There are other circumstances, such as repelling invasions or rebellions or enforcing federal authority, where the President already has the authority to call up the Reserves.)

The ACLU is alarmed by the proposed legislation. Mike German, the ACLU’s national security policy counsel, expressed amazement "that the military would propose such a broad set of authorities and potentially undermine a 100-year-old prohibition against the military in domestic law enforcement with no public debate and seemingly little understanding of the threat to democracy."

At the moment, says Pentagon spokesperson Belk, the legislation does not have a sponsor in the House or the Senate.

ZEIT ONLINE

Karen Naundorf

Ein Land im Grippeschock

Zeit, 12 August 2009, 12:24 Uhr
https://web.archive.org/web/20091227063441/http://www.zeit.de/2009/34/M-Grippe-Argentinien
https://web.archive.org/web/20100102155231/http://www.zeit.de/2009/34/M-Grippe-Argentinien?page=2

Wie die Schweinegrippe im Winter wüten kann, zeigte sich in Argentinien. Dort lähmte das Virus das öffentliche Leben

Wer in Buenos Aires niest, dem wünscht niemand mehr nur »Gesundheit«. Spätestens seit dem 15. Juni, als der erste Argentinier an der Schweinegrippe starb, fragen die Leute, um die eigene Gesundheit besorgt: »Hast du Grippe?« In der U-Bahn geht man auf Abstand. Und wer keine Lust zu arbeiten hat, muss nur im Büro anrufen und ein bisschen ins Telefon husten. Denn Argentinien ist nach den USA das Land mit den meisten Schweinegrippe-Toten, 337 sind es nach offiziellen Angaben.

Langsam ebbt die Epidemie ab, doch das Land erwacht nur allmählich aus dem Grippeschlaf, der das öffentliche Leben vier Wochen lang lahmlegte. Es gab Ferien für die Kinder, Sonderurlaub für Schwangere, die Universitäten schlossen ihre Tore. Auf der Avenida Corrientes, dem Broadway von Buenos Aires, blieben zum ersten Mal seit mehr als 90 Jahren zehn Nächte lang die Lichter aus. Einige Theater versuchten zunächst, Besucher zu locken, indem sie versprachen, nur jeden vierten Platz zu besetzen. Trotzdem sanken die Kartenverkäufe um 80 Prozent, und die Theater schlossen ganz.

Seit Wochen wird das Land von einer Kältewelle heimgesucht. Gefühlte drei Grad waren es Ende Juli in der Hauptstadt, in der viele Wohnungen keine Heizkörper haben. Erst wenn es bei uns Herbst wird, kommt in Argentinien der Frühling. Doch Daniel Farias vom Hospital Posadas in Buenos Aires warnt davor, auf den Anstieg der Temperaturen zu vertrauen: »Wie diese das Virus beeinflussen, wissen wir noch nicht. Es fällt auf, dass es auch auf der Nordhalbkugel, wo zurzeit Sommer ist, immer mehr neue Fälle gibt.«

Das Hospital Posadas kennt seit der Schweinegrippe jeder in Argentinien. »Krankenhaus vor dem Kollaps«, schrieben die Zeitungen, weil der Ansturm der Grippekranken die Ärzte überforderte. Dabei hatten sich Farias und sein Team vorbereitet. Die Planungen begannen Ende April, als die ersten Meldungen aus Mexiko kamen. Ein Seiteneingang des Krankenhauses wurde zum Sonderzugang für Grippekranke erklärt, 50 Isolierzimmer wurden eingerichtet.

»Für diese Maßnahme wurden wir anfangs von der Verwaltung kritisiert«, sagt Farias. »Als die Sars-Epidemie drohte, bereiteten wir uns genauso vor, und später hatten wir keinen einzigen Fall.« Diesmal gab es Kranke: Mehr als 3500 Patienten mit Grippeverdacht kamen ins Hospital Posadas, 620 wurden stationär behandelt, 199 hatten wirklich die Schweinegrippe, 16 starben. Im Posadas bekam jeder Kranke ein Bett. Im Provinzkrankenhaus in Berazategui sollen Kranke auf Stühlen geschlafen haben.

Die argentinische Regierung reagiert spät. Als die Weltgesundheitsorganisation am 11. Mai die Pandemiestufe sechs ausruft, fordert die Gesundheitsministerin, Maßnahmen zu ergreifen. Sie stößt auf taube Ohren. Präsidentin Cristina Fernandez de Kirchner hat offensichtlich vor, die Wahlen

Ende Juni ohne Hemmnisse über die Bühne zu bringen. Obwohl am 15. Juni das erste Todesopfer verzeichnet und das Virus auf einer Schweinefarm in der Provinz Buenos Aires ausgemacht wird, geht der Betrieb an Schulen und Universitäten zunächst weiter. Die Wahlen am 28. Juni finden statt.

Einen Tag später tritt die Gesundheitsministerin zurück. Am 2. Juli schließen landesweit Schulen und Universitäten. Schwangere, Diabetiker und Herzkranke dürfen zu Hause bleiben, etwa 20 Prozent der Angestellten der öffentlichen Verwaltung. Gibt die Regierung vor den Wahlen die Zahl der Infizierten noch mit 1587 an, spricht der neue Gesundheitsminister wenige Tage später von über 100000 möglichen Ansteckungen. Ein Anwalt zeigt die Regierung an, weil sie mit Durchführung der Wahlen 25 Millionen Argentinier in Ansteckungsgefahr gebracht habe. Es heißt, die Regierung habe die Zahlen vor den Wahlen geschönt.

Seit dem 2. Juli sind Desinfektionsmittel in den Apotheken ausverkauft. Ein Mundschutz kostet plötzlich bis zu 20 Pesos (circa 3,80 Euro) statt 35 Centavos. 16000 Stück werden pro Tag verkauft. An den Bahnhöfen bieten fliegende Händler desinfizierende Gels und Mundschutze feil, bis die Gewerkschaft der Pharmazeuten vor deren Kauf warnt. »Im Internet gab es eine Anleitung, wie man Desinfizierungsgels herstellt«, sagt Marcelo Peretta, Sprecher des Pharmazeutenverbands, »von da an wurde gepanscht, zum Teil mit Industriealkohol. Und jeder, der eine Schere und Stoff zu Hause hatte, stellte plötzlich seinen eigenen Mundschutz her. Aber nicht jeder Stoff filtert das Grippevirus!«

Den ganzen Juli über machen die Ärzte und Krankenschwestern im Hospital Posadas Nachtschichten. Die Straßen in Buenos Aires sind wie leer gefegt, freie Bahn für die Motorräder der Pizzaservices, die Bestellungen steigen um 20 Prozent. Der Film *Ice Age 3* ist in den Videotheken dauerverliehen. Der Infektiologe Alejandro Macías, der zu Beginn der Epidemie in Mexiko im Krisenstab war, bezeichnet Argentinien als das »Epizentrum« des Virus. Erst Ende Juli lässt die Panik langsam nach, in der ersten Augustwoche öffnen die Schulen und Universitäten. *Ice Age 3* steht nun wieder in der Videothek im Regal.

Die Ärzte sind zuversichtlich, auch wenn sie keine Entwarnung geben können. Die Schweinegrippe könne noch mehrere Jahre im Land bleiben. »Doch immerhin wissen wir inzwischen, dass das Genom des Virus mit dem in Europa vergleichbar ist«, sagt Farias vom Hospital Posadas. »Wir können also Impfstoffe, die dort entwickelt werden, bei uns verwenden.«

Für Farias und sein Team ist das Abebben der Schweinegrippe nur eine Verschnaufpause. Denn Argentinien steht bereits die nächste Seuche bevor, sobald es Frühling wird: das Denguefieber, das über die Stechmücke Aedes aegypti übertragen wird. Zurzeit hält die Kältewelle im Land zumindest die Mücken im Zaum.

Sun Journal

Leslie H. Dixon

National Guard drill at high school to prepare for possible H1N1 riot

Sun Journal, 13 August 2009 1:46 am
https://web.archive.org/web/20090815001322/http://www.sunjournal.com/node/105339/

PARIS – Oxford Hills Comprehensive High School will be the site of a National Guard riot control drill Thursday morning to prepare in the event of a panic over distribution of serum to treat the swine flu.

The school on Route 26 at the Paris-Norway town line has been designated by state officials as a distribution site for the H1N1 flu vaccine. The drill is to prepare for a worst-case scenario should the serum have to be transported from Augusta and people rush to get it.

On Thursday morning, four or five National Guard Humvees will travel from Augusta to Paris with vials of fake serum. The National Guardsmen will take on the roles of panicked citizens and military police and practice what they would do, such as using tear gas, in the case of a riot.

"This is just a component of moving the stuff from point A to B," said Oxford County Emergency Management Agency Director Scott Parker. The plan will be put into place only if needed, he said.

Plans were developed in April to have vials of serum sent from the federal government to Augusta, Parker said. From Augusta, the supplies will be transported to designated distribution centers.

During the April conference, concerns were raised about a possible out-of-control rush on the serum, Parker said. Because of that concern, Gov. John Baldacci and Gen. John Libby, adjutant general of the Maine National Guard, agreed that a plan should be devised to quell such a disturbance.

Local police chiefs have also been involved in the planning, Parker said. In a real event, local police would be in charge of security once the serum arrives in Paris. "We own it. We're in charge of providing security," he said.

As of Aug. 5, the Maine Center for Disease Control said there had been 323 confirmed cases of H1N1 in Maine, of which 176 are Maine residents and the rest out-of-staters diagnosed in Maine. A total of 19 people required hospitalization. Sixty percent of the victims were under the age of 25.

On Tuesday, health authorities reported Maine's first death from the H1N1 virus. Dr. Dora Anne Mills, director of the Maine Center for Disease Control, said a York County man in his 50s was hospitalized for three weeks and died last week of underlying conditions complicated by H1N1.

The drill will take place behind the school and will not affect the day-to-day activities within the school. Access to the school building will be available through the main entrance, Parker said.

JUSTGETTHERE.US OUR PRESENCE IS OUR VOICE.

Paul Joseph Watson

Congressman: Obama could use Pandemic to declare Martial Law

Just Get There, 13 August 2009

https://web.archive.org/web/20100111144106/http://justgetthere.us/blog/archives/Congressman-Obama-Could-Use-Pandemic-To-Declare-Martial-Law.html

Georgia Congressman Paul Broun warned attendees of a town hall event Tuesday that the Obama administration was planning to use a pandemic or a natural disaster to implement martial law in the United States.

Speaking at the North Georgia Technical College auditorium, Broun said that the "socialistic elite," as well as Obama, Nancy Pelosi and Senate Majority Leader Harry Reid, were planning to exploit a crisis to create a favorable climate for their stalling political agenda.

"They're trying to develop an environment where they can take over," he said. "We've seen that historically."

Broun's warning arrives on the back of a letter sent by The National Governors Association to the Pentagon last week, which condemns the military's plans to usurp domestic control of National Guard and federal forces deployed in the event of a natural disaster or terrorist attack.

In December 2008 it was announced that at least 20,000 more active duty soldiers will be placed inside the United States under Northcom to "help state and local officials respond to a nuclear terrorist attack or other domestic catastrophe."

"Domestic emergency deployment may be "just the first example of a series of expansions in presidential and military authority," or even an increase in domestic surveillance, warned Anna Christensen of the ACLU's National Security Project. And Cato Vice President Gene Healy warned of "a creeping militarization" of homeland security."

The contention that the troops will merely help "recovery efforts" after a major catastrophe is contradicted by the fact that Northcom itself, in a September 8 Army Times article, said the first wave of the deployment, which was put in place on October 1st at Fort Stewart and at Peterson Air Force Base in Colorado Springs, would be aimed at tackling "civil unrest and crowd control".

Congressman Broun has been a thorn in the side of Obama's agenda since day one, voting against the "cap and trade" bill and slamming the entire concept of man-made global warming as a "hoax".

He also spoke out against Obama's plan to create a "national civilian security force," warning that the program sounded like a 21st century Gestapo and that it was part of a move towards a Marxist dictatorship.

"That's exactly what Hitler did in Nazi Germany and it's exactly what the Soviet Union did," Broun said. "When he's proposing to have a national security force that's answering to him, that is as strong as the U.S. military, he's showing me signs of being Marxist."

Broun also cited the threat to the second amendment posed by the Obama administration and anti-gun Attorney General Eric Holder.

"We can't be lulled into complacency," Broun said. "You have to remember that Adolf Hitler was elected in a democratic Germany. I'm not comparing him to Adolf Hitler. What I'm saying is there is the potential of going down that road."

MSNBC's Keith Olbermann voted Broun his "worst person in the world" on two separate occasions and attacked the Congressman as a racist and a bigot for expressing worries about the porous border with Mexico in relation to the swine flu outbreak. Olbermann claimed that Broun had "exploited a dead baby" to make his "sick, xenophobic and utterly irrelevant case about immigration."

In November 2008, Olbermann erroneously claimed that Obama had called for a "civilian reserve corps" and "federally funded construction workers" when he had actually announced a plan for a "national security force," as this video shows. Olbermann attacked Broun for expressing concerns about the program.

In July 2008 on the campaign trail, Obama called for a "civilian national security force that's just as powerful, just as strong, just as well funded," as the U.S. military.

Mail Online

Mass graves could be dug for Autumn bout of Swine Flu

Daily Mail, 19 August 2009, 13:18

https://www.dailymail.co.uk/news/article-1207592/Mass-graves-used-autumn-bout-swine-flu.html

The government is planning to create a series of mass graves to cope with a second outbreak of swine flu in the autumn.

A Home Office document warns that a mass burial site may be needed to cope with the potential crisis.

The proposals were discussed between government officials and council bosses last month, and will affect those areas where there may not be enough graves for victims of the illness.

Within weeks of a full-blown pandemic, the number of burials could more than double and inner city areas "may experience a shortage of grave space", according to the report.

The Framework for Planners Preparing to Manage Deaths - a 59-page document - discusses using "a grave that is for a number of unrelated persons, excavated mechanically in advance and designed for efficient preparation and use." (19 May 2008)

See: https://www.gov.uk/government/publications/planning-for-a-possible-flu-pandemic-a-framework-for-planners-preparing-to-manage-deaths

It said this approach would create a "burial site for multiple graves and consecutive burials" but added there must still be "marking of the position of individual burials".

It added that some cemeteries "may experience shortage of grave space, in particular in inner city areas".

Freight containers and " inflatable" storage units may be needed to provide extra mortuary space. But it stated that "refrigerated vehicles and trailers should not be used".

During the meeting, in which a senior official from Westminster council, gave a presentation, officials discussed the need for cemeteries and crematoriums to work seven days a week and the hiring of extra staff to cope.

The report also warned there may be a need for more "basic and shorter services at the chapel" or for "memorial services" to be held at a person's home instead.

Whitehall officials are also speaking to coffin makers to see if they could meet demands.

Retired doctors may also be called back to work to issue death certificates so GPs can focus on patients.

According to the document it may no longer be possible to bury some people in family plots and it may also become impossible to fly home the bodies of Britons who die abroad.

Meanwhile, NHS Blood and Transplant appealed to the public to give blood to avoid stocks being reduced over the autumn and winter as regular donors fall ill with swine flu. People cannot give blood when they have flu so it is important to keep the blood banks well stocked, it warned.

C-SPAN

International H1N1 Swine Flu Conference

Washington, DC, 19-20 August 2009 // Workshop: August 21, 2009
https://www.c-span.org/video/?288456-1/international-swine-flu-conference-part-1
https://www.c-span.org/video/?288456-2/international-swine-flu-conference-part-2
https://www.c-span.org/video/?288484-1/international-h1n1-swine-flu-conference-part-1
https://www.c-span.org/video/?288484-2/international-h1n1-swine-flu-conference-part-2

August 19, 2009

International Swine Flu Conference, Part 1

The International Swine Flu Conference addressed best practices to prepare for, respond to, and survive a pandemic.

Following introductory remarks, David Osman talked about state and local strategy planning for pandemic influenza. Among the topics he addressed were determining essential services, message development, and building partnerships.

Jon Kim Andrus then spoke from the perspective of the Pan American Health Organization. He talked about pandemics from a historical context, risk factors, and future challenges.

Speakers:

- Darrell Darnell
- David Oswan
- John Kim Andrus, MD
- Stephan Sroka

August 19, 2009

International Swine Flu Conference, Part 2

The International Swine Flu Conference addressed best practices prepare for, respond to, and survive a pandemic.

Dr. Samuel Bogoch spoke about detection, warning and responses to influenza outbreaks. He was followed by a panel discussion on the threat posed by the H1N1 Swine Flu virus, preparations for the upcoming flu season, and ensuring adequate response and reaction to apotential pandemic. They also responded to questions from the audience.

Speakers:

- Adewale Troutman, MD
- David Oswan
- Georges Benjamin, MD
- M. Rony Francois, MD
- Samuel Bogoch

August 20, 2009

International H1N1 Swine Flu Conference, Part 1

The International Swine Flu Conference addressed best practices to prepare for, respond to, and survive a pandemic. Participants focused on the expected infection rates for the coming flu season and efforts to produce and distribute a vaccine.

Speakers:

- Betty Lee
- David Oswan
- Douglas Powell
- Samuel Bogoch
- Thomas Fagan

August 20, 2009

International H1N1 Swine Flu Conference, Part 2

The International Swine Flu Conference addressed best practices to prepare for, respond to, and survive a pandemic. Participants focused on efforts by physicians and epidemiologists to track the virus and predict infection rates for the coming flu season.

Speakers:

- David Oswan
- Jeffrey Rubin,
- Robert Lee, M.D.
- Stephan Aldrich
- Thomas Fagan

Next International H1N1 Swine Flu Conference

=> International Swine Flu Conference. – Toronto, Canada, 23-25 November 2009.
=> International Swine Flu Conference. – London, UK, 2-3 December 2009.
=> International Swine Flu Conference. – London, UK, 10-12 March 2010.
=> 2nd International Swine Flu Conference. – Washington, DC, 18-19 August 2010.

WAMU 88.5
AMERICAN UNIVERSITY RADIO

Hundreds Attend International Swine Flu Conference in D.C.

WAMU, Local News, 22 August 2009
https://wamu.org/story/09/08/22/hundreds_attend_international_swine_flu_conference_in_dc/

With area schools set to open soon, school leaders have ramped up talks on preparing for a possible swine flu outbreak. Many participated in a three-day conference in Washington this week.

Hundreds of people from around the country and the world were at the International Swine Flu Conference at the Hyatt Hotel. The gathering shows how seriously community and business leaders are taking a possible H1N1 Flu outbreak this fall. Rob Rogalski handles emergency preparedness at the Rand Corporation, which has offices in Northern Virginia.

"I am here just to increase my body of knowledge, find out what people are talking about because we do expect this thing to increase in the fall," says Rogalski. "So I want to make sure our corporation is prepared and we are doing the right thing to take care of our employees."

Health experts urged parents to keeps kids at home if they are sick, and told workers to take advantage of hand sanitizers in buildings… as well as to stay informed about their employer's response plan. Participants didn't leave with all the answers but said they have a better idea of what to work on.

Next International H1N1 Swine Flu Conference
=> International Swine Flu Conference. – Toronto, Canada, 23-25 November 2009.
=> International Swine Flu Conference. – London, UK, 2-3 December 2009.
=> International Swine Flu Conference. – London, UK, 10-12 March 2010.
=> 2nd International Swine Flu Conference. – Washington, DC, 18-19 August 2010.

ABC NEWS

Swine flu rate 'past its peak'

ABC Net, 20 August 2009 6:13pm AEST
https://web.archive.org/web/20100116100017/http://www.abc.net.au/news/stories/2009/08/20/2662184.htm

New South Wales Health says the rate of swine flu has passed its peak.

Three more people with the virus have died lifting the state's death toll to 36.

But Dr Paul Armstrong, from the department, says the number of people coming to emergency wards with flu symptoms has plunged by 75 per cent in the past month.

"The virus seemed to have peaked its activity around mid-July and we've seen a continual downswing since that time," he said.

"However, it's important to remember that even though we're past the peak of the swine influenza, we're still only at those levels of the highest level of seasonal influenza for the last several years. So there's still a fair bit of influenza about."

GlobalResearch.ca
Centre for Research on Globalization
Italian español srpski português العربية Deutsch

Alex Newman

Militarization of Swine Flu Preparations

Global Research, 20 August 2009
https://www.globalresearch.ca/militarization-of-swine-flu-preparations/14850

The increasing militarization of preparations for an outbreak of swine flu is proceeding rapidly and without very much public debate, despite the relatively mild nature of the disease so far and the fact that many experts believe the panic has been overblown.

Earlier this week, Republican Representative Paul Broun of Georgia warned a town hall meeting that a "socialistic elite" may be preparing to declare martial law in the United States using a pandemic disease as the pretext. "They're trying to develop an environment where they can take over," he told attendees according to an article in the Athens Banner-Herald. "We've seen that historically."

In another alarming development this week, National Guard troops are involved in a drill to take over a high school in Maine to deal with potential riots and panic over distribution of treatment for the H1N1 virus, the Maine Sun Journal reported Thursday. "The National Guardsmen will take on the roles of panicked citizens and military police and practice what they would do, such as using tear gas, in the case of a riot," said the newspaper article entitled "National Guard Drill at High School to Prepare for Possible H1N1 Riot." The story also noted that local law enforcement would be involved.

This is all despite the fact that the Maine Center for Disease Control has reported just one death tied to the swine flu, and the man actually died from "underlying conditions complicated by H1N1," according to Dr. Dora Mills, the center's director.

"This is just a component of moving the stuff from point A to B," assured the director of Oxford County's emergency management agency, Scott Parker. He told the Sun Journal that the plan would only be put in place "if needed."

Apparently concerns about panic and disorder were raised during a conference in April, so the governor and the adjutant General of the Maine National Guard decided to formulate a plan to bring in military police.

But if state military police preparations weren't bad enough, the federal government now wants to usurp state forces for domestic use under the Pentagon's command. Though at least the states are fighting back on this issue.

The National Governors Association wrote a letter to the Department of Defense last week criticizing the proposals to take control of their National Guard units for domestic disasters. "Strong potential exists for confusion in mission execution and the dilution of governors' control over situations with which they are more familiar and better capable of handling than a federal military commander," the letter stated.

But no matter who retains control of the National Guard troops preparing to deal with swine flu, the federal government's increasingly militarized "emergency preparations" for the virus are developing quickly and mostly under the radar. Just last month CNN and Fox News reported online that the U.S. military was drawing up plans to deal with a spread of the swine flu. "The Pentagon is preparing to

make troops available if necessary to help the Federal Emergency Management Agency tackle a potential outbreak of the H1N1 virus," according to a July 29 Fox News article entitled "Military Poised to Help FEMA Battle Swine Flu Outbreak."

And as early as last year, reports also began to surface that federal troops were preparing for "homeland defense" missions and would be operating on American soil — in what would appear to be a violation of the Posse Comitatus Act, which prohibits the use of military forces in domestic law enforcement.

"They may be called upon to help with civil unrest and crowd control," noted the Army Times in a 2008 article entitled "Brigade homeland tours start Oct. 1." The soldiers will also be responsible for things like knowing how to set up road blocks and the use of "nonlethal" weapons normally reserved for war-zones to subdue Americans.

Additionally, the Obama administration has recently resurrected the heavily criticized Bush-era proposal to "update" quarantine regulations, while the U.S. Army advertises jobs for "internment/ resettlement specialists" on its website.

The federal government's health authorities operate quarantine centers from Anchorage to Miami, and in 2005 George W. Bush used an executive order to add flu that has the "potential" to create a pandemic to a list of quarantinable diseases. Will the military be used to enforce the quarantines? It is appearing increasingly possible, if it comes to that.

This is all happening at a time when countless experts are warning that fears about the swine-flu virus have been blown out of proportion. In many places the disease even seems to be dissipating. "We'll probably see something that won't be that bad," said Ontario's former chief medical officer, Dr. Richard Schabas. "We would not expect it to be as bad as the flu year was in 2003 with the Fujian strain."

He noted that a pandemic would be expected to kill thousands just in Canada, but so far the swine flu has claimed 66 lives there. "You tell me how overblown that is.… Our preparations always have to be advised not just by the sense of possibilities, but by a sense of probabilities."

England's chief medical officer, Liam Donaldson, recently announced plans to scale back the National Pandemic Flu Service from about 1,600 call-center workers to less than 600 as the number of cases there continues to fall. He warned of the potential for a "second wave," but so far the disease has been less deadly than even the regular seasonal flu.

Australian National University microbiologist Peter Collignon told ABC News the H1N1 virus was no worse than annual influenza strains. "My major concern about what's happening is the fear is out of proportion to what the data shows," he said, adding that the use of the word "pandemic" was creating unnecessary concern.

But here in the United States, the emergency preparations continue to expand along with the power of the federal government. There has already been discussion of forced vaccinations. And an inspection of so-called "executive orders" issued by past presidents and continuing under Obama reveals that the executive branch already claims sweeping "emergency" powers to deal with health concerns.

Unless Americans start demanding some transparency and accountability, the trend towards bigger and more aggressive government will likely continue. This time the excuse happens to be swine flu, but there will always be some "crisis" not to be "wasted," as Obama's chief of staff Rahm Emanuel put it.

The preparations currently under way to deal with swine flu are not only unconstitutional, they are probably more dangerous than the virus itself. It is time for Americans to take personal responsibility for their health and their government and to say enough is enough.

reliefweb

Mathematical modelling of the pandemic H1N1 2009

Weekly Epidemiological Record (WER), 21 August 2009, 84(34): 341–348
https://reliefweb.int/report/world/weekly-epidemiological-record-wer-21-august-2009-vol-84-no-34-pp-341-348-enfr

2009, **84**, 341–352 **No. 34**

World Health Organization
Organisation mondiale de la Santé

Weekly epidemiological record
Relevé épidémiologique hebdomadaire

21 AUGUST 2009, 84rd YEAR / 21 AOÛT 2009, 84e ANNÉE
No. 34, **2009**, **84**, 341–352
http://www.who.int/wer

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Mathematical modelling of the pandemic H1N1 2009

Background and objectives of an informal network coordinated by WHO

Mathematical and computational models are useful tools for elucidating the non-linear transmission dynamics of epidemics, for analysing epidemiological data and for examining the potential impact of possible intervention options. Real-time mathematical modelling from an informal network of academic mathematical modellers coordinated by WHO during the severe acute respiratory syndrome (SARS) epidemic in 2003 yielded valuable insights, which informed strategy and control measures.

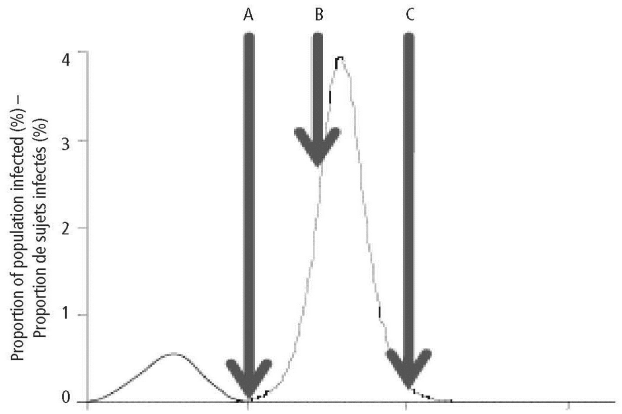
Modélisation mathématique de la grippe pandémique H1N1 2009

Conditions générales et objectifs d'un réseau informel coordonné par l'OMS

Les modèles mathématiques et statistiques sont des instruments utiles permettant d'élucider la dynamique de transmission non linéaire des épidémies, d'analyser les données épidémiologiques et d'examiner les effets potentiels des diverses possibilités d'intervention. La modélisation mathématique en temps réel par un réseau informel de spécialistes de cette discipline, coordonnée par l'OMS au cours de l'épidémie de syndrome respiratoire aigu sévère (SRAS) de 2003, avait permis d'obtenir des indications précieuses, qui avaient servi de base à la stratégie et aux mesures de lutte appliquées.

Fig. 2 **Timing of administration of vaccines during waves of the pandemic H1N1 2009**
Figure 2 **Détermination du moment auquel administrer les vaccins pendant les vagues de grippe pandémique H1N1 2009**

p. 346



The figure illustrates the timing of availability (as indicated by the arrows) of vaccine during waves of the pandemic. Timing A represents a vaccine available after the first wave but before the second wave, a schedule that may occur in some developed counties in the northern hemisphere. Timing B indicates that a vaccine will become available after the start of the second wave, which may be a more likely scenario for developed countries. Timing C indicates that vaccines will not become available until after the second wave of the pandemic. This scenario is likely in many developing and transitional countries in the northern hemisphere and southern hemisphere. – Cette Figure illustre le moment auquel les vaccins seront disponibles (indiqué par les flèches) pendant les vagues de la pandémie. Le moment A représente un vaccin disponible après la première vague mais avant la seconde, un calendrier que l'on pourra rencontrer dans quelques pays développés de l'hémisphère Nord. Le moment B indique qu'un vaccin sera disponible après le début de la deuxième vague, ce qui correspond à un scénario plus probable pour les pays développés. Le moment C indique que les vaccins ne seront pas disponibles avant la fin de la deuxième vague de la pandémie. C'est le scénario probable pour de nombreux pays en développement et en transition de l'hémisphère Nord et de l'hémisphère Sud.

CTV NEWS

WHO predicts 'explosion' of swine flu cases

CTV.ca News, 21 August 2009 8:35AM EDT
https://www.ctvnews.ca/who-predicts-explosion-of-swine-flu-cases-1.427425?cache=pawumraq%3FclipId%3D263414

The World Health Organization on Friday urged governments to prepare for a second wave of swine flu this fall, estimating that as many as 2 billion people could become infected over the next two years.

That's about one-third of the world's population. The WHO has stressed that most cases are mild and require no treatment, but the fear is that a rash of new infections could overwhelm hospitals and health authorities, especially in poorer countries.

WHO Western Pacific director Shin Young-soo predicted many countries may see swine flu cases double every three to four days for several months until peak transmission is reached.

"At a certain point, there will seem to be an explosion in case numbers," Shin told a symposium of health officials and experts in Beijing. "It is certain there will be more cases and more deaths."

While areas in the southern hemisphere such as Australia appear to be experiencing flu seasons not much more severe than average, it is in developing countries where the fast spread of swine flu poses the greatest threat.

In those countries, it will place underequipped and underfunded health systems under severe strain, Shin said. Governments must do what they can now to prepare their health systems, said Shin.

"We only have a short time period to reach the state of preparedness deemed necessary," Shin said. "Communities must be aware before a pandemic strikes as to what they can do to reduce the spread of the virus, and how to obtain early treatment of severe cases."

In a video address to the symposium, WHO chief Margaret Chan also warned: "We cannot say for certain whether the worst is over or the worst is yet to come."

"We need to be prepared for whatever surprises this capricious new virus delivers next... constant random mutation is the survival mechanism of the microbial world," she said

She reminded that pregnant women face a higher risk of complications. The virus also has more severe effects on people with underlying conditions such as asthma, heart disease, diabetes, autoimmune disorders and diabetes.

Chan said the issue of how to ensure adequate vaccine supplies worldwide needed to be tackled "head on."

"We need to gather advice on priority groups for initial protection," Chan said.

"This is one of the most difficult decisions governments around the world will need to make, especially as we know that supplies will be extremely limited for some months to come."

WHO urges restraint on use of Tamiflu

The World Health Organization also offered new advice to doctors Friday on the use of antiviral medications such as Tamiflu, saying otherwise healthy with mild to moderate cases do not need the medication.

Those at risk for complications from swine flu – children younger than five years old, pregnant women, people over age 65 and those with other health problems like heart disease, HIV or diabetes – should get the drug, WHO said.

The agency also recommended that all patients who develop worsening cases, with breathing difficulties, chest pain or severe weakness, should get Tamiflu immediately, perhaps in higher doses than now used.

The advice contradicts some current government policies, particularly those in England. There, the health agency has been liberally handing out Tamiflu to anyone suspected of having the infection.

By contrast, Tamiflu is given in Canada only to those with severe cases or when the patient is at a great risk for complications.

But in Britain, where stockpiles of Tamiflu are more plentiful than in Canada, residents can call a national hotline to get Tamiflu without seeing a doctor. It is given out by call centre operators who have no medical training. Scotland, Northern Ireland and Wales decided not to participate in the swine flu phone line.

Some experts have criticized the approach, warning it increases the chances of resistant strains emerging.

Flu expert Hugh Pennington of the University of Aberdeen has called the strategy "a very big experiment" and said England's approach was out of step with the rest of the world.

So far, only a handful of cases of Tamiflu-resistance in swine flu have been documented, including one in a Quebec man. But there has been widespread drug resistance in other H1N1 strains that are not swine flu.

DW Made for minds.

{Nancy Isenson}

Health alert

Deutsche Welle, 21 August 2009
https://www.dw.com/en/who-forecasts-explosion-of-swine-flu-cases/a-4588419

The WHO has arrived at its prognosis by studying how the illness has been progressing in the southern hemisphere - in Southeast Asia and Australia, for example - where countries are currently experiencing winter and their annual influenza season.

The agency's Western Pacific director, Shin Young-soo, said on a visit to China on Friday that there would soon be a further global spread of the virus. He predicted that is was likely that most countries would see swine flu cases "double every three to four days for several months" until a peak transmission period is reached.

Earlier this year, the WHO declared the swine flu strain, (A)H1N1, a pandemic. Through last week, the illness had killed almost 1,800 people worldwide and spread to 180 countries with more than 177,000 confirmed cases.

Study says 'vaccinate children'

New research has suggested that the best way to protect against the spread of the virus was to vaccinate school-age children and their parents. Unlike most strains of flu, which are usually most dangerous to older adults, (A)H1N1 targets younger people, according to a report published in the journal Science on Thursday.

The report recommends making children the top priority because they are the influenza's prime transmitters and their parents are the virus' bridge to the rest of the community. Inoculating spreaders, the report contends, would create a 'cocoon' around the people most at risk.

Many countries, including Germany, have begun stockpiling millions of doses of vaccine in anticipation of a second, and more significant, outbreak of swine flu when the northern hemisphere's winter begins a few months from now.

Prism Webcast News

Fear, Intimidation & Media Disinformation: U.K Government is Planning Mass Graves in Case of H1N1 Swine Flu Pandemic

Prism Webcast News, 22 August 2009.
https://prismwebcastnews.com/2009/08/22/fear-intimidation-media-disinformation-uk-government-is-planning-mass-graves-in-case-of-h1n1-swine-flu-pandemic/

An official UK government report – quoted extensively in Britain's tabloid media – is warning the British public that there will be countless deaths in the case of a swine flu pandemic. According to the WHO, a Worlwide public health emergency situation will take place in the Fall. A high death toll is predicted without corroborating evidence. The official report confirms government plans to set up mass graves for the victims of the swine flu pandemic:

"Plans for mass graves have been drawn up to cope with a second wave of swine flu this Autumn. The chilling proposals are spelled out in a Home Office document discussed at a meeting of Whitehall officials and council leaders last month.

It warns emergency plans may be needed in areas where there are not enough graves to cope.

The 59-page document talks about using "a grave that is for a number of unrelated persons, excavated mechanically in advance and designed for efficient preparation and use". (The Sun, Augsut 19, 2009)

The mass graves, according to the report, "are being planned to deal with the rising death toll from swine flu if the pandemic escalates":

"The grim revelation will see the mass burial sites dug in advance to cope with any potential crisis.

The Government is planning to create a series of communal graves to cope with the second outbreak expected in the autumn and through the winter.

A Home Office document published earlier this year sets out plans for how local councils should deal with a high death toll - estimates of the number of deaths range from 55,000 to as high as 750,000 from the H1N1 killer virus - including setting up temporary mortuaries.

So far, 44 people in England have been confirmed as dying after contracting swine flu and another five have died in Scotland. The document says that while most cemeteries have sufficient burial capacity for a number of years, this could be put to the test at the peak of a pandemic. (Daily Express, August 19, 2009)

Table

The chilling proposals contained in the government report serve to intimidate the British public and create an atmosphere of panic. A public health crisis is being planned in a diabolical fashion.

The report suggests unequivocally that there will be countless deaths resulting from the level 6 WHO pandemic, which require the development of mass graves:

Within weeks of a full-blown pandemic emerging, the number of burials could more than double. Inner city areas "may experience a shortage of grave space", the report stated.

Freight containers and "inflatable" storage units may be needed to provide extra mortuary space. But it stated that "refrigerated vehicles and trailers should not be used".

Other contingency plans being suggested were the need for cemeteries and crematoriums to work seven days a week and to hire extra staff to cope with demand.

There may also be a need for more "basic and shorter services at the chapel" or for "memorial services" to be held at a person's home instead.

Retired doctors could be called back to work to issue death certificates so GPs can focus on patients, while NHS Blood and Transplant has appealed to the public to give blood to ensure banks were well stocked.

A Home Office spokeswoman said: "This is prudent, precautionary planning that has been taking place over a number of years, with the health service, other essential services and local authorities. It is important to stress that these are possible scenarios, not certainties, so that our stakeholders can plan for the worst and be prepared to deal with the outbreak effectively." (Ibid)

These assertions are totally fabricated. There is absolutely no scientific evidence to support these claims. Realities are turned upside down. The British government is deliberately misleading the British public. With some exceptions, the British media bears a heavy burden of responsibility in failing to analyse these "authoritative" statements emanating from Her Majesty's Government.

The WHO has not provided the evidence, nor has the British government.

There is ample evidence, documented in numerous reports, that the WHO's level 6 pandemic alert is based on fabricated evidence and a manipulation of the figures on mortality and morbidity resulting from the N1H1 swine flu.

The data initially used to justify the WHO's Worldwide level 5 alert in April 2009 was extremely scanty. The WHO asserted without evidence that a "global outbreak of the disease is imminent". It distorted Mexico's mortality data pertaining to the swine flu pandemic. According to the WHO Director General Dr. Margaret Chan in her official April 29 statement: "So far, 176 people have been killed in Mexico". From what? Where does she get these numbers? 159 died from influenza out of which only seven deaths, corroborated by lab analysis, resulted from the H1N1 swine flu strain, according to the Mexican Ministry of Health.

The swine flu has the same symptoms as seasonal influenza: fever, cough and sore throat. What is happening is that the widespread incidence of the common flu is being used to generate the data pertaining to the H1N1 swine flu. And all of sudden, the British authorities are predicting widespread mortality resulting from an influenza related ailment. What is the evidence. Big Pharma is behind the official reports and the media disinformation campaign.

Similarly, in the US the intervention of the military (as well as martial law provisions) are being envisaged in the case of a public health emergency.

Is this emergency being planned ahead of time. Are these various national emergencies (Britain, France UK) being coordinated through inter-governmental consultations, which serves to trigger a Worldwide public health emergency, based on fabricated evidence?

Deadly Vaccines

On the other hand, amply documented and denied by Western governments, the proposed vaccines could result in more deaths than those caused by the H1N1 influenza, as confirmed by Britain's Health Protection Agency:

A warning that the new swine flu jab is linked to a deadly nerve disease has been sent to the Government by senior neurologists in a confidential letter.

The letter from the Health Protection Agency, the official body that oversees public health, has been leaked to The Mail on Sunday, leading to demands to know why the information has not been given to the public before the vaccination of millions of people, including children, begins.

It tells the neurologists that they must be alert for an increase in a brain disorder called Guillain-Barre Syndrome (GBS), which could be triggered by the vaccine.

GBS attacks the lining of the nerves, causing paralysis and inability to breathe, and can be fatal.

The letter, sent to about 600 neurologists on July 29, is the first sign that there is concern at the highest levels that the vaccine itself could cause serious complications.

It refers to the use of a similar swine flu vaccine in the United States in 1976 when:
* More people died from the vaccination than from swine flu.
* 500 cases of GBS were detected.
* The vaccine may have increased the risk of contracting GBS by eight times.
* The vaccine was withdrawn after just ten weeks when the link with GBS became clear.
* The US Government was forced to pay out millions of dollars to those affected. (Mail on Sunday, August 16, 2009)

The British government has announced that more than 13 million people will be innoculated. The proposed vaccines for the H1N1 swine flu have not, as yet, been tested.

PRESSTV

UK Prepares Mass Graves for Swine Flu Victims

PressTV, 22 August 2009, 09:46:26 GMT

https://web.archive.org/web/20090827104257/http://www.presstv.ir/detail.aspx?id=104187&sectionid=351020601

London is to set up mass graves for the victims of the swine flu pandemic after a 59-page official report predicted that Britain will be witnessing the pandemic disease in fall.

Britain's Department of Health has warned the UK officials and policy-makers to announce a state of emergency in the country.

The official report confirms the UK government plans to set up mass graves for the victims of the swine flu pandemic.

It is predicted that if no concrete measures are taken for preventing the spread of swine flu, the number of swine flu victims will reach to two billion worldwide in 2011 that will undoubtedly result in deaths of 10 to 20 percent of the patients.

One of the countries with a high likelihood of swine flu pandemic within next year is Britain. Hence, the UK Home Office has announced that it plans to construct mass graves to bury the victims in case the disease spreads quickly.

In its latest report published on August 21, the World Health Organization (WHO) has announced over 182,000 confirmed cases worldwide, 1,800 of which have been fatal.

Slate

L'OMS met en garde contre une deuxième vague de grippe

Slate.fr - 23 août 2009 à 2h00
https://www.slate.fr/story/9481/loms-met-en-garde-contre-la-deuxieme-vague-de-grippe

L'Organisation mondiale de la santé (OMS) est inquiète. Elle a appelé la planète à se tenir prête au choc de la deuxième vague du virus «capricieux» de grippe porcine oun grippe A, qui a tué près de 1 800 personnes. Elle lance son appel au moment où les pays de l'hémisphère nord, où vivent 5/6ème de la population mondiale, se prépare à entrer dans une saison plus fraîche, propice à la propagation.

Nous devons nous préparer à toute surprise que nous réserve ce nouveau virus capricieux», a insisté l'OMS, martelant: il faut se «préparer à une seconde voire à une troisième vague comme nous l'avons vu lors des précédentes pandémies».

A l'approche de l'automne, les pays du Nord sont sur la ligne de front, alors que l'épidémie commence à reculer dans les zones tempérées de l'hémisphère sud, où elle a sévi durant l'hiver austral. L'onde de choc y a été virulente, le virus A(H1N1) se répandant à une vitesse fulgurante au point de supplanter la grippe saisonnière, souligne l'Organisation mondiale de la santé.

En tout 1799 personnes sont décédées dans le monde depuis l'apparition de cette forme de grippe en mars 2009. Cette nouvelle grippe est parvenue à se propager dans 177 pays, où elle a contaminé plus de 182 000 personnes. L'OMS a déclaré ce virus première pandémie de grippe du XXIème siècle le 11 juin, en raison de sa vitesse de propagation et de sa nouveauté, privant la population mondiale d'immunité.

«L'OMS est toujours mobilisée et inquiète», explique ainsi un porte-parole de l'agence onusienne, Gregory Hartl rappelant que le virus n'avait pas encore passé son premier hiver dans les pays de l'hémisphère nord.

L'inquiétude est d'autant plus perceptible que la grippe, dont les contours se précisent lentement, se montre finalement «plus virulente» que sa cousine saisonnière, même si la majorité des cas restent bénins. Sous pression avant la réouverture des écoles, propice à la propagation, les pays du Nord ont pris leurs précautions. Toujours d'après l'OMS, ils ont d'ores et déjà commandé plus d'un milliard de doses de vaccins, considérés comme l'arme la plus efficace contre la maladie.

Plus d'une vingtaine de sociétés pharmaceutiques dans le monde entier travaillent d'arrache-pied mais le médicament ne pourra être prêt avant octobre. Même alors, il ne sera pas suffisant pour tout le mondel.

En attendant, sont mis en place des moyens de défense différents prévoyant les conditions de fermeture des écoles, la livraison d'antiviraux, le renforcement des structures d'accueil des hôpitaux ...

«Tout le monde doit être prêt», prévient M. Hartl car «il est impossible de dire si le A(H1N1) ne reviendra pas avant» octobre-novembre, période d'apparition habituelle de la grippe saisonnière. Ce qui est «probable» en tous les cas, c'est qu'il «devienne le virus de grippe dominant au début des mois d'hiver», prévoit l'OMS.

The New American

Alex Newman

Dire Swine Flu Warnings from White House

The New American, 25 August 2009
https://thenewamerican.com/us/healthcare/dire-swine-flu-warnings-from-white-house/

The President's Council of Advisors on Science and Technology issued a dire warning Monday about the spread of the swine flu virus later this year, titled "On US Preparations for 2009-H1N1 Influenza." It claimed that a "plausible scenario" would be "infection of 30–50 percent of the U.S. population this fall and winter, with symptoms in approximately 20–40 percent of the population (60–120 million people), more than half of whom would seek medical attention."

While acknowledging that the true impact is impossible to predict, the report said the H1N1 virus could result in up to 1.8 million hospital admissions with as many as 300,000 requiring hospitalization in intensive care units. This would place "enormous stress" on intensive care units, with between 50 to 100 percent of beds occupied.

On an even more ominous note, the report warned of the possibility of between 30,000 and 90,000 deaths attributable to the virus – mostly among children and young adults. But to put that in perspective, the regular seasonal flu is usually responsible for between 30,000 to 40,000 deaths per year.

"It's a plausible scenario that we need to be prepared for," said Marty Cetron, the Center for Disease Control's director of the Division of Global Migration and Quarantine. But CDC director Thomas Frieden told the *Los Angeles Times* that flu outbreaks are very unpredictable and "cautioned" that the effects this winter could be "much milder."

The government report, available on the White House Web site, stressed that it was not a prediction, but rather a tool for planning the government response. "The scenario illustrates that an H1N1 resurgence could cause serious disruption of social and medical capacities in our country in the coming months." It also noted that "By way of comparison, it is less severe by a factor of three (in terms of expected deaths per capita) than the 'reasonable worst case' planning assumptions, publicized by the UK government, for the H1N1 resurgence in that country."

Health and human services secretary Kathleen Sebelius took the opportunity to promote the vaccine for the seasonal flu and the swine flu, saying the H1N1 vaccine must be considered the nation's defense against the virus. "I think it's important that people begin to anticipate that we will have a vaccine," she explained on NBC's Today show. The first doses are expected to be ready by mid-October. "We think it's likely that we're going to need two shots for the vaccine." She also noted that the focus should be on pregnant women, healthcare workers, and people with medical conditions, also noting that "We want the population that is most at risk to begin their seasonal flu vaccine now."

The report also issued a number of recommendations including increased CDC "surveillance systems" to detect new variants of the virus, accelerated vaccine production and putting one senior White House official in charge of coordinating "all decision making about the pandemic."

Whether or not cases of swine flu spread in the coming months, should the federal government really be behaving as Americans' nannies and doctors? Presumably this is all justified in politicians' minds by the infamous "general welfare" clause of the Constitution, but a cursory review of the Federalist Papers would quickly reveal that this is not what the Founding Fathers had in mind. The co-chair of Obama's advisory council that issued the report, John Holdren, actually co-authored a book titled *Ecoscience* calling for forced abortions, mass sterilization, and a "planetary regime" with the power to enforce the sick notions. Is this who Americans really want in charge of these policies?

It is past time for the government to stop acting as a savior and for it to start obeying the Constitution. People need to take personal responsibility. And the media should fulfill its role in informing the people, who can then decide with their healthcare providers and their families what the most appropriate course of action would be. People like Barack Obama and John Holdren have no business dictating national healthcare policies.

THE JERUSALEM POST

Yaakov Katz

Largest-ever biological attack drill set for January

The Jerusalem Post, 30 August 2009, 00:31
https://www.jpost.com/israel/largest-ever-biological-attack-drill-set-for-january

Threat scenario will include IDF Home Front Command, Magen David Adom, Israel Police, IDF Medical Corps, the IDF Spokesman's Office and the Fire and Rescue Service.

In preparation for a non-conventional attack on Israel, the National Emergency Authority will hold the largest-ever exercise to train security forces how to respond to a city-wide biological attack.

The drill will begin on January 1 and is being prepared by the NEA, a branch of the Defense Ministry established after the Second Lebanon War to coordinate between all of the civilian and military bodies that provide services during a nationwide emergency.

Until now, previous exercises have focused on the Health Ministry's ability to continue to run hospitals during a non-conventional biological attack.

The threat scenario will include a biological attack on a major Israeli city and will include the IDF Home Front Command, Magen David Adom, the Israel Police, the IDF Medical Corps, the IDF Spokesman's Office and the Fire and Rescue Service. Syria, according to foreign reports, is believed to have developed offensive biological capabilities. A military facility near the city of Cerin is reportedly suspected of being used for the development and production of biological agents. Syria also has a significant arsenal of long-range Scud-C and Scud-D missiles that would be capable of carrying the agents.

Diseases known to have been weaponized include Ebola, anthrax, Q fever and smallpox. The exercise will focus on some of these diseases. One possibility that will be considered during the drill will be to close down and quarantine the entire city in the event that the disease spreads.

Officials will hold hourly assessments during the drill and discuss the option of immunizing the entire country. If such a decision is made, it will be carried out by the IDF, which has the manpower and infrastructure to open immunization centers.

In June, the IDF and NEA held the largest civil-defense exercise since the Second Lebanon War called "Turning Point" and which for the first time included the sounding of a siren throughout the country.

The IDF plans to begin returning gas masks to the public starting in November. Since the Defense Ministry began collecting the public's gas masks in 2006, almost 90 percent of the masks have been collected and most of them refurbished.

World Health Organization

List of Members of, and Advisor to, the International Health Regulations (2005) Emergency Committee concerning Influenza Pandemic (H1N1) 2009

Geneva, WHO, August 2009

https://web.archive.org/web/20100812193029/http://www.who.int/ihr/emerg_comm_members_2009/en/index.html
https://cdn.who.int/media/docs/default-source/documents/ihr/ihr-committee-members-h1n1-orginal-list.pdf?sfvrsn=7e49f574_2
https://www.who.int/groups/h1n1-ihr-emergency-committee

Members:

1. Dr Lawson Ahadzie
Former Head of Surveillance Department, Ghana Health Service/Ministry of Health, Accra, Ghana (Dr Ahadzie's membership was suspended after the fifth Emergency Committee Meeting on becoming a WHO staff member)

2. Mr André Basse
Counsellor, Embassy of Senegal, Paris, France

3. Dr Muhammad Akbar Chaudhry
Principal, Professor of Medicine, Fatima Jinnah Medical College, Lahore, Pakistan (Dr Chaudry's membership commenced with the sixth Emergency Committee Meeting)

4. Dr Supamit Chunssuttiwat
Senior Expert in Disease Control, Department of Disease Control, Ministry of Public Health, Bangkok, Thailand

5. Dr Nancy Cox
Director, Influenza Division, Centers for Disease Control and Prevention, Atlanta, USA

6. Dr Anthony Evans
Chief, Aviation Medicine Section, International Civil Aviation Organization, Montreal, Canada

7. Professor John Mackenzie
Professor of Tropical Infectious Diseases, Division of Health Sciences, Curtin University, Perth, Australia

8. Professor Arnold Monto
Professor, Department of Epidemiology, University of Michigan, Ann Arbor, USA

9. Dr Fernando Otaiza
Coordinator, National Infection Control Program, Ministry of Health, Santiago, Chile

10. Dr Rogelio Pérez Padilla
Director General, Instituto Nacional de Enfermedades Respiratorias "Ismael Cosío Villegas", Mexico City, Mexico

11. Dr Wing Hong Seto
Chief of Service, Department of Microbiology, Queen Mary Hospital, Hong Kong Special Administrative Region, China

12. Dr Masato Tashiro
Director, Department of Viral Diseases and Vaccine Control, National Institute of Infectious Diseases, Tokyo, Japan

13. Dr Claude Thibeault
Consultant in Aviation Medicine and Occupational Health, Montreal, Canada

14. Dr John Wood
Principal Scientist, Division of Virology, National Institute for Biological Standards and Control, Herts, United Kingdom

15. Professor Maria Zambon
Head of Respiratory Virus Unit, Virus Reference Department, Health Protection Agency, Centre for Infection, London, United Kingdom

Advisor to the Emergency Committee

Professor Neil Morris Ferguson
Chair in Mathematical Biology, Department of Infectious Disease Epidemiology, Imperial College Faculty of Medicine, London, United Kingdom

Declaration of Interests

Dr Nancy Cox
Her public health and surveillance research unit at the US Centers for Disease Control & Prevention (CDC) receives financial support from IFPMA for activities of CDC as a WHO Collaborating Centre in the field of influenza vaccine research and virus isolation work.

Professor Arnold Monto
He has declared current and past consultancies in the field of pandemic and/or seasonal influenza for GSK, Novartis, Roche, Baxter and Sanofi. The remuneration for each of these consultancies is below US$10 000. In addition, his research unit at the University of Michigan has received a grant from Sanofi Pasteur for a clinical trial conducted in 2007-2008 on the comparative efficacy of inactivated and live attenuated influenza vaccines.

Dr Claude Thibeault
Since 2004, he is the Consultant Medical Advisor to International Air Transport Association.

Dr John Wood
His research unit at the National Institute for Biological Standards and Control (NIBSC), a centre of the UK Health Protection Agency, has performed contract research for Sanofi Pasteur, CSL, IFPMA, Novartis and Powdermed in the field of influenza vaccine research and development.

Professor Maria Zambon
The UK Health Protection Agency Centre for Infection receives funding from vaccine manufacturers, including Sanofi, Novartis, CSL, Baxter and GSK, for contract work in Dr Zambon's laboratory.

Professor Neil Morris Ferguson (Advisor)
He has acted as a consultant for Roche and GSK Biologicals (ceasing in 2007), with total remuneration from all such work being under US$7 000 in 2007.

The interests summarized above do not give rise to a conflict of interest such that the experts concerned should be partially or totally excluded from participation in the Emergency Committee. However, following WHO's policy, they were disclosed within the Committee so that other members were aware of them. All other Members of the Emergency Committee declared no relevant interests.

THE TIMES OF INDIA

Kounteya Sinha

'Most H1N1 fatalities in age group of 16-45 years'
Around 44% of those who died of H1N1 swine flu in India till

Times of India, 2 September 2009, 02:39 IST
https://timesofindia.indiatimes.com/india/most-h1n1-fatalities-in-age-group-of-16-45-years/articleshow/4960468.cms

New Delhi: Around 44% of those who died of H1N1 swine flu in India till August 30 perished within three days of being hospitalised. On an average, all those who died visited two private healthcare facilities before finally reaching a designated government hospital. Around 45% of those who died suffered from co-morbid conditions like diabetes, heart and liver diseases.

These are the main findings of the health ministry's analysis of the first 82 deaths in India till August 30. The number of fatalities in the country has since risen to 101.

The age group of 16-45 years has been the worst affected with the virus, with 55 of the 82 who died belonging to this category. The virus hasn't really behaved any differently among men and women. Of the 82 deaths studied, the National Institute of Communicable Diseases (NICD) found 43 to be males and 39 females.

The time interval between hospitalisation and death oscillated from one day to 12 days. In almost 44% of the cases, the patient died within three days of being hospitalised. The average time length of onset of illness and administration of Tamilfu has been found to be just over five days. The duration is the same for onset of illness of those who died and when they reported to the hospital. Around 75% of those who died came from urban areas. Reacting to the findings, NICD director Dr Shiv Lal said, "It is clear that delayed reporting caused most of the deaths. People must understand that reporting early to a designated H1N1 testing and treatment facility is vital. People should avoid visiting hospitals not designated for H1N1 care, which leads to loss of vital time. Patients with co-morbid conditions should be extra careful and go immediately to a designated H1N1 facility if they have swine flu symptoms."

However, one significant finding during this analysis has come especially as a relief for the country's health ministry. After studying 42 samples (National Institute of Virology-31 and NICD-11) of the H1N1 virus circulating in India, scientists have found that it had not undergone any mutation.

Globally and in India, scientists are keeping a close watch on the virus fearing it could mutate and become a deadlier bug. A mutation would also mean that the vaccines presently being developed and expected to roll out by October-end globally could become redundant.

A finding, which is also vital, is that in some countries like India, majority of those who died were in intensive care and on ventilator support. The virus till now is behaving exactly how a pandemic virus is expected to do --infecting reproductive and the healthy age group.

The analysis showed that only one death occurred in the over 65 year category and five deaths in the 0-5 age group. The age group of 36-45 years has been worst affected with 24 deaths.

The WHO earlier had said that majority of those who got infected worldwide recovered within a week without any medical treatment. WHO has estimated that as many as 2 billion people could become infected over the next two years with swine flu, nearly one-third of the world's population.

POTOMAC INSTITUTE FOR POLICY STUDIES

Lung damage in fatal swine flu cases more bird flu than seasonal flu: expert

Potomac Institute, 3 September 2009

https://potomacinstitute.org/featured-news/1724-book-review-the-singularity-series-by-william-hertling

Summary: A study of about 70 fatal cases of swine flu revealed similarities in lung damage to victims of H5N1 avian influenza, the chief of infectious diseases pathology at the CDC said. The avian flu virus has killed 60 percent of the 440 people known to have been infected with it. To date, that virus hasn't acquired the capacity to spread easily from person to person.

Analysis: This week's news continues to underscore the elusive nature of the influenza virus. The novel influenza A/H1N1 has manifested differently than seasonal flu since it first emerged in Mexico earlier this year. Its significant impact on younger victims is one reason this disease has been so closely followed. While indicators appear to show H1N1 causing more severe illness than its seasonal cousins, it bears repeating that even seasonal flu produces serious and sometimes fatal complications.

Scientists and health officials will continue to monitor H1N1 for signs of mutation to a more serious form. This includes observing all strains in animals, the reservoir from which flu migrates to humans. At this time, it remains impossible to project how H1N1 will change, or if it will at all. It is also important to recognize that this flu is different than previous and seasonal varieties. The risks posed and impact of the disease must be evaluated specific to this strain, as direct correlations to other strains hold limited validity.

Because the infection rate has continued unabated through the normally flu free summer months, there is reason to believe that flu season will see a significant increase in H1N1 spread. This, of course, points to continued vigilance with regard to everyday precautions, staying home if ill, and early immunization.

Hindustan Times

Swine flu deaths climb past 2,800: WHO

Hindustan Times, 4 September 2009, 05:13 PM IST
https://www.hindustantimes.com/world/swine-flu-deaths-climb-past-2-800-who/story-aQnCmpTpIOdyeNvVlnjtNP.html

The World Health Organisation said on Friday that at least 2,837 people had died from swine flu virus infections.

"There are now at least 2,837 deaths attributable to pandemic H1N1," said Gregory Hartl, spokesman for the UN health agency.

The data mark an increase of 652 deaths from the last toll of 2,185 published a week ago.

Hartl said the increase in the number of deaths is due to the overall rise in the number of people who have caught the A(H1N1) virus, and not because of the virus becoming more virulent.

REUTERS

Kylie MacLellan

Britain lowers potential swine flu death toll

Reuters, 4 September 2009, 1:47 AM GMT+8
https://www.reuters.com/article/idUSTRE58259H/

London (Reuters) - Government scientific advisors have scaled back the potential number of swine flu deaths the NHS should plan for, officials said Thursday.

Using findings from how the pandemic has progressed so far, such as rates of infection, scientists advised that planning for the pandemic should now be based on a lower fatality rate, reducing the worst case scenario to 19,000 deaths from 65,000.

But England's chief medical officer Liam Donaldson said that while new cases of flu had eased, the number of those patients in hospital remained very unusual for the time of year and stressed the death figure was an assumption not a prediction.

"We do not want to create any complacency," Donaldson told reporters. "We want NHS staff to continue to work very, very hard for what we anticipate will still be a very pressurised winter."

The latest figures are based on 30 percent of the population becoming infected, Donaldson said, adding that the modelling showed that if only one in 20 people were to become infected the number of deaths could be as low as 3,000.

The number of new cases in England has continued to ease, with 4,500 new cases last week, down from 5,000 the previous week. The total number of UK deaths has risen to 70, 61 of which were in England.

Donaldson said the new potential death figures did not take into account any possible vaccination program for at-risk groups, due to begin in the UK in October if a licence is approved by European medical regulators.

"We are unlikely to see a peak before the second half of October which is something that we are pleased about as we are expecting to be able to start using the vaccine during October," he said, but added that the NHS should continue to plan for the worst case scenario.

REUTERS

Lucy Hornby

China faces grim situation as H1N1 escalates: minister

Reuters, 8 September 2009, 3:44pm EDT
http://www.reuters.com/article/healthNews/idUSTRE58717220090908

Beijing (Reuters) - China faces a grim situation in containing the H1N1 strain of flu, as schools start up again and the number of domestic cases, as well as clusters of cases, rises, China's Minister of Health said on Tuesday.

China has reported 5,592 cases of H1N1 flu, from which 3,852 people have recovered. No-one has died in China, although a patient in Shanghai is in a coma, with multiple organ failure.

"There are some recent developments in H1N1 in China that mean we are facing a grim situation," said Chen Zhu, one of only two ministers in China who do not belong to the Communist Party.

He listed a rapid surge in domestic cases, after an initial phase when most cases in China were of foreigners who arrived with the disease. Since the beginning of September, there has also been a spike in the number of clusters of outbreaks, which now number 128.

Finally, there has been an increase in the number of confirmed H1N1 cases among people with flu symptoms. Chen said the Shanghai patient, as well as another serious case in Zhejiang province, had stabilized.

China plans to begin rolling out a vaccination program this week, Chen said, with priority going to children, health care workers, the military and the public security apparatus.

"With 1.3 billion people, we are limited in our ability to provide vaccines for all," Chen said.

"Therefore, we have to continue with protective measures, especially the ability of the population to protect itself."

The Chinese government on Friday ordered 7.3 million doses of vaccines for the H1N1 strain of flu from domestic firms Sinovac Biotech and Hualan Biological.

THE FLU CASE

Rothschild-controlled news wires "Reuters" hypes swine flu danger in China

The Flu Case, 9 September 2009 11:13
https://web.archive.org/web/20090917025413/http://www.theflucase.com/index.php?option=com_content&view=article&id=539%3Arothschild-controlled-news-wire-qreutersq-tries-to-hype-swine-flu-danger-in-china&catid=1%3Alatest-news&Itemid=64&lang=en

Reuters is maintaining that China is facing a "grim" situation as the H1N1 "escalates" even though China has had not a single death from the swine flu.

Orwellian propaganda is increasingly detached from any facts as WHO and their funders, the Rothschilds and Rockefellers, prepares to pass off their deliberate, planned triggering of a pandemic through mass vaccinations and other measures as a natural act.

Le Monde

Grippe A: "On ne peut pas accepter une justice d'exception"

Le Syndicat de la magistrature avait révélé les mesures envisagées sur la justice par le gouvernement en cas de pandémie

Le Monde avec Reuters, 8 Septembre 2009, à 13h 47

https://www.lemonde.fr/societe/article/2009/09/08/grippe-a-on-ne-peut-pas-accepter-une-justice-d-exception_1237329_3224.html

Un seul magistrat, faire juger les mineurs par les tribunaux pour majeurs, prolonger automatiquement les délais de détention provisoire… tel est le visage que pourrait prendre la justice en cas de pandémie de grippe A(H1N1) selon le Syndicat de la magistrature, qui affirme avoir eu connaissance de projets de textes modifiant l'organisation et le fonctionnement de la justice et circulant *"dans le plus grand secret"*.

Après la diffusion de ces informations, Michèle Alliot-Marie a assuré qu'il n'y a "a*ucun plan secret". "On a demandé aux ministères de prévoir tous les cas de figure et notamment le cas où quasiment l'ensemble de la France serait bloquée par une épidémie"*, a affirmé la garde des Sceaux devant des journalistes dans les couloirs de l'Assemblée, soulignant que *"ces mesures n'ont même pas encore été arbitrées"*, refusant toutefois de détailler les mesures en question.

Pour sa part, le Syndicat de la magistrature dénonce un *"dispositif liberticide"* concernant les mesures d'exception envisagées par le gouvernement et adresse mardi 8 septembre une lettre à la Chancellerie pour appeler à un dialogue autour de cette question. Emmanuelle Perreux, présidente du syndicat, critique les atteintes aux libertés individuelles suscitées par une série de dispositions qui concernent principalement la justice pénale.

Pour Mme Perreux, réunir les différents acteurs – magistrats, avocats, fonctionnaires – suffirait à mettre en place des mesures garantissant les libertés individuelles afin d'assurer un fonctionnement normal de la justice. La présidente du Syndicat de la magistrature juge inacceptable *"qu'une pandémie grippale conduise à accepter une justice d'exception"* par ordonnances gouvernementales.

Elle espère que ce signal d'alarme interpelle le Parlement.

Le ministère de la justice a répondu qu'il s'agissait d'un *"document de travail provisoire"* datant du mois de juillet qui envisageait alors une situation sanitaire extrême, scénario qui n'est plus d'actualité.

"C'était un projet d'ordonnance dans le cadre de travaux exploratoires au cas où l'on serait face à une crise sanitaire grave empêchant les juridictions de fonctionner normalement", a déclaré son porte-parole, Guillaume Didier, mardi.

Une cinquantaine de responsables politiques et syndicaux, de médecins et autres personnalités ont signé un appel *"pour une gestion démocratique de la pandémie"*, appel publié dans *Libération* de mardi.

La lettre du Syndicat de la magistrature adressée à la ministre de la justice Michèle Alliot-Marie.

THE FLU CASE

French judges protest secret pandemic tyranny decrees

The Flu Case, 9 September 2009, 10:08
https://web.archive.org/web/20090917140913/http://www.theflucase.com/index.php?option=com_content&view=article&id=529%3Afrench-judges-protest-secret-pandemic-tyranny-plans&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The union of judges and lawyers in France has written a letter of protest to the French Justice Minister over plans to strip people of their civil liberties during the swine flu pandemic, which were made "in the greatest secrecy."

According to a report in Le Monde on Tuesday, the lawyer's union has fiercely criticised the decree which would dismantle the civic rights of the people of France in the name of a pandemic emergency and which was issued without any "democratic debate".

Emmanuelle Perreux, president of the judge's union said that it was "unacceptable" for the government to remove people's fundamental liberties by secret decree on the pretext of a pandemic emergency.

She said that she hoped that parliament would intervene after the revelation on Tuesday that the French Minister of Justice Michele Alliot-Marie had circulated orders in secret in July instructign judges to allow children to be put on trial in adult courts and detentions without any court order in the name of a pandemic emergency.

Alliot-Marie denied that there was "any secret plan" and claimed the secret orders were a provisional working document as outrage in France over the secret vaccination and detention plans that are now attracting widespread coverage in the mainstream media mounts.

The Sydney Morning Herald

Swine flu in France more widespread

The Sydney Morning Herald, 8 September 2009, 9.02am
https://www.smh.com.au/world/swine-flu-in-france-more-widespread-20090908-feqv.html

In case of a swine flu pandemic the French government has a plan to introduce emergency measures that would gut legal protections for citizens, the daily **Liberation** reported on Tuesday.

According to documents provided to the daily by a judges' union, the plan would extend the period police can keep a suspect in detention without charge or a hearing before a judge to up to six months.

Suspects would also not be able to contact a lawyer until after spending 24 hours in custody.

Under the plan children could be tried in adult courts and more trials held behind closed doors.

The Syndicat de la Magistrature called the measures "revolting" and said they would amount to "liberticide," and called on Justice Minister Michele Alliot-Marie to abandon the plan.

The union was due to release on Tuesday the text of the government plan, which it said was provided to heads of courts in great secrecy in July, the newspaper reported.

Swine flu, or the A(H1N1) virus, the first pandemic to be declared by the World Health Organisation in this century, has so far claimed 15 lives in France, out of at least 2,837 worldwide.

The French government has conducted extensive planning to prepare for an expected new wave of infections as the autumn flu season approaches in the northern hemisphere.

And now, "la bise," the cheek-to-cheek peck that the French use to say hello or goodbye, has come under pressure from swine flu.

Some French schools, companies and a Health Ministry hotline are telling students and employees to avoid the social ritual out of fear the pandemic could make it the kiss of death, or at least illness, as winter approaches.

Mainland France has so far counted only three swine flu deaths. The tally is worse in French southern hemisphere holdings now in winter, like the South Pacific island of New Caledonia, with seven deaths and 35,000 cases overall, according to local officials.

Across France, authorities and school officials are taking few chances - while trying to avoid stirring panic when the academic year started last week. In recent months, a few schools in France have been temporarily shut after cases of swine flu emerged.

For kids in two schools in the town of Guilvinec, in France's western Brittany region, the first lesson of the year came from local officials - no more cheek kisses to teachers or other students.

"I asked the children not to kiss anymore," town mayor Helene Tanguy said by phone. "I felt that the protections sought - to wash hands regularly, not throw used handkerchiefs around, and not cough any old way - had no meaning if we let the kids keep kissing."

"It seems we were the first town to do so," she said. It's just part of an effort to adopt new and more sanitary habits, and there's no punishment involved for those who do exchange bises, she added.

As a playful alternative, some teachers in the town have set up "bise boxes" - pupils slip heart-shaped greetings inside before they're exchanged in class, Tanguy said.

Many in France see a threat to cherished customs.
"Swine flu has already changed our life," read the headline of an article in Monday's Le Parisien about banning the bise.

The national government isn't calling for a ban. But the Health Ministry, on its swine flu phone hotline, recommends that people avoid "close contact - including shaking hands and giving the bise."

A ministry web site on the pandemic recommends avoiding "direct contact" with people, "not kissing, shaking hands or caressing the face" of others - especially sick people.

It advises keeping a one-metre buffer zone as a minimum, or wearing masks if that's not possible. It doesn't specifically mention la bise.

THE FLU CASE

French outrage at secret pandemic tyranny laws escalates

The Flu Case, 8 September 2009, 15:16
https://web.archive.org/web/20090917020654/http://www.theflucase.com/index.php?option=com_content&view=article&id=524%3Afrench-outrage-at-secret-pandemic-tyranny-laws-escalates-as-mainstream-newspapers-report&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The French newspaper Liberation today published a major report, fiercely attacking the draconian legal measures the French government has put in place, in secret, to deal with a so-called "pandemic", including detentions for up to six months without seeing a judge and the trial of children in adult courts.

Under the headline, "Flu A: menace to our liberties", the paper publishes the demand of "us, politicians, union leaders, researchers, associates to the public authorities" to have a proper debate "as quickly as possible" on the military-style emergency measures outlined in a secret document sent by the government to the heads of the courts of France in July.

Le Monde

Sophie Landrin et Patrick Roger

L'Etat s'organise pour assurer la continuité de ses services en cas de pandémie
Deux scénarios de crise ont été élaborés pour faire face à un fort absentéisme des personnels

Le Monde, 9 Septembre 2009, à 13h58
https://www.lemonde.fr/planete/article/2009/09/09/l-etat-s-organise-pour-assurer-la-continuite-de-ses-services-en-cas-de-pandemie_1237931_3244.html#xtor=AL-32280184

Comment assurer la continuité de l'Etat et des services publics en cas de forte pandémie de grippe A? Le gouvernement se prépare à une situation sanitaire difficile dès la mi-octobre. A cette date, la grippe pourrait, selon certains scénarios, avoir largement gagné le territoire.

Depuis la fin du mois d'avril, un centre interministériel de crise (CIC) réunit chaque semaine et sous l'autorité du ministre de l'intérieur, Brice Hortefeux, les représentants du gouvernement pour anticiper la crise. Chaque ministère a été prié de présenter *"un plan de continuité des services"* qui concerne ses propres services et les administrations et services publics sous sa tutelle. *"Nous validons ces plans en regardant si les dispositifs proposés correspondent à la doctrine générale,* explique un responsable du CIC. *Si c'est le cas les instructions sont transmises aux services déconcentrés."*

Deux scénarios ont été élaborés, pour faire face à une administration en *"mode dégradé"*: l'un avec un seuil de 25 % d'absentéisme des personnels, l'autre, plus alarmiste, avec un plafond de 40 % d'absentéisme. Le plan du ministère de la justice dévoilé, mardi 8 septembre, par *Libération* et qui suscite l'inquiétude des magistrats et des avocats s'inscrit dans cette logistique. Il prévoit notamment une modification de la composition des formations de jugement, avec la généralisation du juge unique en correctionnelle. Le Syndicat de la magistrature (SM, gauche) a dénoncé une *"justice d'exception"*. La garde des sceaux, Michèle Alliot-Marie a assuré qu'il s'agissait seulement d'hypothèses de travail *"en cas de situation catastrophique"*.

La chancellerie, comme les autres ministères, s'est vue dans l'obligation d'établir une hiérarchisation des fonctions qui restent indispensables en cas d'absentéisme massif. La *"doctrine générale"* du CIC prévoit pour les détenteurs de ces postes stratégiques des mesures de prévention et de protection particulière. Au besoin, les administrations pourront avoir recours aux heures supplémentaires, à la réduction des congés ou à l'embauche de contractuels.

S'agissant du sommet de l'Etat et du cas particulier du président de la République et du premier ministre, des précautions d'usage ont été prévues - vaccination, stock de Tamiflu et hospitalisation au Val-de-Grâce. *"Il ne faut pas dramatiser,* fait-on valoir au CIC. *Nous ne sommes pas en train d'anticiper la vacance du pouvoir. Nous sommes en présence d'un virus à la propagation ultra rapide, mais sans impact létal considérable."*

A l'Assemblée nationale comme au Sénat, l'objectif est identique: assurer la continuité de l'activité, mais sans dramatiser. Pas question d'envisager une suspension des travaux parlementaires. *"Si cette question devait être soulevée, elle ne le serait qu'en dernier recours et après concertation de tous les groupes et des autorités sanitaires"*, affirme le président de l'Assemblée nationale, Bernard Accoyer.

Chacune des deux chambres a préparé un plan d'action contre la grippe A. Le Sénat avait arrêté des dispositions dès le mois de mai, consistant notamment en l'achat de masques et de flacons de solution hydroalcoolique. Des stocks importants ont été constitués. L'Assemblée nationale vient à peine, de son côté, de commander des masques, qui ne sont pas encore disponibles.

Les personnels ont reçu pour instruction de suivre les recommandations du ministère de la santé. Des fiches d'information ont été distribuées et il est recommandé aux personnes présentant des symptômes de rester chez elles. En cas de pandémie déclarée, des mesures de distribution de masques et de limitation des contacts seront prises; les conditions dans lesquelles elles s'appliqueront ne sont pas encore arrêtées.

De son côté, le Sénat a prévu, au cas où l'épidémie de grippe s'aggraverait, l'installation d'un second cabinet médical spécifique pour les consultations des personnes potentiellement atteintes et des procédures à suivre pour les personnes ayant été en contact avec une personne atteinte. Des correspondants "grippe A" ont été désignés dans chaque service. Une cellule de suivi a été mise en place.

Enfin, concernant la vaccination, l'Assemblée nationale prévoit *"la vaccination volontaire des élus, fonctionnaires et collaborateurs dès que le vaccin sera disponible"*, tandis que le Sénat s'en tiendra au *"respect du plan établi par le gouvernement"*.

THE FLU CASE

French government prepares for pandemic "crisis" in mid-October

The Flu Case, 11 September 2009, 12:38
https://web.archive.org/web/20090923002751/http://www.theflucase.com/index.php?option=com_content&view=article&id=571:french-government-prepares-for-pandemic-qcrisisq-in-mid-october&catid=1:latest-news&Itemid=64&lang=en

The French government is preparing for a pandemic "crisis" from the middle of October, according to a report in Le Monde.

The government intends to start an unprecedented mass vaccination campaign from the beginning of October in vaccine centers located outside hospitals and GP practises, reinforcing fears that the government knows that the "swine flu" vaccines will kill and injure people, and has made plans to use the crisis created by this as a pretext to implement tough martial law measures.

One French government scenario foresees 40 per cent fewer people at work, indicating a huge toll of injury and death.

According to the report in Le Monde, key functions in France have also been run, in effect, by the WHO and the UN, operating through a special crisis committee (CIC), set up in the ministry of interior and under the authority of WHO as a result of the implementation of the International Health Regulations (IHR) 2005 and the French national pandemic plan, since the end of April.

Because all the 194 states that have signed the IHR are obliged to follow the same orders from WHO in the event of a pandemic emergency, it is reasonable to assume that all countries have instituted special "crisis comittees" operating under WHO from the end of April and also secret plans to set up "vaccine centers" and institute detentions without a trial as the French government.

REUTERS

Maggie Fox

New CDC guidelines stress quick treatment for H1N1

Reuters, 9 September 2009, 4:24
https://www.reuters.com/article/healthNews/idUSTRE5875Z820090908?sp=true

Washington (Reuters) - Patients who have flu-like symptoms and are having trouble breathing should get quick treatment with the antiviral drugs Tamiflu or Relenza, even before getting a flu test, U.S. officials said on Tuesday.

And doctors should consider setting up a system so that patients most likely to become severely ill from H1N1 swine flu have a prescription on hand so they can just call up to get the go-ahead to take the drugs if they develop symptoms, the U.S. Centers for Disease Control and Prevention said.

"Treatment should not wait for laboratory confirmation of influenza because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza," the CDC says in updated guidelines, availablehere.

"The very young and very old, people with chronic medical conditions and pregnant women in general ought to be treated with antivirals when they have an influenza-like illness," the CDC's Dr. Anne Schuchat told reporters.

But most people will not need any treatment at all for H1N1 because most of those infected so far have recovered on their own. "They can be cared for with mom's chicken soup at home, lots of fluids and rest," Schuchat said.

The latest guidance suggests officials are keen to make sure people who need it get very quick treatment, while making sure people who do not need the drugs do not abuse them.

Both GlaxoSmithKline's Relenza and Roche AG's Tamiflu can help save the lives of patients severely ill with any influenza, if given within a day or so of symptoms starting. They can also ease the misery of milder cases and even prevent flu if people take it just after exposure.

Developing Resistance

But supplies are not infinite and health officials worry that the more people take them, the quicker the virus will evolve resistance, rendering them useless. Two older flu drugs, amantadine and rimantadine, are already useless against seasonal flu.

The CDC is clear that some people should take the drugs prophylactically - to prevent infection. That includes some healthcare workers and people with high-risk conditions such as asthma who know they were in close contact with an infected person.

But the new guidance adds an option to watch and see if the person gets a fever. "Instead of the preventive use of antivirals, clinicians may consider watchful waiting," Schuchat said.

A vaccine against H1N1 swine flu is being tested but will not be available until mid-October. The CDC recommends that about 160 million people line up for the first doses starting then.

"Virtually all the influenza circulating now in the United States is the 2009 H1N1 strain," Schuchat said. It has not mutated and the vaccine is still a good match, she said.

She said only a handful of cases of resistance to Tamiflu, known generically as oseltamivir, have been reported.

In the United States, 24 elementary, middle or high schools closed because of H1N1 outbreaks last week, letting 25,000 students out of class. The CDC advises against closing schools unless so many students or staff become ill that the school is overwhelmed.

The virus "is causing increased disease and it is time to pay attention," Schuchat said.

John Griffing

Swine Flu: Path to Martial Law?

Pakalert Press, 10 September 2009
https://web.archive.org/web/20091026091318/http://pakalert.wordpress.com/2009/09/10/swine-flu-path-to-martial-law/

Could a form of martial law be imminent? Obama appears ready to cross the Rubicon, and all he needs is a killer virus.

Let’s connect some dots.

Remember President Obama’s Executive Order basing 80,000 active troops at home for the first time in the history of the peacetime military establishment to "help with civil unrest and crowd control or to deal with potentially horrific scenarios such as massive poisoning and chaos in response to a chemical, biological, radiological, nuclear or high-yield explosive, or CBRNE, attack…."

Now connect that information to the recent announcement that the military has established regional deployment locations all across the United States to "assist civilian authorities in the event of a significant outbreak of the H1N1 virus this fall, according to Defense Department officials."

Civil unrest and crowd control? Significant outbreak of the H1N1 virus this fall? What do they know that we don’t?

Swine flu has been made into a crisis in the minds of the public, even though swine flu, or H1N1, is the most non-lethal "killer" virus ever uncovered. As a cataclysmic event demanding military assistance, it ranks near zero. It is doubtful whether swine flu could even be classified as an "epidemic," much less a "pandemic."

Regular influenza, the common flu, kills 36,000 people every year. The 1918 flu pandemic killed an estimated 50-100 million people worldwide over a period of two years, approximately one-third the population of Europe at that time. Global swine flu deaths topped just 1,000 this year.

But President Obama is predicting death tolls of 90,000 and possible infection of up to half the US population.

While every life matters, in statistical terms swine flu is a comparatively minor problem, which makes the hype by those in government and the military all the more suspicious.

The National Guard is even practicing mock takeovers of public schools in the event of an "H1N1 riot," a description that elicits mixed responses. What kind of riot could arise out of a flu that has only killed 1,000 worldwide? Washington certainly seems to be looking for some rationale for enhanced domestic military involvement, whether credible or not.

Martial law has essentially been on the table since President Obama took office, thanks to the Bush Administration’s dramatic revisions of the Posse Comitatus Act – which limited deployment of the US military at home – in the wake of Hurricane Katrina. With impeccable timing, Secretary of Defense Robert Gates has gone before Congress asking for the unprecedented authority to base 400,000 soldiers in communities all across the United States.

A recent US Army War College Report even outlined the conditions under which martial law could be introduced, listing:

> …unforeseen economic collapse, loss of functioning political and legal order, purposeful domestic resistance or insurgency, pervasive public health emergencies, and catastrophic natural and human disasters are all paths to disruptive domestic shock. [Emphasis added.]

The CDC is finalizing quarantine regulations formulated during the Bush years that provide for quarantining "a large group of persons" suspected of having swine flu or other illnesses listed in an executive order. This means that President Obama can quarantine anyone as long as they have an illness he determines to be dangerous. These new regulations even permit "provisional" quarantine of persons not actually carrying any virus. In one section, the regulations empower the president to quarantine anyone that does not agree to be vaccinated, an ominous condition since recent investigations have revealed that swine flu vaccines can cause serious medical complications. Thousands of doctors have voiced strong opposition to the proposed swine flu vaccine, due to its association with neurological disorders. No matter, a bill before the Massachusetts State Senate would permit authorities to enter homes and detain without warrant citizens who do not agree to be forcibly vaccinated. Iowa just released a new Orwellian quarantine policy directive that states in the event of a swine flu outbreak, "your home and other less restrictive alternatives are not acceptable." These moves appear to be the result of federal incentives advancing mandatory vaccination.

The Army hasn't missed a step, putting out ads for "Internment/Resettlement Specialists." And, though most of the wild claims about "FEMA camps" have been appropriately and properly discredited, the fact remains that the Homeland Security Department has signed a $385 million contract with Halliburton subsidiary KBR Construction to build such facilities on an "as-needed" basis.

If you're not already feeling nervous, revisit President Obama's spine-chilling campaign pledge:

We cannot continue to rely on our military in order to achieve the national security objectives we've set. We've got to have a civilian national security force that's just as powerful, just as strong, just as well-funded.

With the Serve America Act, this alarming proposition has become reality. The broad authority given to this force is staggering. Section 1505 gives the newly created National Civilian Community Corps the power to address national "needs" related to "natural and other disasters," "infrastructure improvement," "environmental stewardship and conservation," "energy conservation," and "urban and rural development." The legislation reiterates that the corps will "combine the best practices of civilian service with the best aspects of military service."

Nowhere have these two spheres ever been combined that tyranny has not resulted.

If these recent events were mere coincidence, Americans could peacefully go about their business. But Obama is no ordinary President. This is the man who began his political career in the home of terrorists Bill Ayers and Bernadine Dohrn, former members of the notorious Weather Underground that plotted the deaths of 25 million Americans in "re-education camps."

Even so, it sounds crazy, doesn't it? Mass internment and quarantine of Americans? Martial law used illegally to quell opposition to government policies? After all, this is America, not some banana republic.

But this is not the America of even 10 years ago. This is President Obama's brave new America. Differences of opinion are criminalized, violating freedom of conscience in the deepest sense. Freedom of the press is assaulted with newspaper "bailouts" and diversity requirements imposed on local radio

stations. Children face the possibility of weeklong, year-round education, effectively circumventing parents and making children wards of the state. Czars govern in the place of elected officials. Key private sector companies are now under the direct control of the President.

The President has even proven willing to use healthcare reform to target the elderly, recasting human life in terms of the collective good. The White House has even urged fellow citizens to inform on opponents of Obama's healthcare bill. In this environment, the prospect of martial law doesn't sound that far-fetched.

But isn't this unconstitutional? No matter. The Constitution means nothing to President Obama, who has repeatedly implied the need to "break free from the essential constraints that were placed by the Founding Fathers in the Constitution…."

Thomas Jefferson had a different view:

> Confidence is everywhere the parent of despotism…In questions of power, then, let no more be heard of confidence in man, but bind him down from mischief by the chains of the Constitution.

But when the President considers the Constitution to be nothing more than an archaic suggestion, no travesty is unthinkable. And the unthinkable is only a manufactured flu pandemic away. I desperately hope I am wrong in connecting these dots, but in light of the President's stated agenda, and his known track record on ethical issues, the possibility of abuses must be considered. After all, stranger things have happened.

GHSI Global Health Security Initiative

Special Ministerial Meeting on Pandemic (H1N1) 2009

Global Health Security Initiative, Brussels, Belgium, 11 September 2009
http://ghsi.ca/ministerial-statements/brussels-september-2009/

We, Ministers / Secretaries / Commissioner of Health today concluded a Special Ministerial Meeting on Pandemic (H1N1) 2009 in Brussels.

Our collective efforts in the Global Health Security Initiative over the past years have helped lay a foundation of preparedness and have supported the actions which we have taken in responding to the 2009 H1N1 influenza virus. Since the onset of the H1N1 outbreak, the GHSI has played a role in supporting national and global response by facilitating information-sharing, identifying gaps in knowledge, promoting frank dialogue and exchange, and by contributing to a multinational evidence base which can be used to support important decisions by our respective governments.

Mindful of the potential genetic changes of the H1N1 influenza virus and the anticipated further spread of the disease in the months ahead, our deliberations today addressed a range of important issues for an effective pandemic response. Having surveyed the current global epidemiological situation including the impact of the H1N1 influenza virus in the southern hemisphere, we remain vigilant with regard to the global spread of the virus, particularly during the upcoming fall and winter seasons in the Northern Hemisphere.

Today we have also discussed progress and challenges toward H1N1 vaccine development, safety monitoring, clinical assessment and vaccination strategies. We used the opportunity afforded by our meeting today to share national strategies and approaches. We ask GHSI's Pandemic Influenza Working Group to regularly update members on information relevant to public perception and on development, especially with regard to vaccine authorization and target groups. In order to support future decision-making and timely authorization of vaccines, we acknowledge the importance of ongoing sharing of information and best practices relevant to vaccine strategies and are committed to sharing the results of publicly-funded clinical trials. At this time, member countries all intend to start vaccination programmes after market authorization. We further agree to collaborate on the post-market surveillance of H1N1 vaccines and to monitor their safety.

We have also received preliminary information on the issue of dosage that could be of considerable importance for our vaccine strategies and any remaining procurement decisions. We expect that the new information will be reviewed by relevant authorities as rapidly as possible.

Together, we shared challenges and best practices in risk communication reinforcing its importance as a key public health measure. Sharing information with the public helps to minimize the impact of the disease by communicating risks appropriately and in a timely manner. Public messages assist citizens in making choices that promote and protect their health.

We acknowledge the unique challenges faced by developing countries in responding to the H1N1 influenza pandemic. We recognize the dual threat that H1N1 poses to these countries in terms of health and societal impacts and will work with the WHO to strengthen the pandemic readiness of developing countries, in areas such as rapid needs assessment, surveillance and health system

strengthening, and access to vaccines and antivirals. As part of the global community, we share a common goal that vaccine supplies are used as effectively as possible. We will continue to work with the WHO and other UN agencies to that end.

We also reaffirm the conclusion reached as a result of our deliberations in Brussels in December 2008 that even highly restrictive measures, such as general border closures, would be unlikely to prevent the spread of the virus and could aggravate the economic and social consequences of an influenza pandemic.

We remain firm in our resolve and commitment to work together. We will continue to coordinate our efforts in the interest of global health security and we look forward to re-convening later this year in London.

This statement was endorsed by the following Health Ministers, Secretaries and senior officials:

- Ms. Androulla Vassiliou, Commissioner for Health, European Commission, joined by Mrs. Maria Larsson, Minister for Public Health and Elderly Care, Sweden, as representative of the European Union Council of Ministers
- Dr. Klaus Theo Schröder, Secretary of State, Federal Ministry of Health, Germany
- Dr. Mauricio Hernández Ávila, Undersecretary of Health Promotion and Disease Prevention on behalf of the Honourable Dr. José Angel Córdova Villalobos, Secretary of Health, Mexico
- Dr. Fabrizio Oleari, on behalf of the Honourable Maurizio Sacconi, Minister of Labour, Health and Social Policies, Italy
- Ms. Jane Billings, Senior Assistant Deputy Minister, Public Health Agency of Canada, on behalf of the Honourable Leona Aglukkaq, M.P., Minister of Health, Canada
- Professor Didier Houssin, Director General of Health, on behalf of the Honourable Roselyne Bachelot-Narquin, Minister of Health and Sport, France
- Dr. Masato Mugitani, Assistant Minister, Ministry of Health, Labour and Welfare, on behalf of the Honourable Yoichi Masuzoe, Minister of Health, Labour, and Welfare, Japan
- Professor David Harper, Director General, Health Improvement and Protection, on behalf of the Honourable Gillian Merron, M.P., Minister of State for Public Health, United Kingdom
- Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response, Department of Health and Human Services, on behalf of the Honourable Kathleen Sebelius, Secretary of Health and Human Services, United States of America

Launched in 2001, the **Global Health Security Initiative (GHSI)** is an informal, international partnership among like-minded countries and organizations to strengthen public health preparedness and response globally to threats of chemical, biological, and radio-nuclear terrorism (CBRN), as well as pandemic influenza. - http://ghsi.ca/

The Global Health Security Initiative (GHSI) is an informal network of countries and organizations that came together shortly after the September 11, 2001 terrorist attacks to exchange information and coordinate practices within the health sector for confronting new threats and risks to global health. Delegations of the GHSI include Canada, France, Germany, Italy, Japan, Mexico, the United Kingdom, the United States, and the European Commission. The World Health Organization (WHO) serves as an observer. - http://ghsi.ca/about/

The GHSI has contributed significantly to improving global health security. Through coordination with the WHO and other institutions, it has improved prevention and preparedness capacities worldwide through stronger coordinated surveillance, detection, and response efforts.

Medimmune Patented H1N1 Swine Flu Virus back in 2008

Fight Back, 12 September 2009, 06:01 PM

https://web.archive.org/web/20090915181629/http://www.fightbackh1n1.com/2009/09/medimmune-patented-h1n1-swine-flu-virus.html

New York: According to Dr. T. Ott the Swine Flu patent is owned by none other than Medimmune who stands to profit around $151 million dollars from US taxpayers.

MedImmune

MedImmune, LLC, headquartered in Gaithersburg, Maryland, became a wholly owned subsidiary of AstraZeneca in 2007. Since being acquired, MedImmune has remained a Maryland-based biotechnology development enterprise.

It produces Synagis, a drug for the prevention of respiratory infections in infants, which accounted for $1.06 billion of its $1.2 billion in revenue for 2005, and FluMist, a nasal spray influenza vaccine introduced in 2004.

FluMist was approved for children two years of age and older in 2007, but initially was approved only for healthy people ages 5 to 49, a significant limitation because it eliminated a significant market - the millions of young children who find injections objectionable. Sales of FluMist fell short of analysts' expectations for the first two years the drug was sold. FluMist was initially sold in a frozen form, which was difficult for doctors to store

According to MedImmune website they are making a signficant, rapid response with a vaccine to the H1N1 variant of influenza, known as Swine flu. In early June 2009 it won a Department of Health and Human Services (HHS) contract, worth $90m.

Under the contract with HHS, MedImmune will continue to make its seasonal FluMist vaccine and also develop a vaccine targeted specifically at the H1N1 virus MedImmune then won a second contract to test its nasal spray flu technology as a viable treatment for the H1N1.

And now according to Dr T Ott investigation Medimmune applied for and received the patient for Swine Flu Virus back in 2008.

But according to WHO "officially" H1N1 is created naturally and it's a new strain of influenza virus, first identified in April 2009. If so how could Medimmune get the patent for the same back in 2008?

Media group / Tajikistan
ASIA-Plus

Number of swine flu cases reaches 275,000 worldwide

Asia-Plus, 14 September 2009, 13:38
https://old.asiaplustj.info/en/news/world/20090914/number-swine-flu-cases-reaches-275000-worldwide

The number of confirmed swine flu infections has reached 275,000 with more than 3,500 deaths worldwide, Russia's consumer watchdog Rospotrebnadzor reported on Monday citing the World Health Organization.

The number of confirmed swine flu infections has reached 275,000 with more than 3,500 deaths worldwide, Russia"s consumer watchdog Rospotrebnadzor reported on Monday citing the World Health Organization.

"By September 13, 2009, the number of confirmed A/H1N1 infections stood at 274,896 with 3,555 deaths," the statement says.

According to the latest data, 319 people have been diagnosed with of A/H1N1 virus in Russia. Most of infections are among people who recently returned from trips abroad.

Russia began clinical tests of a live swine flu vaccine in the northwest city of St. Petersburg on September 10.

REUTERS

Maggie Fox

Swine flu death rate similar to seasonal flu: expert

Reuters, 16 September 2009, 11:13 pm
https://www.reuters.com/article/us-flu-deaths-idUSTRE58E6NZ20090917/

The death rate from the pandemic H1N1 swine flu is likely lower than earlier estimates, an expert in infectious diseases said on Wednesday.

New estimates suggest that the death rate compares to a moderate year of seasonal influenza, said Dr Marc Lipsitch of Harvard University.

"It's mildest in kids. That's one of the really good pieces of news in this pandemic," Lipsitch told a meeting of flu experts being held by the U.S. Institute of Medicine.

"Barring any changes in the virus, I think we can say we are in a category 1 pandemic. This has not become clear until fairly recently."

The Pandemic Severity Index set by the U.S. government has five categories of pandemic, with a category 1 being comparable to a seasonal flu epidemic.

Seasonal flu has a death rate of less than 0.1 percent – but still manages to kill 250,000 to 500,000 people globally every year.

A category 5 pandemic would compare to the 1918 flu pandemic, which had an estimated death rate of 2 percent or more, and would kill tens of million of people.

An estimate published in the journal Eurosurveillance last month by the French Institute for Public Health Surveillance put the mortality rate far higher, at 0.4 percent for all age groups.

Higher Mortality?

Lipsitch took information from around the world on how many people had reported they had influenza-like illness, which may or may not actually be influenza; government reports of actual hospitalizations and confirmed deaths.

He came up with a range of mortality from swine flu ranging from 0.007 percent to 0.045 percent.

Either way, having new information about how many people were infected and did not become severely ill or die makes the pandemic look very mild, he said.

"The news is certainly better than it was in May and even better than it was at the beginning of August," Lipsitch said.

But another expert cautioned this does not mean the pandemic will not have severe effects on people and communities because it will infect more people than seasonal flu usually does in any given year.

"This is not a severe pandemic," said Dr. Jeffrey Duchin of Seattle & King County Public Health and the University of Washington.

"We are going to see probably twice as many people die from the flu as we do in a typical flu season. That is tens of thousands of people. And many of these people are going to be younger."

H1N1 swine flu was declared a pandemic in June after flashing around the world in six weeks, in part because most people have virtually no immunity to it. Experts all said a true death rate would not be clear for weeks because it is impossible to test every patient and because people with mild cases may never be diagnosed.

This lack of information made the epidemics in various countries and cities look worse at first than they actually were, Lipsitch said. People sick enough to be hospitalized are almost always tested first.

"Yes, there's been hype, but I don't think it's been an outrageous amount of hype," Lipsitch said.

Seasonal flu is usually far worse among the elderly, who make up 90 percent of the deaths every year. In contrast, this flu is attacking younger adults and older children, but they are not dying of it at the same rate as the elderly do during seasonal influenza, Lipsitch said.

=> similar article

NBC NEWS

Expert: H1N1 death rate similar to seasonal flu:
The death rate from the pandemic H1N1 swine flu is likely lower than earlier estimates, an expert in infectious diseases said on Wednesday

NBC News, 17 September 2009, 12:55 AM +08
https://www.nbcnews.com/id/wbna32877953

THE WHITE HOUSE

President Announces Plan to Expand Fight Against Global H1N1 Pandemic

The White House. 17 September 2009
https://web.archive.org/web/20090918121332/https://www.whitehouse.gov/the_press_office/President-Announces-Plan-to-Expand-Fight-Against-Global-H1N1-Pandemic/

Today, President Obama announced the United States will continue to act aggressively to stop the global spread of the pandemic 2009-H1N1 influenza virus and is prepared to make 10 percent of its H1N1 vaccine supply available to other countries through the World Health Organization (WHO). In recognition that diseases know no borders and that the health of the American people is inseparable from the health of people around the world, the United States is taking this action in concert with Australia, Brazil, France, Italy, New Zealand, Norway, Switzerland, and the United Kingdom. The United States will make the H1N1 vaccine available to the WHO on a rolling basis as vaccine supplies become available, in order to assist countries that will not otherwise have direct access to the vaccine.

This week, the Food and Drug Administration officially licensed the 2009-H1N1 influenza vaccine. Last week, the Department of Health and Human Services and the National Institutes of Health announced that one dose of the vaccine – instead of two doses – will be effective in developing immunity in most adults, and HHS Secretary Sebelius announced the vaccine would be available in the coming weeks, earlier than originally anticipated. We remain confident that the United States will have sufficient doses of the vaccine to ensure that every American who wants a vaccine is able to receive one. We continue to recommend that early priority at home and abroad should be given to pregnant women, health care workers, individuals caring for infants less than 6 months of age, and other high-risk populations.

There is broad international recognition that the 2009-H1N1 pandemic presents a global health risk. Millions of people around the world have been affected, thousands have died and the virus continues to spread across international borders. The United States recognizes that just as this challenge transcends borders, so must our response. We invite other nations to join in this urgent global health effort. Working together, we can ensure that this vaccine limits the spread of the disease, reduces the burden on health care systems, reduces the risk of an even more virulent strain emerging and, most importantly, saves lives – in the United States and around the world.

World Health Organization

Pandemic vaccine donations for the developing world

Geneva, WHO, 18 September 2009

https://web.archive.org/web/20090922171635/http://www.who.int/mediacentre/news/statements/2009/pandemic_vaccine_donations_20090918/en/index.html

WHO applauds and welcomes the announcement of donations of pandemic vaccine made today by the United States of America, in concert with Australia, Brazil, France, Italy, New Zealand, Norway, Switzerland, and the United Kingdom.

The announcement demonstrates the commitment of these countries to fairness in sharing of scarce resources as the 2009 H1N1 influenza pandemic continues to evolve.

Current supplies of pandemic vaccine are inadequate for a world population in which virtually everyone is susceptible to infection by a new and readily contagious virus.

Given that current demand outstrips supply, these donations, together with the doses pledged by manufacturers, will help increase supplies of pandemic vaccines to populations that would otherwise not have access.

WHO continues to support developing countries to ensure donated vaccines are distributed where they are most needed.

David P. Coleman

PANAMAX 2009 Tests Pandemic Outbreak in Exercise

Story Number: NNS090918-14
18 September 2009, 2:40:00 PM
https://web.archive.org/web/20090924211932/http://www.navy.mil/search/display.asp?story_id=48357

Panama CITY, Panama (NNS) – Representatives from 10 U.S. government agencies are holding a two-day table-top exercise in cooperation with the government of Panama to assist in responding to any future influenza pandemic Sept. 16.

The agency representatives are in Panama in conjunction with Fuerzas Aliadas PANAMAX 2009, a 12-day military security training exercise involving 20 countries.

The representatives discussed how the United States and the Panamanian government can manage an influenza outbreak by utilizing their agencies' assets to combat a pandemic.

"Our goal is to work as close as possible with the Panamanians in case there is a real threat, such as a pandemic influenza," said U.S. Navy Capt. Miguel A. Cubano, a medical doctor and command surgeon for the U.S. Southern Command. "We want to help them set up a plan so a pandemic outbreak does not have a great impact on their economy, stop people from going to work and school and stop the operations of the Panama Canal."

The agencies present included the Department of State, Department of Homeland Security, Department of Agriculture, Department of Commerce, Federal Aviation Administration, U.S. Agency for International Development, Department of Health and Human Services, U.S. Army, U.S. Coast Guard and U.S. Navy.

Since the severity of flu outbreaks is difficult to predict, the U.S. agencies are sharing tools and information to help Panama combat any level of influenza outbreak.

Influenza usually starts suddenly, with symptoms that include fever, headache, tiredness, coughing, sore throat, runny or stuffy nose, body aches, diarrhea and vomiting. Many different illnesses, including the common cold, can have similar symptoms, so diagnosis and communication are key to anticipating an unusually severe flu outbreak.

The U.S. Navy is working with the Panamanian government and other U.S. agencies to build a preventive plan to fight all diseases, not just the flu.

According to U.S. Coast Guard Cmdr. Joselito S. Ignacio, head of the Coast Guard's Environment Health Division, Navy and Coast Guard vessels could play an important role in combating future epidemics.

"The Coast Guard will work diligently to provide maritime support in our role to help the people of Panama defeat a pandemic outbreak," Ignacio said.

The pandemic exercise is not directly part of the FA PANAMAX 2009 maritime exercise, but is occurring concurrently.

FA PANAMAX 2009 is one of the largest multinational training exercises in the world, and is taking place in the waters off the coasts of Panama from Sept. 11-22 with the participation of civil and military forces.

More than 20 vessels and a dozen aircraft are involved in the exercises. Participants are focusing on a variety of responses to any request from the Government of Panama to protect and guarantee safe passage of traffic through the Panama Canal, ensure its neutrality, and respect national sovereignty. Simulated ground forces are also participating at Fort Sam Houston in San Antonio, Texas.

DOTHAN EAGLE

Lauran Neergaard

Study tries to detect flu before the first sneeze

Dothan Eagle // The Associated Press, 18 September 2009
https://dothaneagle.com/news/study-tries-to-detect-flu-before-the-first-sneeze/article_dea3a84f-8155-57fa-b6f5-48c1297eedf5.html

Washington (AP) – Coughed on by somebody with the flu? Duke University researchers are developing a test to determine – with a mere drop of blood – who will get sick before the sniffling and fever set in. And they're turning to hundreds of dorm-dwelling freshmen this fall to see if it works.

It's a novel experiment: Students report daily whether they have any cold or flu symptoms. If they do, a team swoops in to test not just the sneezer but, more importantly, seemingly healthy friends and hallmates who might be incubating the infection.

"We're redefining the definition of being ill," says Col. Geoffrey Ling, a physician with the Defense Research Projects Agency, the Defense Department's research arm, which came up with the idea.

The reason: The military faces huge problems when flu or other viruses sweep through crowded barracks, and knowing an outbreak was brewing could allow them to separate and protect those not infected. We're not just talking about the challenge of replacing fevered soldiers on the day's patrol. Your body may be slowing down even before that fever erupts, as it tries to fight off a brewing virus.

And flu is contagious up to 24 hours before people show symptoms, one of the insidious ways that it spreads.

"If you've got a group of people living together and you can identify who's likely to become sick, you can much more efficiently use whatever your intervention is – a vaccine, an antiviral – to prevent disease," explains Duke infectious disease specialist Dr. Christopher Woods.

Respiratory viruses sweep through crowded college dorms just as easily as military squads, and with the new swine flu – the 2009 H1N1 strain – targeting mostly the young, Duke scientists may learn sooner than they had hoped just how well their experimental test really works.

It's based on a simple principle: Your immune system revs up to fight infection long before you show symptoms or before today's tests could detect the actual virus in your body. The Duke team discovered a so-called genomic fingerprint, a pattern of subtle molecular changes as genes are activated to fight viral respiratory infections.

Working with colleagues at the University of Virginia and in London, the Duke team first dripped various viruses into the noses of healthy volunteers. The people were quarantined, and scientists collected daily blood, saliva and nasal-fluid samples. Sure enough, they spotted the RNA-based fingerprint that separated who got sick from who didn't, in a few cases just hours after the person was exposed.

But does it work in the real world?

Armed with a $19.5 million Defense grant, Duke is trying to find out – and to create an easy-to-use test kit that could read a blood drop in minutes and signal with, say, a color change who's going to get sick.

"A vision for this would be similar to a diabetic who pricks their finger every day," says project leader Dr. Geoffrey Ginsburg, director of Duke's Center for Genomic Medicine. "The science will tell us what the limitations will be."

Enter the Duke dorm study. It's enrolling up to 800 students who agree to log onto a Web site every day and report if they have any cold- or flu-like symptoms.

Researchers signed up Sean Cadley, a freshman from New York City, when she walked by them already hacking. She admits being enticed in part by $75 in compensation for the pokes and prods of testing.

"I'm getting something out of being sick, which is always nice," said Cadley, a sharp cough still punctuating every few sentences nearly two weeks later.

Cadley, 18, thought nothing of the bug at first, but a fever of 103 hit a few days after the cough and she says she didn't leave her room for two days. Researchers won't say if it was the flu or another virus. But they quickly e-mailed her dorm-mates to say someone in the building was sick, and Cadley's friends raced to volunteer for up to five days of tests – pocketing $150 apiece – to see if they, too, would fall ill.

Beyond the pre-symptom test, the dorm study could shed crucial new light on how flu ripples through communities. Using sophisticated mapping techniques, researchers will tease out social aspects of infection – how close you must be to the sick to catch their bug, for example. And they may identify hot spots of transmission where they can warn students to take extra precautions.

If the study pans out, the Defense agency's Ling hopes to seek Food and Drug Administration approval for a pre-symptom test within two years, aimed at crowded quarters like the military, colleges, nursing homes, even hospital intensive care units.

To Ginsburg, the work is only the beginning. He envisions catching deadly bacterial or fungal infections far earlier in vulnerable people like organ transplant recipients, or even a day when there's a treatment for the common cold – should you detect it early enough.

"Infectious disease is ripe for this," Ginsburg says.

The Guardian

Rajeev Syal

Swine flu 'could kill millions unless rich nations give £900m'

The Guardian, 20 September 2009, 00.08 BST
https://www.theguardian.com/world/2009/sep/20/swine-flu-costs-un-report

UN report says pandemic may result in anarchy unless western world pays for antiviral drugs and vaccines

The swine flu pandemic could kill millions and cause anarchy in the world's poorest nations unless £900m can be raised from rich countries to pay for vaccines and antiviral medicines, says a UN report leaked to the Observer.

The disclosure will provoke concerns that health officials will not be able to stem the growth of the worldwide H1N1 pandemic in developing countries. If the virus takes hold in the poorest nations, millions could die and the economies of fragile countries could be destroyed.

Health ministers around the globe were sent the warning on Thursday in a report on the costs of averting a humanitarian disaster in the next few months. It comes as officials inside the World Health Organization, the UN's public health body, said they feared they would not be able to raise half that amount because of the global downturn.

Gregory Hartl of WHO said the report required an urgent response from rich nations. "There needs to be recognition that the whole world is affected by this pandemic and the chain is only as strong as its weakest link. We have seen how H1N1 has taken hold in richer nations and in the southern hemisphere. We have been given fair warning and must act soon," he said.

The report was drawn up by UN officials over the last two months. It was commissioned in July after Ban ki-moon, the UN's secretary general, expressed concern that the H1NI virus could have a severe impact on the world's poorest countries.

It paints a disastrous picture for the world's most vulnerable people unless there is immediate action. "There is a window in which it will be possible to help poor countries get as ready as they can for H1N1 and that window is closing rapidly," it says.

"Countries where health services are overburdened by diseases, such as HIV/Aids, tuberculosis and malaria, will have great difficulty managing the surge of cases. And if the electricity and water sectors are not able to maintain services, this will have serious implications for the ability of the health sector to function.

"If suppliers of fuel, food, telecommunications, finance or transport services have not developed plans as to how they would continue to deliver their services, the consequences could be significantly intensified," it adds.

The 47-page report provides a detailed breakdown of the basic needs of 75 vulnerable countries with the weakest capacity to withstand an escalation of the virus. Six countries from Latin America, including Cuba and Bolivia, 21 countries from Asia and the Pacific such as North Korea and Bangladesh, and 40 countries from Africa such as Congo and Eritrea are included in the survey.

UN officials say in the report that £700m should be spent on antiviral drugs and vaccines to protect health care workers and other essential personnel as well as cover those suffering from severe illness. They have identified 85 countries that do not have the ability to access vaccines from any other source and intend to cover 5-10% of each population.

A further £147m should be put aside to organise vaccine campaigns, improve communications, monitor levels of illness and improve laboratory capacity in 61 countries, the report claims. The remainder should be used to pay for the WHO and other UN-related organisations to help in these countries as well as an emergency fund for additional antiviral medicines, it argues.

The UN's efforts were boosted last week when nine countries, including Britain and the US, pledged to give the equivalent of a 10% share of their swine flu vaccine supply to help fight the deadly virus's global spread. In Britain, Douglas Alexander, the development secretary, pledged to give £23m.

Some officials within WHO believe, however, that this will not be enough. One said that richer countries were reluctant to pay out all of the money that was needed. "The downturn means that governments countries are reluctant to give," he said.

Another said: "The money is a trickle, not a flood. It is going to be a struggle. If we are not careful, the virus could destroy a burgeoning economy or democracy."

The UN's request for the money comes as the virus begins to establish itself in some of the world's most vulnerable countries. On Wednesday, health officials told one website that the African continent had recorded 8,187 confirmed cases of swine flu and 41 deaths.

Swine flu was declared a pandemic in June and has since been identified in 180 countries. Pandemic experts believe that the western world, including Britain, is facing a second wave of the virus.

BBC NEWS РУССКАЯ СЛУЖБА

Минздрав РФ отрицает случай смерти от свиного гриппа

BBC News, 21 сентября 2009
https://www.bbc.com/russian/russia/2009/09/090920_russia_swine_flu_death

Минздравсоцразвития России не подтвердило информацию о первом в стране случае смерти от свиного гриппа.

"На территории Российской Федерации не выявлено ни одного случая, который бы закончился летальным исходом, то есть смертью", - заявила на брифинге в понедельник заместитель министра Вероника Скворцова.

По ее словам, скончавшаяся 19 августа женщина, о которой говорил в воскресном интервью телеканалу "Россия" директор НИИ вирусологии Дмитрий Львов, умерла не от гриппа A/H1N1, а от целого букета других болезней, среди которых были сахарный диабет, двусторонняя пневмония с дыхательной недостаточностью и врожденный порок сердца.

Член Российской академии медицинских наук Дмитрий Львов, тем не менее, стоит на своем. "Свиной грипп уже среди нас", - говорит он.

Подтвердить нельзя?

По словам Вероники Скворцовой, "основной диагноз, от которого умерла больная - острая внебольничная пневмония, дыхательная недостаточность на фоне врожденного порока сердца и других сопутствующих патологий".

Замминистра уверена, что с учетом всех заболеваний, которые имелись у покойной, подтвердить связь ее смерти с вирусом гриппа A/H1N1 нельзя.

Женщина, работавшая медсестрой в подмосковной больнице, 3 августа вернулась с отдыха в Болгарии, вскоре почувствовала себя плохо и была госпитализирована в пульмонологическое отделение своей же клиники. 12 августа в связи с ухудшением состояния ее перевели в специализированную столичную клинику, однако спасти больную врачам не удалось.

Скворцова подчеркнула, что исследование на выявление антител к вирусу A/H1N1, показавшее положительный результат, проводилось на незарегистрированном оборудовании, а тестирование всех лиц, контактировавших с покойной, ни у кого не выявило наличия вируса.

"Ни в одной пробе, ни от одного обследованного не было выявлено носительства", - заявила она.

По данным Минздравсоцразвития, число заболевших свиным гриппом в России на 21 сентября составляет 381 человек.

Позиция академика

Между тем член Российской академии медицинских наук Дмитрий Львов от своих слов отказываться не намерен.

"Я сказал то, что я сказал. У меня есть для этого аргументы", - заявил он агентству "Интерфакс" в ответ на просьбу прокомментировать слова Вероники Скворцовой.

В телеинтервью 20 сентября он выразил мнение, что скрытыми носителями вируса уже являются десятки тысяч россиян, и "распространение свиного гриппа в России уже не удастся остановить".

"Он [свиной грипп] уже среди нас. По моим расчетам, десятки тысяч зараженных больных. Я сию минуту доказать это не могу. Через пару недель у меня в руках будут такие факты, где я скажу, что вот так оно и есть", - заявил эксперт.

Что касается конкретного летального исхода, то, по словам Львова, лабораторные пробы пациентки были направлены в возглавляемый им институт лишь за сутки до ее смерти.

"Какие-то меры принять мы были не в состоянии, потому что она скончалась на следующий день", - сказал Львов.

По последним данным ВОЗ, число заболевших свиным гриппом в мире превысило 296 тысяч человек, из которых коло 3,5 тысяч умерли.

Teresa Forcades

Campanas por la Gripe A
Monasterio de Sant Benet; Montserrat Barcelona
23 September 2009

1/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=A0JqQyl09zQ

2/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=jAmbOrVxMBo
https://web.archive.org/web/20091215162611/http://www.youtube.com/watch?v=jAmbOrVxMBo&feature=related

3/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=TqOqo-Zo6Ao
https://web.archive.org/web/20191005202425/https://www.youtube.com/watch?v=TqOqo-Zo6Ao&feature=related

4/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=K-Ea_yCuL34

5/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=sMgH27Jly7k
https://web.archive.org/web/20191005202425/http://www.youtube.com/watch?v=sMgH27Jly7k&feature=related

6/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=A9_A588mqH0
https://web.archive.org/web/20191005202421/https://www.youtube.com/watch?v=A9_A588mqH0&feature=related

ASSOCIATED CONTENT | HEALTH & WELLNESS

Sherry Tomfeld

H1N1 FluMist ~ the Nasal Spray that Keeps on Giving!

Associated Content, 23 September 2009

https://web.archive.org/web/20091023091136/http://www.associatedcontent.com/article/2205843/h1n1_flumist_the_nasal_spray_that_keeps.html?cat=70 (link is corrupted)

Everyone has to be responsible for their own decisions. If you are afraid of catching the H1N1 flu this year. You may be pondering whether to get a flu shot or using the H1N1 FluMist. The FluMist is administered into your nostrils. Before making your final decision, you may want to ask some questions and think of some consequences to taking the H1N1 FluMist nasal spray.

The H1N1 FluMist is made with "live" virus. This means that the H1N1 flu will be a part of the nasal spray formula. It's supposed to be just enough to start your immunity to build defenses to it. The shot is supposed to be a killed virus.

If you take the H1N1 FluMist, you will in fact become a carrier of the H1N1 flu. Information on this drug states that *you can and will shed the virus for up to 21 days*. That means as you are visiting with your elderly family members, or shopping in the isles of your grocery store or sitting in church with young children and people with immune problems, YOU are going to be shedding the virus H1N1 germs.

If you are a person that cannot tolerate the shot or the FluMist for the H1N1 flu, you are a sitting duck when it comes to being around people who have taken the FluMist. The use of FluMist is for people ages 2 - 49. How many people do you come into contact each day that don't fit the age range?

Drugs.com says that you should be careful when coming into contact with "FluMist with anyone who has a weak immune system caused by disease (such as cancer, HIV, or AIDS), or by certain medicines such as steroids, cancer chemotherapy, or radiation treatment. A person with a weak immune system can become ill if they have close contact with you after you have recently received a an influenza vaccine." Pregnant women are also on this list of people who should NOT use FluMist.

What happens when anything gets in your nose? You sneeze! Please be a responsible user of the FluMist and cover your face when you sneeze and cough. Remember, you are passing the H1N1 flu germs. The flu is passed from person to person with the sneezing, the coughing and germs from your hands. So if you take FluMist for the H1N1 flu, please practice good hygiene for the rest of us and wash, wash, wash your hands! => the next page is blocked

ASSOCIATED CONTENT | HEALTH & WELLNESS

Alternative Medicine | Diseases & Conditions | Drugs & Medications | Fitness & Exercise

H1N1 FluMist ~ the Nasal Spray that Keeps on Giving!

September 23, 2009 by Sherry Tomfeld

McGill

2009 International Swine Flu Conference
Conférence internationale sur la grippe porcine 2009

McGill, 23 September 2009
https://healthenews.mcgill.ca/2009-international-swine-flu-conference/

The International Swine Flu Conference (ISFC) is designed to help you better meet the threat of a swine flu pandemic as well as to meet your planning requirements – on time, under budget, and with a minimum of disruption to your operations. This two-day event will include presentations, panel discussions, 15 concurrent breakout sessions and over 60 speakers.

We encourage you to share your specific issues and concerns and take advantage of the open-discussion collaborative environment of our summit workshops.

Toronto, November 23-24, 2009

La Conférence internationale sur la grippe porcine (CIGP) est conçue pour vous aider à mieux faire face à la menace d'une pandémie de grippe porcine et à répondre aux exigences de la planification : être prêt à temps, avec un budget réduit et en perturbant le moins possible vos activités. Cet événement de deux jours offrira des présentations, des débats, 15 ateliers simultanés et plus de 60 conférenciers.

Nous vous encourageons à partager vos problèmes et inquiétudes spécifiques et à profiter de l'environnement de discussion ouverte et de collaboration des ateliers de notre sommet.

Toronto, Le 23 et 24 novembre 2009

Next International H1N1 Swine Flu Conference

=> International Swine Flu Conference. – Toronto, Canada, 23-25 November 2009.
=> International Swine Flu Conference. – London, UK, 2-3 December 2009.
=> International Swine Flu Conference. – London, UK, 10-12 March 2010.
=> 2nd International Swine Flu Conference. – Washington, DC, 18-19 August 2010.

World Health Organization

Dr Margaret Chan

Director-General Statement
following the fifth meeting of the Emergency Committee

Geneva, WHO, 24 September 2009
https://www.who.int/news/item/24-09-2009-director-general-statement-following-the-fifth-meeting-of-the-emergency-committee

The Emergency Committee held its fifth meeting, via e-mail, concluding on 23 September 2009.

The Committee considered a proposal from the WHO Director-General regarding the continuation of three temporary recommendations issued under the IHR with respect to the on-going public health emergency of international concern. There was a consensus on continuing the three temporary recommendations proposed by the Director-General.

Having considered the views of the Emergency Committee, and the ongoing pandemic situation, the Director-General determined it was appropriate to continue these temporary recommendations, namely:

- countries should not close borders or restrict international traffic and trade;
- intensify surveillance of unusual flu-like illness & severe pneumonia; and
- if ill, it is prudent to delay international travel – if ill after travel seek care.

NEWS

United Nations seeks $1.5 billion for swine flu

United Nations health officials claim in a new report they need nearly $1.5 billion to prevent the swine flu epidemic from spiraling into a global catastrophe

NBC News, 25 September 2009, 9:11 AM + 08
https://www.nbcnews.com/id/wbna33005574

United Nations health officials claim in a new report they need nearly $1.5 billion to prevent the swine flu epidemic from spiraling into a global catastrophe.

But for a virus from which most people recover without ever being treated, not all experts are convinced swine flu merits such attention – and some critics even suspect the U.N. is using the pandemic as a convenient way to raise money.

On the sidelines of the U.N. General Assembly, World Health Organization chief Margaret Chan was meeting Thursday with other top officials to discuss the swine flu funding appeal, which was authored by WHO and two other U.N. agencies.

Experts said the global community should closely track how the swine flu money gets spent.

"When $1.5 billion is pledged, it's a reasonable question to ask about the details behind it," said Orin Levine, an associate professor at Johns Hopkins Bloomberg School of Public Health. "We should be very careful to watch where the money goes."

WHO spokesman Gregory Hartl denied WHO was using the H1N1 swine flu virus as a pretext for fundraising and said the appeal was a necessary response to the global health emergency.

"If we don't try to fund H1N1, we would be remiss in our public health responsibility to the world," he said.

In the U.N. funding appeal, the agency says nearly 80 percent of the requested money would be used to buy antivirals and vaccines. The rest would go mostly to "strengthening country readiness."

Influenza viruses like swine flu are unpredictable. Since the H1N1 virus first emerged in spring, experts have worried it might mutate into a more lethal form.

So far, those fears haven't panned out. Experiments at the U.S. Centers for Disease Control and Prevention showed swine flu lacks certain traits to help it easily morph into a more dangerous version.

Hartl said even if the virus doesn't turn deadlier, the agency expects to see a spike in cases that might crush health systems in poor countries. "There are a lot of signs that we need to take this seriously," he said.

3,500 have died so far

Globally, WHO estimates more than 3,500 people have died of swine flu – far fewer than those killed by diarrhea, pneumonia, or road accidents. That leads some experts to contend that WHO's prediction the virus could lead to "civil disruption" in poor countries may be overblown.

A sum of $1.5 billion is a lot to ask for considering swine flu is unlikely to be one of the world's top killers, said Christopher Murray, director of the Institute for Health Metrics and Evaluation at the University of Washington.

"Given that the world spends about $22 billion on all global health problems, is it really wise to spend $1.5 billion only on swine flu?"

Some experts said WHO's funding appeal went beyond the boundaries of its mandate.

"I am concerned WHO's communications is corrupted by the fact they push the buttons in the public's brains that will raise the most funds," said William Aldis, a retired senior WHO official who worked on the bird flu crisis.

"That is incompatible with what the organization should be doing: serving the public with technically correct factual information, pure and simple."

Others accused WHO of sacrificing science for dollars.

"WHO is peddling an alarmist, unscientific agenda to raise funds," said Philip Stevens, a director at International Policy Network, a London-based think tank. "The U.N. is operating on pure conjecture that we will face anarchy and chaos in the developing world should the virus mutate," he said.

HIN1 overshadowing other pressing problems?

In countries where health systems are too weak to effectively mass distribute antivirals and vaccines, some experts questioned WHO's spending plan, particularly since most of the money will benefit the drug industry.

"If we want to reduce the mortality that will be caused by the H1N1 pandemic, we cannot rely only on the vaccine," said Dr. Christophe Fournier of Medecins Sans Frontieres.

Aldis warned that in countries with few resources, giving people a swine flu shot might come at the expense of a vaccine for measles or diptheria.

Some experts said the U.N.'s billion-dollar swine flu appeal could overshadow other pressing health problems.

"I would prioritize other areas like maternal and child health, where the need is urgent and huge," Murray said.

PLOS MEDICINE

Anne M Presanis, Marc Lipsitch, Daniela De Angelis, et al.

The severity of pandemic H1N1 influenza in the United States, April - July 2009

PLoS Curr. 25 September 2009; 1: RRN1042
doi: 10.1371/currents.RRN1042. PMID: 20029614; PMCID: PMC2762775.

Abstract

Background

Accurate measures of the severity of pandemic (H1N1) 2009 influenza (pH1N1) are needed to assess the likely impact of an anticipated resurgence in the autumn in the Northern Hemisphere. Severity has been difficult to measure because jurisdictions with large numbers of deaths and other severe outcomes have had too many cases to assess the total number with confidence. Also, detection of severe cases may be more likely, resulting in overestimation of the severity of an average case. We sought to estimate the probabilities that symptomatic infection would lead to hospitalization, ICU admission, and death by combining data from multiple sources.

Methods and Findings

We used complementary data from two US cities: Milwaukee attempted to identify cases of medically attended infection whether or not they required hospitalization, while New York City focused on the identification of hospitalizations, intensive care admission or mechanical ventilation (hereafter, ICU), and deaths. New York data were used to estimate numerators for ICU and death, and two sources of data – medically attended cases in Milwaukee or self-reported influenza-like illness (ILI) in New York – were used to estimate ratios of symptomatic cases to hospitalizations. Combining these data with estimates of the fraction detected for each level of severity, we estimated the proportion of symptomatic patients who died (symptomatic case-fatality ratio, sCFR), required ICU (sCIR), and required hospitalization (sCHR), overall and by age category. Evidence, prior information, and associated uncertainty were analyzed in a Bayesian evidence synthesis framework. Using medically attended cases and estimates of the proportion of symptomatic cases medically attended, we estimated an sCFR of 0.048% (95% credible interval [CI] 0.026%–0.096%), sCIR of 0.239% (0.134%–0.458%), and sCHR of 1.44% (0.83%–2.64%). Using self-reported ILI, we obtained estimates approximately 7–9× lower. sCFR and sCIR appear to be highest in persons aged 18 y and older, and lowest in children aged 5–17 y. sCHR appears to be lowest in persons aged 5–17; our data were too sparse to allow us to determine the group in which it was the highest.

Conclusions

These estimates suggest that an autumn–winter pandemic wave of pH1N1 with comparable severity per case could lead to a number of deaths in the range from considerably below that associated with seasonal influenza to slightly higher, but with the greatest impact in children aged 0–4 and adults 18–64. These estimates of impact depend on assumptions about total incidence of infection and would be larger if incidence of symptomatic infection were higher or shifted toward adults, if viral virulence increased, or if suboptimal treatment resulted from stress on the health care system; numbers would decrease if the total proportion of the population symptomatically infected were lower than assumed.

The Patriot Ledger

Nancy Reardon

Critics: Pandemic emergency bill tramples privacy rights

The Patriot Ledger, 26 September 2009, 12:01 AM ET.
https://www.patriotledger.com/story/lifestyle/health-fitness/2009/09/26/critics-pandemic-emergency-bill-tramples/40275122007/

Mandatory vaccinations, home searches without a warrant and forced quarantine for those who resist.

Critics of a pandemic preparedness bill pending in the Legislature say it would allow all those things and sets the stage for a medical police state where any response to an epidemic of flu or other illness has the potential to steamroll civil liberties.

The bill's supporters and its sponsor, Sen. Richard Moore, D-Uxbridge, have found themselves in recent weeks defending against attacks from talk show hosts and Internet critics with an anti-Big Government bent. In the category of unlikely bedfellows: the ACLU has joined the opposition.

Moore and other supporters say the bill is largely borrowed from public health laws and court rulings already on the books. They say that rumors and lies have led people to overreact to the legislation, and cite as an example the statement that the bill makes vaccinations mandatory. While he says his own bill doesn't mandate vaccination, Moore points to a 1905 U.S. Supreme Court ruling in a Massachusetts smallpox case that said states could require people to get vaccinated.

Critics responded that the bill's language is too broad and vague in many key areas, and that supporters were splitting hairs in defending it. No, vaccination is not mandatory, but people who do not get vaccinated after the governor declares a health emergency can be placed under quarantine, and failure to observe the quarantine can result in arrest.

Senate Bill No. 2028 – An Act Relative to Pandemic and Disaster Preparation and Response in the Commonwealth – passed the Senate by a unanimous vote on April 30 with almost no public notice. It is awaiting debate and vote on the House floor.

Christopher Ott, spokesman for the Massachusetts chapter of the ACLU, which opposes the bill, said, "We feel it's just a bad idea to legislate out of fear and in a hurry."

But the bill is not new and not a response to the H1N1 flu.

Moore first filed it about six years ago in response to the threat of anthrax attacks after Sept. 11, 2001. Rewritten versions have passed the Senate three times, but the bill has yet to make it through the legislative process.

The emergency measures outlined in the bill wouldn't be automatically activated even in a swine flu outbreak, said Jared Cain, a spokesman for Moore.

"The circumstances would have to be pretty grim," he said, before it became operative.

On Sept. 9, John Auerbach, the state's commission of public health, wrote a letter to legislators to clarify the matter.

"If the H1N1 pandemic develops ... there would be NO NEED (his capitals) for a declaration of the type of public health emergency as envisioned in Senate Bill 2028," he wrote.

The legislation, he said, is designed for situations on the level of the SARS outbreak or the aftermath of Hurricane Katrina in Louisiana.

But critics point out that the bill itself does not say it wouldn't be used for any type of flu outbreak regardless of how widespread or deadly it was.

State Sen. Robert Hedlund, R-Weymouth, voted for the bill in April but now says he has changed his mind. When it comes back to the Senate for a final vote, he said he plans to vote against it if no changes are made by the House or a joint conference committee.

"I think it needs to be defined what constitutes a public health threat. That's very vague," he said. "A lot of the definitions and criteria have to be firmed up."

The bill was initially based on the Model State Emergency Health Powers Act completed in December 2001 by the Centers for Law and Public's Health, a collaboration between Johns Hopkins and Georgetown universities.

According to the center, that model legislation has been introduced in whole or in part in 171 bills in 44 states.

Cain, Moore's spokesman, said the bill doesn't include anything not already on the books in Massachusetts. It consolidates many health laws and regulations into one act to outline how the state should deal with public health crises and what the state health commissioner would be empowered to do, he said.

Current laws, Cain said, are very broad on who would be in charge and what would take place.

"There are dozens of public health laws this bill borrows from," he said. "But it's all based on Massachusetts General Laws."

Senate Bill 2028 says that anyone who refuses to get a vaccination recommended by public health officials may be quarantined. It also allows arrest without a warrant or entry into any house or building without a warrant if an officer has probable cause to believe there is a violation of a quarantine.

The prospect of warrantless search and arrest riles critics, who call is an illegal expansion of the state's existing regulations for quarantine.

Moore's office says the bill applies to a public health situation the probable cause standard that already allows search and arrest without a warrant in other situations. While the Fourth Amendment of the U.S. Constitution guards against unwarranted searches and seizures, the concept of "exigent circumstances" has developed over time through case law. Emergency situations requiring swift action, the courts have held, may make a warrantless search constitutional if probable cause exists.

Under existing law, a quarantine order cannot be enforced unless the state health department or a local health board applies to a Superior Court judge for an judicial order empowering health authorities to take specific actions.

Ott, of the ACLU, said the organization believes "heavy-handed law enforcement is not the way to go."

The bill would also empower the state health commissioner to restrict or prohibit public assemblies.

Cain said Moore's intention was to require people to stay home from work or school, and give the health commissioner authority to close schools.

Critics, however, point out that the bill does specify those limits or intents.

When asked if it would apply to any public meeting, Cain said, "We're talking about an ebola-type situation. Nobody is going to think about having public meetings if this is the case."

LE MONDE *diplomatique*

Philippe Leymarie

Opération H1N1

Le Monde diplomatique, 28 Septembre 2009
https://web.archive.org/web/20100103025025/http://blog.mondediplo.net/2009-09-25-Operation-H1N1

«Centre opérationnel pandémie» (COP): des équipes se relaient dans cette structure de crise mise en place par le ministère de la Défense, en application du plan national de lutte contre du virus H1N1. La cellule «Opint» (opération intérieure) – déjà mobilisée lors de la prise d'otages du ferry Pascal Paoli, en 2005, ou lors de la tempête Klaus, en janvier 2009 – a été réactivée depuis début septembre, dans les sous-sols bunkerisés du boulevard Saint-Germain, dans le 6ème arrondisement, à Paris, au cœur du Centre de planification et de conduite des opérations (CPCO) – le «saint des saints» de la défense.

Objectif: vacciner au moins la moitié des 230 000 militaires engagés dans la préparation et l'emploi des forces armées, ainsi que les 100 000 gendarmes chargés de la sécurité au quotidien. Le «plan de continuité d'activité des armées» doit permettre, selon le ministre Hervé Morin, de préserver, quoiqu'il arrive, les missions jugées «impératives», comme la dissuasion nucléaire, la défense de l'espace aérien et des approches maritimes, ou les missions de sécurité intérieure.

Tous les militaires présents sur des théâtres d'opérations extérieures (Afghanistan, Balkans, Afrique) et dans les DOM-TOM (premières cibles françaises de la pandémie) ont reçu des réserves de masques et de vaccin Tamiflu qui leur garantissent soixante jours d'autonomie. Les unités désignées pour la relève (tous les quatre à six mois, selon les «opex»), sont également prioritaires: elles doivent être en mesure de poursuivre leurs entraînements, pour que Paris puisse tenir ses engagements internationaux.

Réserve de forces Retour à la table des matières

Par contrat, l'armée de terre tient par ailleurs en réserve dix mille militaires susceptibles de porter assistance aux autorités à l'intérieur du territoire, dont les 1600 personnels de l'opération Vigipirate. «Comme à chaque crise majeure (tempête, crash, pandémie...), la réserve des forces armées pourrait venir épauler les préfets en cas de besoin», précisait l'amiral Christophe Prazuck, porte-parole de l'état-major des forces armées: stockage et distribution des masques et doses de vaccins; acheminement d'urgence de vivres, etc.

La Pharmacie centrale des armées, seul établissement public habilité à produire l'équivalent de l'antiviral Tamiflu, a fabriqué près de 80 millions de comprimés, et se tient prête à reprendre la production à tout moment. Six hôpitaux d'instruction des armées – Metz, Marseille, Bordeaux, Brest, Val de Grâce à Paris, et Saint-Mandé – disposent de laboratoires agréés pour faire les diagnostics de la maladie. L'ensemble des établissements de santé des armées se sont préparés à accueillir les patients les plus gravement atteints, et à participer aux campagnes de vaccination de la population civile.

C'est le Secrétariat général de la défense nationale (SGDN) qui avait été chargé par le premier ministre d'actualiser dès le mois de février dernier le Plan national de prévention et de lutte «Pandémie grippale» de janvier 2007, suite aux nouvelles consignes de l'OMS, aux travaux réalisés sous l'égide du délégué interministériel à la lutte contre la gripe aviaire, aux enseignements tirés de l'exercice national réalisé le 24 janvier 2008, et aux recommandations du Livre blanc sur la défense et la sécurité nationale, publié en juin 2008.

Confinement et quarantaine Retour à la table des matières

Alors que le plan secret de la Chancellerie pour le maintien en activité de la justice, comportant de nombreuses limitations aux droits traditionnels, n'avait été dévoilé que début septembre, et par le

Syndicat de la Magistrature [1], le plan défense était connu des spécialistes. Dès le 30 avril 2009, la générale Anne Robert, médecin-chef des services, avait annoncé l'activation du réseau SMOG (Système militaire d'observation de la grippe) reposant sur trente «unités sentinelles», les soixante centres SMOP (Système militaire d'observation d'une pandémie) se préparant à une éventuelle activation.

«Les armées prendront part aux dispositifs de contrôle aux frontières, sur demande des autorités civiles, en fonction de leurs capacité du moment», mais seulement «en complément des forces de l'ordre dont c'est la mission», avait précisé la générale. En outre,

- des mesures de confinement (pour certains militaires et en fonction de leurs missions), ainsi que des mesures de restriction de mouvement (exercices, stages, entraînements) sont prévues, en cas de généralisation de la pandémie;
- le fonctionnement des unités pourra être réduit au minimum, et des mesures de maintien à domicile des militaires ou civils de la défense non indispensables seraient alors décidées;
- des mesures de quarantaine pourraient également être appliquées aux personnels de retour d'une zone suspecte;
- un contrôle sanitaire strict serait exercé sur les accès aux casernements abritant des moyens d'intervention,

=>

THE FLU CASE

Top level army group activated in France to plan pandemic operations

The Flu Case, 11 November 2009

https://web.archive.org/web/20100102051438/http://theflucase.com/index.php?option=com_content&view=article&id=1736%3Atop-level-army-group-activated-in-france-to-plan-pandemic-operations&catid=41%3Ahighlighted-news&Itemid=105&lang=en

«The Operational Pandemic Center » (COP), set up by the Ministry of Defence in 2004, consists of 120 officers and 80 non commissioned officers who carry out strategic crisis planning. But the unit's activation will fuel fears that the government intends to implement martial law and also carry out forced vaccination and quarantines inspite of claims to the contrary.

The unit has been operating since September out of a bunker located beneath 231 boulevard St Germain in the center of Paris – where the army chief of staff has ist headquarters – and is reported to be involved in the construction of a new European Union Army.

Under the French national pandemic plan, special crisis committees work closely with and take orders from WHO.

The objective of the COP is to vaccinate at least half of the army's 230,000 soldiers as well as 100,000 Gendarmes with the swine flu jab.

In *April, the French army chief doctor General Anne Robert* announced a raft of measures to deal with the swine flu inside the army, including quarantine of units and the confinement of soldiers to barracks.

Emmanuel Hirsch, Director of the Departement of Research into Ethical Studies at the University of Paris-Sud XI has criticised the mobilisation of the army saying that it will be hard to impose restrictions on people if there has been no debate beforehand with people about why they are needed.

The mobilisation of the army to deal with a mild swine flu pandemic that has caused only a handful of deaths in France – while the far bigger problems of the economic crash and the theft of gigantic sums of tax money by the banks and industrialists are being ignored – will fuel fears that key elements in the state are acting as accomplices in a crime and are helping to wage biological warfare against the French people under the pretext of fighting a pandemic emergency.

CTV NEWS

Mutation not causing greater virulence in swine flu

CTV News // The Associated Press, 30 September 2009, 12:45 PM EDT
https://www.ctvnews.ca/mutation-not-causing-greater-virulence-in-swine-flu-1.439299?cache=klfcnyffis%3FclipId%3D104056%2F7.337730

Toronto – Dutch scientists have reported they have found what was thought to be a key mutation in some swine flu viruses from the Netherlands, a change many virologists feared would give the viruses the ability to cause more severe disease.

But so far the evidence seems to suggest this mutation does not make the new H1N1 virus more virulent, the researchers said Tuesday.

The change, at position 627 on the PB2 gene of the virus, is known to increase the ability of flu viruses to replicate; prolonged viral replication can lead to more serious illness. The mutation has been found in all known human flu viruses, including the three that caused the pandemics of the last century.

"Everybody predicted that this mutation is going to have a big impact on virus replication of the new H1N1," said Dr. Ron Fouchier, one of the authors of the report and a molecular virologist at Erasmus Medical Centre in Rotterdam.

"If you would have asked me three months ago, I would have bet my car on it. But nobody placed that bet because everybody was sure that it would increase (virulence)."

If they had, it seems they might have been able to claim the keys to Fouchier's SUV.

Three people either known or suspected of having been infected with the mutated H1N1 viruses suffered only mild disease. And ferrets infected with a laboratory synthesized H1N1 virus with this change also did not suffer more severe disease. Ferrets are the standard animal model for human flu.

"Given the information that we have at present, we have no indication for increased virulence," said Dr. Marion Koopmans, chief of virology in the infectious diseases laboratory of the National Institute of Public Health, The Netherlands.

"This is a mutation that is in the textbooks as something to look out for, but whether it really confers something to these (H1N1) viruses remains to be seen."

Koopmans, Fouchier and a number of colleagues disclosed the surprising findings through ProMed, a website and mailing list that serves as an early warning system for infectious diseases developments. It is closely scrutinized by scientists and public health officials in the infectious diseases sphere.

The Dutch scientists reported finding two viruses with this change that appear to have been transmitted between mid-July and mid-August in the West Frisian Islands in the north of The Netherlands. The area is a popular destination for Dutch and German campers.

One of the mutated viruses was recovered from a male who had been there and who started developing symptoms on Aug. 9. The second was found in a girl who hadn't been to the area, but

whose sister had been camping there at the time. The sister was also sick, but there was no specimen from her to test. Koopmans said the working assumption is that the sister who went camping was also infected with this virus.

The first virus was only discovered in mid-September, when it made its way to Koopmans' lab. An investigation at that point showed the male and the sister had been part of a group of 24 who shared two tents on the island. Most of the members of the camping party reported having been ill.

Koopmans said officials have looked at specimens from the area and from the regions from whence the campers came, but haven't found more viruses with this change.

"There's no evidence yet that this virus has spread any further in Holland," Fouchier said. "Of course we're currently still looking for it. Every virus we get our hands on we check (position) 627. But we haven't found any more."

Labs have been looking for this mutation from the moment the new H1N1 virus was fully analyzed and it was seen it didn't have the same amino acid at position 627 as other human viruses have.

Some scientists even suggested the virus might not be fully adapted to spread among humans because it didn't have this change, but instead had an amino acid at position 627 that is normally seen in avian flu viruses. The pandemic virus, which is a never-before-seen hybrid of swine, avian and human genes, has an avian PB2 gene.

Dr. Richard Webby, head of the World Health Organization's influenza collaborating centre at St. Jude Children's Research Hospital in Memphis, Tenn., said there is good evidence this mutation is associated with adaptation of avian influenza viruses to humans, but the proof that it is linked to severity of disease is less clear.

Viruses with this change show increased virulence in mice and sometimes in ferrets, but not always, he said, suggesting the ferret data probably are more reliable. "I think this is one instance where mice are probably lying a little bit," Webby said.

In some flu viruses this change is known to allow the virus to replicate at cooler temperatures, meaning they can infect the upper airways, rather than the warmer deep lung area preferred by avian flu viruses.

That might actually be a good thing with this H1N1, Webby said, noting autopsies have shown that in severe cases the pandemic virus wreaks havoc deep in the lungs.

Dr. Nancy Cox, who heads the influenza division at the U.S. Centers for Disease Control, warns people should not take too much comfort from the fact this change doesn't seem to make the virus more virulent at this point.

"We just know that influenza can change in unpredictable ways through mutation and reassortment," she said, referring to the process by which flu viruses swap genes with each other.

"The unexpected can arise, and arise very quickly. So we shouldn't write this off. It is causing hospitalization. It is causing fatalities. And in every single case that you hear about, it's a tragedy."

REUTERS

Julie Steenhuysen

Big Pharma jumps back into Flu business

Reuters, 30 September 2009
https://www.reuters.com/article/us-flu-vaccines-analysis-idUSTRE58S6AP20090930

Chicago (Reuters) - A dearth of new products, new technologies and fresh commitments by governments scrambling to protect their populations from pandemic threats have lured U.S. drugmakers back into the flu vaccine business.

Three big U.S. pharmaceutical companies announced vaccine deals this week.

Johnson & Johnson, the world's largest healthcare company by market value, spent $444 million to buy a stake in Dutch biotech company Crucell as part of a new push into influenza vaccine and drug development.

Abbott Laboratories Inc spent $6.6 billion to buy the drugs unit of Belgium's Solvay, including Solvay's Dutch cell-based flu vaccine production facility, which can make both seasonal and pandemic influenza vaccines.

And Merck & Co, already a vaccines powerhouse with its shingles and cervical cancer vaccines, got back into the U.S. flu market with a deal to distribute seasonal flu vaccine made by Australia's CSL Ltd.

Although analysts say the deals are more strategic than game-changing, collectively they have infectious diseases experts heaving a sigh of relief.

"I am very pleased. For a while, a lot of vaccine manufactures simply disappeared," said Dr. Hildegund Ertl, who directs the vaccine centers at the Wistar Institute in Philadelphia.

"There was this attitude 20 years ago, 'Let's not worry about microbes. We've conquered them. Let's focus on cancer.' Then HIV came along. Then SARS came along. Then H5N1 (avian influenza) came along," she said.

Ertl said beginning with an outbreak of bird flu in Hong Kong in 1998, the United States and other governments started to offer grants to companies to develop new ways of making influenza vaccines.

That has continued with the current H1N1 swine flu pandemic that started in June. The U.S. government has committed $1.8 billion to companies to make a swine flu vaccine.

Out to Get Us

"I think it's finally sinking into politicians' minds that maybe viruses and pathogens are out to get us and that our infrastructure has really gone to hell," Ertl said in a telephone interview.

"We have very few vaccine manufacturers in this country," she said, noting that companies like Wyeth , which is being acquired by Pfizer, dropped out of the flu vaccine market in the United States in 2002 because of high manufacturing costs and commodity pricing.

Five companies make swine flu vaccine for the U.S. market, all ultimately owned outside the United States – Astra Zeneca's MedImmune unit, CSL, GlaxoSmithKline Plc, Novartis AG and Sanofi-Aventis SA.

"The government is now pitching in to try to get interest back, to have more manufacturers make vaccines," Ertl said.

Both Wyeth and Merck once made influenza vaccines in the United States using conventional egg-based technology.

"They decided it wasn't worth it," said Dr. Robert Belshe, director of Saint Louis University's Center for Vaccine Development. "But with new technologies and the rise in importance influenza vaccine, I think companies are revisiting that now."

For example, instead of chicken eggs, Solvay makes flu vaccine in cell culture, and Crucell is developing "flu-mAb," an antibody treatment meant to provide protection from all influenza A strains as well as to treat patients who are already infected.

Belshe said the United States is on the verge of recommending that all U.S. citizens get a flu shot. "We're at 270 million people who should get vaccinated. It's a big market. I think manufacturers are just now catching up."

John Sullivan, director of research and healthcare strategist at Leerink Swann, said all three deals reflect the fact that the pharmaceutical industry has too few products, but "lots of cash and lots of cash flow."

But he said the deals do suggest a change in direction.

"These deals indicate that infectious disease is perhaps moving up the list of what the managements of some big therapeutics companies care about," Sullivan said in a telephone interview.

He said the swine flu pandemic has made clear that governments are more willing to pay for products that protect their populations than before.

"If you look at some emerging countries – Brazil, India, China – governments are perceiving healthcare as a good that they can provide to their people, and they increasingly have enough money to do it."

ФЕДЕРАЛЬНАЯ СЛУЖБА ПО НАДЗОРУ В СФЕРЕ ЗАЩИТЫ ПРАВ ПОТРЕБИТЕЛЕЙ И БЛАГОПОЛУЧИЯ ЧЕЛОВЕКА

О Направлении Рекомендаций CDC США по Профилактике гриппа для родителей

Роспотребнадзор, Письмо, 1 октября 2009 г. N 01/14515-9-32
https://web.archive.org/web/20160623034546/http://www.hippocratic.ru/medtext2/medtext_26897.htm

Федеральная служба по надзору в сфере защиты прав потребителей и благополучия человека *направляет для сведения* рекомендации СДС США для родителей по профилактике гриппа в семьях.

Что следует предпринять родителям, чтобы уберечь своих детей и других членов семьи от гриппа в этом учебном году

Центры по контролю и предотвращению заболеваний (CDC) рекомендуют 4 наиболее эффективных способа защиты от гриппа в школе и дома:

1. Соблюдайте гигиену рук. Мойте руки водой с мылом как можно чаще, особенно после кашля или чихания. Также эффективными являются средства для обработки рук на основе спирта.

2. Прикрывайте рот и нос бумажной салфеткой во время кашля или чихания. Если у вас нет салфетки, при кашле или чихании прикрывайтесь локтем или плечом, а не руками.

3. Оставайтесь дома, если вы или ваш ребенок переболели, в течение, по крайней мере, 24 часов после того, как температура спала или исчезли ее симптомы (и больной при этом не принимал жаропонижающих средств). Для предотвращения распространения вируса заболевший школьник должен оставаться дома.

4. Все члены семьи должны сделать прививку от сезонного гриппа и гриппа H1N1 2009, как только поступит соответствующая вакцина. Если эпидемия гриппа примет более серьезные масштабы, родителям следует принять следующие меры:

- Продлите время пребывания заболевших детей дома, по крайней мере, на 7 дней - даже в том случае, если состояние больного улучшится раньше. Тем, кто болеет дольше 7 дней, следует оставаться дома в течение, по крайней мере, 24 часов после полного исчезновения симптомов.
- В случае заболевания одного из членов семьи все дети школьного возраста должны оставаться дома, по крайней мере, в течение 5 дней с момента заболевания родственника. Родители должны следить за состоянием своего здоровья и здоровья детей школьного возраста, регулярно измеряя температуру и обращая внимание на другие симптомы гриппа.

Чтобы подготовиться к сезонному гриппу 2009-2010 учебного года, следует принять следующие меры:

- Подумайте, как обеспечить уход за ребенком дома, в случае если он заболеет или если отменят занятия в школе.
- Будьте готовы следить за состоянием здоровья больного ребенка и других членов семьи: проверять температуру и наличие других симптомов гриппа.
- Определите, имеются ли в вашем доме дети, которые подвержены повышенному риску осложнений гриппа и обсудите со своим врачом, как вы можете уберечь своих детей от гриппа в предстоящем сезоне. В число детей, подверженных повышенному риску осложнений гриппа, входят дети в возрасте до 5 лет и дети, страдающие хроническими заболеваниями, такими как астма и диабет.
- На время лечения выделите отдельную комнату для заболевших членов семьи.
- Подготовьте новый список контактных лиц для связи в экстренных ситуациях.
- Подберите игры, книги, видеодиски и другие вещи, необходимые для развлечения в кругу семьи на случай, если отменят занятия в школе или если ваш ребенок заболеет и будет вынужден оставаться дома.
- Поговорите с представителями администрации школы об их планах на случай пандемии или экстренной ситуации.

The San Diego Union-Tribune

Susanne M. Schafer

Army's first swine flu death is soldier in SC

The San Diego Union-Tribune // The Associated Press, 1 October 2009, 10:52 AM PT
https://www.sandiegouniontribune.com/sdut-us-army-swine-flu-100109-2009oct01-story.html

Columbia, S.C. – A 23-year-old soldier from Florida who was in basic training is the Army's first death from complications of swine flu, officials said Thursday.

The death at Fort Jackson, the Army's largest training camp and just outside Columbia, may be the first such loss among the nation's 1.4 million men and women in uniform.

Pentagon officials said they were trying Thursday morning to confirm details of the case. But as of late last week, Department of Defense spokesmen said no military deaths had been recorded since the virus broke out last spring.

Spc. Christopher Hogg of Deltona, Fla., died Sept. 10th from "pneumonia due to H1N1 influenza," according to Fort Jackson commander Brig. Gen. Bradley May.

"His family had traveled to Columbia to be with him and was present when he passed away," May said in a statement Thursday.

An autopsy was conducted the following day and results received late Wednesday, May said.

Hogg was in the fifth week of basic. He had initially tested negative for the swine flu virus, but the autopsy later detected it, another defense official said on condition of anonymity because he was not authorized to speak on the record.

"Regrettably, this is the first H1N1-related death of a soldier for the U.S. Army," said Gary Tallman, a civilian spokesman for the service, the Pentagon's largest service branch with 552,425 soldiers.

Hogg reported to sick call with a fever on Sept. 1 and was treated at the Army's Moncrief Army Community Hospital. Two days later he was transferred to a local hospital, where he died, May said.

Fort Jackson spokeswoman Karen Soule said that as of Wednesday evening, 51 of Fort Jackson's 13,000 soldiers had flulike symptoms. More than 50,000 soldiers every year participate in either basic or advanced training on the installation.

Military recruits are always at higher risk for illness because of the stressful training environment, close quarters and rigorous physical work, military medical officials have said.

The Army has long had programs for preventing and treating illnesses. It stepped up efforts when swine flu surfaced in the spring, May said.

That includes mandatory vaccinations, frequent hand washing and use of hand sanitizer, coughing into the crook of the arm instead of the hands, and keeping hands away from the eyes, nose and mouth, the one-star general said.

Among many other steps, barracks have been rearranged so bunks are placed head-to-toe to keep soldiers as separate as possible. Living quarters are scrubbed daily with bleach, and soldiers turn in blankets, pillows and mattress covers for laundering every three weeks, the general said.

"We realize no matter how thorough our preventative measures are, soldiers will get sick, some will become seriously ill, and unfortunately some may die," the general said.

The military installation was one of many hit hard by the 1918 global flu pandemic.

During that pandemic, Camp Jackson, as it was known at the time, had more than 60,000 soldiers in training, according to Dale Smith, the historian for the military's medical school known as the Uniformed Services University of the Health Sciences in Bethesda, Md.

Exact numbers are hard to come by, but estimates are that about 25 percent of those at the installation got the flu, and of the afflicted about 18 to 20 percent died, Smith said.

Many who became ill recovered, "but it still killed a lot of people," Smith said.

BMC Part of Springer Nature

Robin Goodwin, Shamsul Haque, Felix Neto, Lynn B Myers

Initial psychological responses to Influenza A, H1N1 ("Swine flu")

BMC Infect Diseases, 2009, 9, 166.
Received on 27 May 2009; Published on 6 October 2009
https://doi.org/10.1186/1471-2334-9-166

Background

The outbreak of the pandemic flu, Influenza A H1N1 (Swine Flu) in early 2009, provided a major challenge to health services around the world. Previous pandemics have led to stockpiling of goods, the victimisation of particular population groups, and the cancellation of travel and the boycotting of particular foods (e.g. pork). We examined initial behavioural and attitudinal responses towards Influenza A, H1N1 ("Swine flu") in the six days following the WHO pandemic alert level 5, and regional differences in these responses.

Methods

328 respondents completed a cross-sectional Internet or paper-based questionnaire study in Malaysia (N = 180) or Europe (N = 148). Measures assessed changes in transport usage, purchase of preparatory goods for a pandemic, perceived risk groups, indicators of anxiety, assessed estimated mortality rates for seasonal flu, effectiveness of seasonal flu vaccination, and changes in pork consumption

Results

26% of the respondents were 'very concerned' about being a flu victim (42% Malaysians, 5% Europeans, $p < .001$). 36% reported reduced public transport use (48% Malaysia, 22% Europe, $p < .001$), 39% flight cancellations (56% Malaysia, 17% Europe, $p < .001$). 8% had purchased preparatory materials (e.g. face masks: 8% Malaysia, 7% Europe), 41% Malaysia (15% Europe) intended to do so ($p < .001$). 63% of Europeans, 19% of Malaysians had discussed the pandemic with friends ($p < .001$). Groups seen as at 'high risk' of infection included the immune compromised (mentioned by 87% respondents), pig farmers (70%), elderly (57%), prostitutes/highly sexually active (53%), and the homeless (53%). In data collected only in Europe, 64% greatly underestimated the mortality rates of seasonal flu, 26% believed seasonal flu vaccination gave protection against swine flu. 7% had reduced/stopped eating pork. 3% had purchased anti-viral drugs for use at home, while 32% intended to do so if the pandemic worsened.

Conclusion

Initial responses to Influenza A show large regional differences in anxiety, with Malaysians more anxious and more likely to reduce travel and to buy masks and food. Discussions with family and friends may reinforce existing anxiety levels. Particular groups (homosexuals, prostitutes, the homeless) are perceived as at greater risk, potentially leading to increased prejudice during a pandemic. Europeans underestimated mortality of seasonal flu, and require more information about the protection given by seasonal flu inoculation.

REUTERS

Maggie Fox

Swine flu mild for now, but could worsen

Reuters, 7 October 2009, 5:21 AM GMT+8
https://www.reuters.com/article/us-flu-scenarios-sb/swine-flu-mild-for-now-but-could-worsen-idUSTRE59568W20091006/

Washington (Reuters) - The new pandemic of H1N1 swine flu is causing a strong second wave of disease in many Northern Hemisphere countries, according to the World Health Organization.

While the United States, China and Australia have begun vaccination, other countries have not and it is unlikely many people will be protected from the virus before November. Here are some possible ways the pandemic could play out:

Becoming Part of the Mix

The new H1N1 virus is a distant cousin of an H1N1 strain that has been part of the seasonal influenza mix for decades. Early surveillance suggests the new swine flu strain may supplant seasonal H1N1 and become part of the common circulating viruses. This could be good news as the seasonal H1N1 had developed resistance to the antiviral drug oseltamivir, Roche AG and Gilead Science's pill sold under the Tamiflu brand name. But most viruses eventually mutate and health experts would not be surprised to see swine flu acquire resistance. That is why companies are working to develop newer and better influenza drugs.

The U.N.'s senior technical expert on influenza, Dr. Julie Hall, said it takes two to three years for a new influenza virus to infect enough of a population to create broad immunity.

Adding a New Dimension

Because flu viruses mutate and recombine to form new strains, people remain vulnerable to flu all their lives. This is why the vaccine must be reformulated each year. H1N1 has been remarkably stable since it began infecting people widely in March and April this year. But experts predict once it has infected a certain proportion of the population -- no one knows exactly what proportion – it will start to change.

Right now the H1N1 vaccine is a good match against the virus, and most adults and older children will get good protection with a single dose. If the virus "drifts," the vaccine will have to be reformulated to match, just as with the seasonal flu vaccine. The process takes about six months.

Health officials will monitor closely for this to happen. In past pandemics, notably the one in 1918 that killed between 40 million and 100 million people globally, a first wave of relatively mild influenza was followed by a second wave of severe disease months later.

When Pigs Fly

It is also possible that the virus will recombine, swapping genetic material with other flu viruses, such as the seasonal H3N2 virus. A special concern is that someone could become infected with both the H1N1 virus and the H5N1 avian flu virus. They could then combine to create an especially

virulent new virus "that would have very unpleasant consequences for humanity," United Nations special pandemic coordinator Dr. David Nabarro told a World Bank briefing on Sunday.

Bird flu is still circulating and has infected 442 people, killing 262 of them, since 2003, the World Health Organization says. It is difficult for people to catch bird flu but when they do it is highly deadly. If a new virus had H1N1's infectivity and H5N1's deadliness, it could be devastating.

Many companies are working on H5N1 vaccines, which could give the world a head start on a new vaccine if any eventual new mutant closely matches the strain being used to make it.

Lacking Vaccines

Whatever the virus does, the world lacks the capacity to vaccinate most of the population against flu. The WHO estimates worldwide production capacity for pandemic vaccines at approximately 3 billion doses a year, which would be enough to cover fewer than half the world's 6.8 billion people. The WHO is pressing rich countries to buy and donate vaccine to poorer countries.

Hall told the World Bank gathering that the first wave of the swine flu pandemic affected wealthier nations like the United States, Australia and Japan, where it is still active.

"But what we are seeing now is that the virus is beginning to penetrate into some of the poorest communities in the world," she said. There it may cause "explosive outbreaks" among young and working-age adults – a particular problem for countries with younger populations.

Joy Phumaphi of the World Bank estimates that even a mild epidemic will reduce world gross domestic product or GDP by 0.7 percent. A more severe epidemic could reduce GDP by 3 percent, as it not only takes people out of the workforce for days or weeks, but requires them to seek expensive medical care.

PBSO NEWS HOUR

How Much Will the H1N1 Flu Cost the U.S.?

PBSO News Hour, 8 October 2009, 12:00 AM EST
https://www.pbs.org/newshour/health/health-july-dec09-flu-costs_10-08

As of Oct. 1, the Department of Health and Human Services reported 1,378,200 doses of the nasal-spray vaccine had been ordered in 46 states and the District of Columbia.

Here is a look at some of the predicted costs associated with fighting the outbreak:

Congress appropriated $7.65 billion in June to fight pandemic flu, including H1N1. Of that, $6.15 billion has been spent or is set aside, most of it for vaccine purchases and related supplies, including syringes, needles, antivirals and other support.

Federal officials and the White House warned last spring that closing schools might be an option to contain a peak outbreak, but the CDC and other agencies now say that's unlikely.

The Brookings Institute looked at the cost of closing schools in a recent report, finding it could cost between $35 and $157 per student.

If schools throughout the country closed for four consecutive weeks, the report predicts a loss of $10 to $47 billion in economic activity, or 0.1 to 0.3 percent of GDP.

With children out of school, parents would have to find ways to work from home or take time off. Some of those parents would be health care workers, further straining the health care system.

The United States could lose about 10 percent of all work-hours, based on the number of households with at least one child and no stay-at-home adults, 23 percent. Just over half of those workers will miss some work to care for children who would otherwise be at school.

"The CDC's viewpoint is that healthy kids need to be at school. Sick kids need to be at home," said CDC spokesman Joe Quimby.

Closing schools, he added, is ultimately a local decision.

In April, the Congressional Budget Office examined the possible price tag of a national, but "mild" pandemic that sickens 75 million and kills 100,000 people, akin to the 1957 and 1968 influenza outbreaks. The office predicted a 1 percent drop in GDP, relative to what it would have otherwise been.

In the case of a "more severe" scenario, something on a scale of the 1918-19 Spanish influenza that would infect 90 million and kill 2 million people, the CBO predicts real GDP would be 4 to 4.5 percent lower.

The Obama administration's advisory group on Science and Technology predicted in August that the H1N1 virus could cause between 30,000 and 90,000 deaths in the United States this flu season. A typical seasonal flu kills between 30,000 and 40,000 each year.

According to the CDC, more than one million Americans have been infected with H1N1, and around 20,000 have been hospitalized. At least 600 people in the U.S. have died from the disease this year.

The Guardian

Denis Campbell

Swine Flu fears grow as NHS staff shun Vaccine

The Guardian, 11 October 2009, 22.39 BST
http://www.guardian.co.uk/world/2009/oct/11/swine-flu-pandemic-vaccine-nhs

The Department of Health has ordered NHS bosses across England to ensure that frontline staff get immunised against swine flu amid growing signs that many doctors and nurses intend to shun the vaccine.

Chief executives and boards who run hospitals, primary care trusts and strategic health authorities have been told to urgently maximise the number of workers having the jab. Leading DH figures including Sir Liam Donaldson, the chief medical officer, have written to them six times in the last five weeks stressing the need for action before the second wave of the pandemic causes major problems.

Ian Dalton, the NHS's national director of flu resilience, last week warned that vaccination of nurses, doctors and other frontline staff was "absolutely critical" and that widespread take-up of the jabs "will help us to save lives".

The DH's letters stress that patients' health could be put at risk and the NHS left seriously short-staffed through virus-related absenteeism if senior managers do not overcome "perceived obstacles" to the vaccination of workers. Swine flu's threat is so great that the NHS must avoid only small numbers of personnel getting immunised, as usually happens with seasonal flu every winter, the letters add.

They stress that vulnerable patients could be endangered if staff decide not to heed repeated urgings from Donaldson and other senior figures to have the vaccine. There are growing signs that large numbers of workers will shun the jabs because they see them as unnecessary and potentially unsafe.

Dalton wrote to the chief executives of local NHS organisations in England on 10 September telling them: "We all know that uptake of the seasonal flu vaccine among NHS staff is traditionally low. It is an NHS board responsibility that we do not find ourselves in this position with the swine flu vaccine."

But hospital chief executives have told the Guardian that they expect as few as 10%-20% of their staff to get vaccinated and cannot fulfil the DH's demands because the jabs, which are due to begin within days, are entirely voluntary.

One chief executive of a busy urban hospital in one of the swine flu "hotspots" said: "At the moment in my hospital if nothing changes then it could be that 10%-20% of staff have the swine flu jab … Staff could have the virus and pass it on to patients, a proportion of whom will die, albeit a very small proportion."

He added: "The other consequence is that if loads of staff go off with swine flu that will leave us short-staffed, which is dangerous to patients. That's a bigger danger than transmission."

Another hospital chief executive said: "Ideally it should be 100% of frontline staff having the swine flu vaccine. But it obviously isn't going to be. I hope we'll get at least the 50% we usually get

for seasonal flu. This is important because although this strain of swine flu is mild in most people, if it's contracted by someone with an underlying health condition that can be serious."

One medical director at another hospital added: "The word on the street in NHS staff circles is that the vaccine is no good and you shouldn't bother with it. Nurses in particular worry that there may be side-effects, that corners have been cut in producing the vaccine and that the generally mild nature of the virus means they don't need to take it. As few as 10%-15% of doctors may have it because we doctors believe ourselves to be above such trivial things as infections."

A poll by Nursing Times magazine last week showed that the proportion of nurses who do not intend to get vaccinated has risen from 31% in August to 47%, while those who definitely will has fallen from 35% to 23%.

Dame Christine Beasley, the chief nursing officer for England, responded by stressing that the vaccine is "as safe as a vaccine can be" and adding: "Nothing in life is risk-free. I can well understand people being worried. I can well understand people thinking it's only a mild illness and why should I bother? I do understand all that, I think you wouldn't be human if you didn't think that." Beasley wants directors of nursing to act as role models to allay concerns among frontline nurses.

Hospital chief executives say privately that Donaldson's repeated reminders of the mild nature of swine flu's effects in those who contract it, and recent claim that the UK is "tantalisingly close" to beating the virus, may be leading staff to believe that vaccination is not important.

The health department said: "Frontline healthcare workers will be absolutely crucial in the height of a pandemic – without them, patient care will suffer, and the NHS will be stretched. Getting the swine flu vaccine will protect them and their patients."

It added: "All NHS organisations will be working hard to ensure that all eligible staff have the choice to protect themselves and their patients from swine flu by having the vaccine."

Department of Health
Information for a Healthy New York

Testimony by Guthrie Birkhead, M.D., M.P.H.
Deputy Commissioner New York State Department of Health

Department of Health, New York, 13 October 2009
https://web.archive.org/web/20090925160838/http:/www.cdc.gov/vaccinesafety/vsd/thimerosal_outcomes/

Presented to
Assembly Standing Committee on Health
Assembly Standing Committee on Labor
Assembly Standing Committee on Education
Assembly Standing Committee on Higher Education
Assembly Standing Committee on Workplace Safety

Assemblyman Gottfried, Assemblywoman John, Assemblywoman Nolan, Assemblywoman Glick and Assemblyman Lancman: thank you for the opportunity to testify today and present the New York State Department of Health's response to the 2009 H1N1 influenza. I am Dr. Guthrie Birkhead, Deputy Commissioner for Public Health at the New York State Department of Health.

Our response to H1N1 influenza this fall has benefited from experience with this virus last spring and summer, three years of pandemic influenza planning from 2006 to 2008, as well as our experience with the 2004 flu vaccine shortage and our general state of preparedness to deal with all hazards from weather events, to disease outbreaks, to possible terrorist events. We have learned that our response to public health problems like H1N1 is very dependent on the cooperation and joint activities of the state health department, other state agencies, local health departments, and other partners throughout the health care system. This collaboration is one of the strengths of our public health system in New York.

Last April New York Governor David Paterson directed the state health department to activate its health emergency preparedness plan in response to cases of H1N1 in NYS. This plan was developed over a number of years of pandemic planning and involves the collaboration of programs across the health department, other state governmental agencies and local public health departments. Over the past months both Governor Paterson and Commissioner of Health Daines have been involved in the response with public appearances, multiple press conferences and meetings with providers and consumers.

The primary activities during the H1N1 response have included implementation of targeted surveillance and laboratory testing activities and multiple communication strategies including a toll-free hotline available 24/7, and ongoing communications with county health departments, hospitals, clinics, doctors' offices, schools and other partners. Governor Paterson directed his agencies to develop a coordinated response and supported conduct of a series of town hall style meetings at locations throughout the State to provide in-person briefings on clinical care, surveillance, community mitigation, vaccine and education and outreach.

We learned many lessons from the spring but we still have a lot to learn. We have learned that H1N1 is not a "1918" style pandemic in terms of clinical severity. The clinical spectrum of H1N1 is more similar to seasonal flu than the flu seen in 1918. We have also learned that there is little background immunity to H1N1 in the general population. As a result H1N1 spreads rapidly in children and young adults. Pregnant women have been identified as a population at increased risk of severe complications and as a result are a priority group for vaccination. Unlike the seasonal flu, we have seen relatively little infection in the elderly population suggesting that they may have some immunity possibly as a result of past exposures. With widespread transmission, it is inevitable that some people with underlying medical conditions will experience severe illness and risk death. It is important to note that seasonal flu kills on average 2000 New Yorkers each year; we can expect H1N1 to have a similar impact.

Current H1N1 flu activity

Nationally influenza activity attributed to 2009 H1N1 viruses increased during September 2009 beginning in the southern states where school starts in early August. H1N1 is expected to continue through the fall and winter influenza season. In New York State, our surveillance systems outside New York City indicate that flu activity is starting to increase. New York's flu activity is currently classified as widespread under the CDC's classification system indicating that more than 50 percent of reporting jurisdictions indicate the presence of flu. New York's flu status has gone from sporadic to localized to regional activity to now widespread activity over the last four weeks. To date this fall, the number of people hospitalized with flu remains low but may be starting to increase. Rates of visits for influenza-like-illness are also increasing in Emergency Departments and sentinel providers. So far this fall there have been three known H1N1 associated deaths. There is at least one school district upstate with significant disease and several college campuses have reported disease with one death in a college student.

We may now be at the beginning of our third influenza season this year, the seasonal flu season last February and March, the H1N1 outbreak in May and June, and now the return of H1N1. However, we don't know for sure how the fall and winter flu seasons will unfold. A telephone survey conducted in New York City last spring found that between 6 and 10 percent of all New Yorkers surveyed had experienced influenza-like-illness. The spring flu outbreak may have been truncated by the end of school and the beginning of the warm weather season. Had the flu season continued, as it now appears it may do over the coming fall and winter months, we could possibly see up to 35 to 40 percent of the population impacted by the new flu strain - two to three times that which we experienced in the spring. The experience with flu in states in the southern part of the country suggests a surge three to four weeks following the start of the school year. We are just entering that period in New York State

It should be noted that some cities are reporting near-normal levels of flu activity for this time of year. The cities, including New York, are those that were hardest hit at the outset of the 2009 H1N1 flu pandemic. New York, which had widespread school closures in the spring, is reporting normal attendance; the same holds true for Boston and Philadelphia. One theory to explain the relative lack of flu in these cities – as opposed to the rest of the country where activity is widespread – is that the earlier outbreaks conferred enough "herd immunity" to protect them now. This theory is plausible; only time would tell whether it's accurate.

New York State tracks and evaluates flu prevalence and severity using a multi-faceted reporting system. Five different reporting mechanisms are used to track the flu including an electronic clinical laboratory reporting system which feeds laboratory reports of H1N1 directly to the state; hospital reporting of emergency department visits for influenza-like-illness and hospitalized influenza cases; reports by physicians of patient visits for influenza like illness at selected offices around the state; deaths associated with influenza like illness; and prescriptions filled for antiviral medications. The results of this reporting system are on the Health Department website with statistics updated each week.

H1N1 Vaccine Efficacy and Safety

One of the remarkable aspects of the H1N1 influenza response has been the development of vaccines to prevent it. Influenza A (H1N1) 2009 monovalent vaccines have been developed by the five manufacturers of seasonal flu vaccine. The production and licensure of the H1N1 vaccines are being done by exactly the same methods as the seasonal vaccines. One hundred million Americans are vaccinated each year with seasonal flu vaccines, so the safety and efficacy of the process is well defined. FDA licensure has been on the basis of standards developed for vaccine strain changes for seasonal influenza vaccines, adherence to manufacturing processes, product quality testing, and lot release procedures developed for seasonal vaccines. The age groups, precautions, and contraindications approved for the influenza A (H1N1) 2009 monovalent vaccine are identical to those approved for seasonal vaccines. The only difference between the seasonal and 2009 H1N1 influenza vaccines is the viral antigens contained in the vaccine, which also do vary from year to year as the seasonal vaccine changes. The only other difference is that clinical trials have been done on the H1N1 vaccines to establish the dosing requirements. Clinical trials are not typically done for the seasonal vaccine. So we actually know more about the characteristics of the H1N1 vaccine than we do the seasonal vaccine from these trials.

Preliminary data from the clinical trials indicate that the immunogenicity and safety of these vaccines are similar to those of seasonal influenza vaccines. An immunogenicity study of an inactivated influenza A (H1N1) monovalent vaccine manufactured by CSL Limited demonstrated a safety profile consistent with results from studies of the seasonal influenza vaccine manufactured by CSL Limited. Studies of other seasonal inactivated

influenza vaccines found that rates of adverse events were not significantly different from placebo injections except for arm soreness and redness at the injection site. Vaccine safety data are reviewed by both the manufacturers' quality assurance staff and by the FDA. Only when all testing is completed and approved are the vaccines released for distribution.

Clinical trials in children coordinated by the National Institutes of Health reported preliminary results of a study among children aged 6 months--18 years which found safety results to be similar to those observed for seasonal influenza vaccine.

To assure that the safety of the H1N1 vaccine, New York is participating in expanded federal programs to monitor any possible adverse outcomes through a nationwide reporting system known as VAERS (vaccine adverse event reporting system) as well as through a program using managed care data on large populations to conduct follow up of vaccinated persons and a separate CDC-sponsored program to report Guillian-Barre Syndrome cases.

Availability of supplies and H1N1 vaccine distribution

There are currently 4 companies that are fully licensed by the FDA (the 5th is in process) to make the 2009 H1N1 vaccine, the same as for seasonal flu. Med Immune, which makes the inhaled live, attenuated influenza vaccine, Novartis, sanofi pasteur and CSL Limited, which make inactivated influenza vaccine, which is administered through an injection.

The CDC estimates that between now and the end of November there will be over 80 million doses of flu vaccine made available to states throughout the nation for redistribution to localities, health care providers and others as appropriate. The vaccine and supplies being made available by the Federal Government are being dispensed in weekly allotments that vary in size between 1.5 million and 4 million doses each week. States and cities were able to place their first orders for the 2009 H1N1 vaccine on Wednesday September 30th. By October 2nd, 2.4 million doses of live attenuated 2009 H1N1 vaccine were available for ordering with more vaccine becoming available for ordering in the coming days and weeks.

H1N1 Vaccine Distribution

Each week New York State (like all states) is provided a number of doses that are available to us to order. In general we expect to receive approximately 6 percent of the national allotment based on our population. To date we have placed orders requesting our full allotment and have provided direction to the CDC regarding where the vaccine is to be shipped. Our initial ship-to sites focused on hospitals, local health departments and federally qualified health centers – in an effort to assure that all persons in New York State who fit into one of the CDC's Advisory Committee on Immunization Practices (ACIP) defined priority groups have access to vaccine as quickly as possible.

The ACIP defined the following five populations as priority groups for vaccination against H1N1: pregnant women, persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers), health-care and emergency medical services personnel, persons aged 6 months – 24 years, and persons aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications. Individuals in these groups are either at higher risk of complications associated with the flu or are more likely to come into contact, and possibly infect, persons at high risk of complications.

These five target groups comprise an estimated 159 million persons in the United States and 10 million people in New York State. Using season flu vaccination rates as a guide, which indicate that 20 to 40% of eligible persons actually present for vaccination, we estimated that we would need at least 4 million doses of H1N1 to reach all New Yorkers who fall into one of the priority groups.

To ensure distribution of vaccine in the most efficient and effective manner the Governor directed the New York State Department of Health to begin the process with initial shipments to all hospitals in the State, to all local health departments (outside of New York City) and to all Federally Qualified Health Centers outside of New York City. Following this initial push we will provide vaccine based on orders submitted by providers who have agreed to vaccinate individuals beginning with those in the defined priority groups.

The first orders, placed two weeks ago were delivered last week. Initial availability of vaccine was limited and included 91,000 doses of LAIV upstate. LAIV is used for 1) healthy kids 2-24 years old and 2) healthy adults 25-49 who are health care workers or who care for children under 6 months. Factors that we have and will continue to take into account when filling orders for H1N1 include: geographic distribution to ensure

statewide coverage; per capita allocation amounts (to be equitable in distribution); ability of providers to access target groups; input of local health departments and targeting based on the specific type of vaccine available and the most appropriate target audience.

Additional orders for 113,400 doses of vaccine were placed last week that are expected to arrive at designated sites this week – bringing the total number of H1N1 vaccine doses ordered to date to 204,000. This is only the beginning of what is expected to be available with substantial supplies of H1N1 vaccine being available starting this week and next. We anticipate that by early November, most providers who want to order vaccine will be able to do so. Additional vaccine will roll out through November, December and into January. One of the critical messages we need to convey is that as this vaccine is just now being produced, people and providers need to be patient as we do our best to ensure that vaccine is first delivered to those in the priority groups.

The State Department of Health developed a system to pre-register all providers in the state who are interested in receiving vaccine. This pre-registration process asks that the provider indicate how many people they anticipate vaccinating and how many of these individuals are in each of the targeted groups – information that will be critical in assuring that vaccine is properly targeted. Eventually we anticipate that all New Yorkers who wish to receive the vaccine will have an opportunity to do so.

To date 4000 providers have pre-registered representing a range of specialties and provider types including private practice physicians, hospitals, local health departments, federally qualified health centers, pharmacies, colleges and universities, public health clinics, substance abuse treatment clinics and Indian health providers. We anticipate that additional providers will register over the coming weeks. We are also aware that there are providers who continue to be concerned with the safety of the vaccine and as a result are reluctant to register and participate in our vaccination efforts. We will continue to work with our partners in the health care community including professional organizations to educate providers as to the safety of the vaccine and the importance of vaccine as a mechanism to assure public health.

Techniques to prevent the spread of the flu

Vaccination is the most effective way to prevent influenza. The next most effective measure is to avoid contact with other people and to stay home from work or school when you are sick. As we have noted throughout our printed materials and public outreach campaigns, it is best to stay home when you are ill to prevent further disease transmission. Health care settings are no different than any other setting where vaccination is the most effective method of preventing influenza. This forms the basis of our Health Care Worker mandate for flu vaccination.

The use and availability of N-95 face masks is a notable concern for many health care workers. It is particularly important for those workers who may be exposed to the flu virus during procedures when aerosols are produced. A recent study published in the Journal of the American Medical Association, the first randomized control trial of its kind to study the use of N95 masks compared with surgical masks by nurses for routine patient care, found no difference in influenza infection rates in health care workers during the 2008-2009 flu season, 22-23 percent in both groups. This suggests that N95 masks by themselves may not provide any additional protection in routine patient care settings. The most remarkable finding of this study was that only 30% of the nurses in either group were vaccinated.

How Health Care Settings, Schools and Workplaces Are Implementing These Steps

Under the direction of Governor Paterson the New York State Department of Health in collaboration with other state agencies, has developed numerous resources intended to assist health care providers, schools and businesses with the implementation of procedures to help prevent and reduce the spread of the flu. These resources include model polices regarding attendance and sick leave at places of employment; the preparation of contingency plans for operating during the flu season when many staff may be out either sick themselves or out caring for sick family members and how schools and businesses can communicate guidance on flu prevention and care provided by the CDC and by NYSDOH to their employees. The State Health Department has worked closely with the State Education department not only to provide guidance regarding best practices for assuring a healthy school environment and for minimizing transmission between students and staff but also by encouraging vaccination for students and employees. We have provided detailed guidance on how best to ensure proper facilities and supplies to ensure good hand hygiene and respiratory etiquette and to ensure that schools, health care facilities and workplaces are cleaned routinely.

Education, Outreach and Prevention - NYS Government Activities

NYSDOH has and continues to provide information about 2009 H1N1 flu through a variety of channels, intended to maximize our "reach" to target audiences. Last April Governor Paterson directed the State Health to establish an H1N1 call center; this call center has been available 24/7 to answer questions from concerned individuals. More recently we have established a vaccine call center for providers to place orders for vaccine over the coming weeks.

As the 2009 school year approached Governor Paterson asked that NYS agencies proactively reach out to communities and individuals throughout the State to provide education; to answer questions and to assure that all New Yorkers had access to the most comprehensive and up to date information available. Between July and September 38 briefings and educational sessions were conducted for groups throughout the State. There are an additional 14 trainings under development for October, and additional meetings, webinars and teleconferences are planned with agencies, unions, health care workers and others who express an interest in these sessions.

To date, approximately 2,100 planning and preparedness partners have participated in educational sessions and briefings including state agencies, hospitals, local health departments, long term care facilities, community health centers, home care and hospice staff, schools and universities and business groups.

To ensure ongoing access to updated information and to assure that local health departments are provided all the resources necessary to respond to 2009 H1N1 in their communities NYSDOH holds weekly teleconferences with representatives of Local Health Departments to provide informational updates, to answer questions and to solicit recommendations from the field. Weekly calls are also convened with hospitals and long-term care providers and we have reached out to health plans and to individual physicians. For example we have worked with the American College of Obstetricians and Gynecologists to identify the best ways to get crucial H1N1 information to pregnant women and their health care providers and to develop materials for dissemination.

Over the past several weeks we have refined and updated our comprehensive H1N1 website. This website which is continually evolving to reflect new and updated information and resources includes information for consumers and health care providers, along with information for the media. Many website materials are – or soon will be – available in English and Spanish as well as other languages.

Public education activities are ongoing. Working with the Governor and other state agencies the health department is engaging in a mass media campaign to educate people about ways to reduce their chances of getting or spreading the flu. A 2-week radio buy was timed to coincide with back-to-school. Messages stressed the importance of vaccination, hygiene, and staying home if you're sick. A television Public Service Announcement (PSA) with a similar message has been distributed statewide and is getting good airplay. A radio PSA featuring a pregnant woman explaining why she will get H1N1 vaccine is being taped this week and will begin to air shortly.

Later this month the Department will begin an advertising campaign posted on mass transit, in many parts of the state. Interior bus cards will encourage individuals in priority groups to "Go to the head of the line." The Department has and will continue to provide thousands of H1N1 informational materials free-of-charge to Local Health Departments, health care providers, employers and community groups.

As response efforts to the current pandemic intensify, education and training will shift from didactic, regional meetings, to a series of weekly phone calls and webinars. Presentations and informational sessions will continue to be updated weekly; materials will continue to be developed to meet identified needs and will be distributed through multiple channels and mechanisms. Similarly we will respond to outbreaks, to any identified trends in specific populations; to any reports of resistance to medication and to any adverse reactions to vaccine.

Governor Paterson has asked us to remain vigilant and flexible as this is an evolving situation. We have activated our emergency response system and have mechanisms, procedures and protocols ready to implement in the event of a surge requiring much more intensive activities and interventions on the part of the State. Throughout we will continue to communicate and coordinate with our partners throughout the State and the nation to ensure that our response is successful in reducing the number of persons ultimately infected and for those infected, a swift and easy recovery.

Thank you.

FINANCIAL TIMES

William Easterly

Human rights are the wrong basis for healthcare

Financial Times, 13 October 2009
https://www.ft.com/content/89bbbda2-b763-11de-9812-00144feab49a

The agonising US healthcare debate has taken on a new moral tone. President Barack Obama recently held a conference call with religious leaders in which he called healthcare "a core ethical and moral obligation". Even Sarah Palin felt obliged to concede: "Each of us knows that we have an obligation to care for the old, the young and the sick."

This moral turn echoes an international debate about the "right to health". Yet the global campaign to equalise access to healthcare has had a surprising result: it has made global healthcare more unequal.

The notion of a "right to health" has its origins in the United Nations' Universal Declaration of Human Rights in 1948. But in the decades that followed, foreign aid's most successful efforts in health – such as the World Health Organisation and Unicef campaigns on vaccines and antibiotics – were based on a more limited goal: obtaining the largest possible health benefits for the poor from finite foreign aid budgets.

The moral argument made a big comeback in the new millennium. One of its most eloquent advocates is Dr Paul Farmer, who earned fame with heroic efforts to give people access even to complex medical treatment amid extreme poverty in Haiti and Rwanda, saying that healthcare was "a fundamental human right, which should be available free". The WHO shifted from pragmatic improvement of health outcomes towards "the universal realisation of the right to health". Even Amnesty International, advocate of traditional human rights such as freedom from torture, added a new section to its human rights report in 2009 on the "right to health".

So what is the problem? It is impossible for everyone immediately to attain the "highest attainable standard" of health (as the health rights declaration puts it). So which "rights to health" are realised is a political battle. Political reality is that such a "right" is a trump card to get more resources – and it is rarely the poor who play it most effectively.

The biggest victory of the "right to health" movement has been the provision of aid-financed antiretroviral treatment for African Aids patients, who include the upper and middle classes. Aids treatment got funding from, among many others, the Bush and Obama administrations, the Clinton Foundation, the Gates Foundation and the UN Millennium Development Goals campaign. The WHO 2004 report that emphasised the "right to health" did so on behalf of only one specific effort – Aids treatment.

Saving lives in this way is a great cause – except to the extent that it takes resources away from other diseases. Alas, many observers fear that is exactly what it did.

An evaluation by the World Bank in 2009 faulted the bank for allowing Aids treatment to drive out many other programmes. Global deaths due to either tuberculosis or malaria stood at 2m in 2008,

around the same as those from Aids. Yet Aids accounted for 57 per cent of World Bank projects on communicable diseases from 1997 to 2006, compared with 3 per cent for malaria and 2 per cent for TB. Other big killers of the poor – such as pneumonia, measles and diarrhoeal diseases, which together accounted for more than 5m deaths in 2008 – received even less attention.

Rights advocacy also favours some aspects of health relative to others. Those who are HIV-positive advocate effectively for their right to treatment, while those who will get Aids in the future cannot organise a lobby for a "right to prevention". The results can be seen in the 2009 report of the President's Emergency Plan for Aids Relief (Pepfar), one of the largest foreign aid programmes in American history. Only 22 per cent of its budget goes towards prevention, compared with 48 per cent towards treatment.

The lesson is that, while we can never be certain, the "right to health" may have cost more lives than it saved. The pragmatic approach – directing public resources to where they have the most health benefits for a given cost – historically achieved far more than the moral approach.

In the US and other rich countries, a "right to health" is a claim on funds that has no natural limit, since any of us could get healthier with more care. We should learn from the international experience that this "right" skews public resources towards the most politically effective advocates, who will seldom be the neediest.

THE FLU CASE

WHO switches out seasonal flu virus strain

The Flu Case, 14 October 2009, 13:31
https://web.archive.org/web/20091018123203/http://www.theflucase.com/index.php?option=com_content&view=article&id=1071%3Awho-switches-out-seasonal-flu-virus-strain&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WHO has recommended the replacement of the current seasonal influenza vaccine strain with a virus that has components of the pandemic H1N1 virus, following a meeting of "experts" from the Global Influenza Surveillance Network.

The decision by WHO to alter components of the H3N2 virus in this years seasonal flu vaccine to make it more similar to a H1N1 pandemic virus will fuel fears that WHO is manipulating the H1N1 virus to increase the likelihood of a pandemic emerging when people take the "swine flu" vaccine soon after their seasonal flu shot.

A French scientist who works for WHO's Global Inflzenza Surveillance Network, Bruno Lina, carried out research this summer into making the "swine flu" more virulent.

In a report published in the French Lyonmag on July 16th, Professor Bruno Lina said he was leading a team at a laboratory located in the "Rockefeller House" in Lyon seeking to find a gene to make the swine flu more virulent.

" … *What types of research are being carried out by laboratory against the influenza virus*?"

"Bruno Lina: "We are seeking to understand the evolution of this virus. And among the scenarios that are possible, there are those concerning the factor of virulence. Work we are therefore carrying out in P4 today relates to the virus H1N 1, into which we are introducing a gene for virulence to see if the latter accepts it and if it becomes the same time more dangerous. At present, the virus has great difficulty to acquire the factor of virulence» ...

Professor Bruno Lina is the head of the WHO national reference lab in France housed in the Avenue Rockefeller in Lyon, according to Infomed. Direct links to WHO did not work.

The P4 laboratory, for which Professor Lina also works, plays a key role in a system of surveillance of infectious diseases run by WHO, according to the laboratory's own website.

"Unique en Europe, le P4 joue un rôle clé dans le système de surveillance et d'alerte épidémiologique mondial coordonné par l'OMS."

The biosecurity laboratory in Lyon is part of the government-funded science network, INSERM, and appears to be working on viruses that can be used for biological warfare such as ebola.

Bruno Lina: «**La vaccination est le pilier de la lutte contre la grippe A**»
=> https://www.lyonmag.com/article/10958/bruno-lina-la-vaccination-est-le-pilier-de-la-lutte-contre-la-grippe-a

Lyon Mag.com: Quels types de recherches sont menés au sein du laboratoire contre le virus de la Grippe A?

Bruno Lina: On essaye d'imaginer l'évolution de ce virus. Et parmi les scénarii qui sont possibles, il y a le facteur de virulence. Les travaux que l'on mène donc aujourd'hui dans le P4 concernent le virus H1N 1, et dans lequel on introduit un gène de virulence pour voir si celui-ci l'accepte et s'il devient du même coup plus dangereux. Pour l'instant, le virus a beaucoup de mal à acquérir le facteur de virulence. Mais notre objectif *est d'avoir un coup d'avance par rapport à ce qu'il pourrait se passer dans la nature* et d'anticiper l'apparition d'une mutation traitée en laboratoire. ...

REUTERS

Maggie Fox

New flu still raises questions among experts

Reuters, 15 October 2009, 8:55 PM
https://www.reuters.com/article/flu-questions-idINN1529221620091015

Washington, Oct 15 (Reuters) – How many people have been infected with the new swine flu? How many will it kill? How do you catch it?

Health authorities around the world are trying to persuade people to line up to be vaccinated against the pandemic H1N1 virus even as they struggle to answer these basic questions.

H1N1 swine flu was declared a pandemic in June and the World Health Organization says more than 375,000 people globally have been infected and 4,500 have died.

But these are just laboratory-confirmed cases and the WHO says they are the tip of the iceberg. Only a small fraction of people who get swine flu ever have it confirmed by a doctor.

Here is a rundown of what experts do and do not know about pandemic H1N1 influenza.

What They Know

* The virus spread around the world in the space of six weeks and is now virtually everywhere.

* It strongly resembles seasonal influenza in that it causes fever, sore throat, a dry cough, muscle aches and tiredness.

* Unlike seasonal influenza, worst among the elderly, this new influenza batters younger people.

* Many people escape without symptoms. Dr. Tim Uyeki, a flu expert at the U.S. Centers for Disease Control and Prevention, says studies show 12 percent of people do not have fever. "A lot of people might think they don't have influenza because they don't have classic influenza-like illness," Uyeki told a meeting of the Pan American Health Organization on Wednesday.

* H1N1 may cause symptoms not normally seen in seasonal flu. "We are seeing diarrhea and vomiting in children of all ages as well as adults," Uyeki said. It can also infect the heart, a condition called myocarditis, affect the brain in what is called encephalopathy and cause multiple organ failure.

* The incubation period – the time from infection to when symptoms begin – ranges from one to four days.

* People can spread virus for 24 hours after the fever stops.

* Adults over the age of 60 are less likely to be infected and to become seriously ill with H1N1, in part because they seem to have some immunity to it. The highest rates of hospitalization are among the youngest children -- aged up to 4 -- but the highest rates of death are in adults aged 50 to 64.

* The new vaccine should protect against H1N1 well and antiviral drugs can treat it if given soon enough.

What They Don't Know

* How many people have been infected. The World Health Organization and CDC stopped counting months ago. There are not enough diagnostic tests in the world to test everyone who gets sick, and not enough doctors, nurses or technicians to administer them. The tests that exist are not very good at detecting H1N1. All WHO or CDC will say is that "millions" have been infected.

* The fatality rate for H1N1. Uyeki says death rate estimates are all under 1 percent with a median range of 0.4 percent. Without knowing how many people in total have been infected, researchers cannot say what proportion have died. Seasonal influenza kills less than 0.1 percent of patients but this adds up to 250,000 to 500,000 people globally each year.

* How people catch it. "We don't actually have good data on understanding how this virus is transmitted," Uyeki said. The virus lives in little droplets of mucus and tests show it can be picked up on surfaces such as computer keyboards, passed in a sneeze or during close conversation, and perhaps transmitted in smaller particles that can float up to six feet (2 metres).

Uyeki said it is possible H1N1 may be passed in feces, as the virus affects the gastrointestinal tract, but no one knows.

* How long patients are contagious. "I think we don't really understand this well," said Uyeki. People with higher fevers and children appear to "shed" more virus.

* What makes a flu virus deadly. Genetic analysis has shown nothing special about the viruses infecting people who died, said Dr. Michael Shaw, assistant director of laboratory science at CDC's influenza division. "There is nothing that really stands out about these viruses that have been isolated from the severe or fatal cases," Shaw told the PAHO meeting.

* What other viruses are out there. Shaw said farmers rarely test swine herds, a known source of new flu viruses.

"When you go and pull the data that's available from GenBank you can find maybe 300 sequences from North American swine viruses," Shaw said. "There is essentially nothing from Africa or Central or South America. There obviously are some gaps that need to be plugged so that something (else) like this doesn't surprise us."

COUNCIL on FOREIGN RELATIONS

Pandemic Influenza: Science, Economics, and Foreign Policy

Council on Foreign Relations, 16 October 2009

https://web.archive.org/web/20091107200002/http://www.cfr.org/project/1442/cfr_symposium_on_pandemic_influenza.html

Session One: The Science: https://www.youtube.com/watch?v=f7RX0mxXxDY
Session Two: The Economics: https://www.youtube.com/watch?v=ijv-zwDiuPk
Session Three: Foreign Policy: https://www.youtube.com/watch?v=FE706NtQvi4

Laurie A. Garrett, Senior Fellow for Global Health

On August 24, 2009 the President's Council of Advisors on Science and Technology (PCAST) released its "Report to the President on U.S. Preparations for 2009-H1N1 Influenza," predicting, among other things, that the H1N1 (aka "swine flu") pandemic would resurge in North America in September, peaking by mid-October, causing infection and illness to up to half the U.S. population before the end of 2009. The PCAST assessment also suggested that H1N1 vaccines would not be available for the general public until well after the mid-October peak, and the epidemic would surge so rapidly that it could overwhelm hospitals, medical supplies and intensive care units, leading to as many as 90,000 deaths in the U.S. The predicted surge held special significance for schools, parents and employers, as sick-outs and school closures could impact productivity. Despite months of preparation, supplies of vaccines, medicines and protective gear were expected to be inadequate, and global competition for essential tools for pandemic control and treatment would be fierce. One billion doses of H1N1 vaccine were ordered from several pharmaceutical companies, and the bulk of that supply was prioritized for ten wealthy nations, particularly the U.S. Little, if any, vaccine, medicine or protective gear was expected to be ready, affordable and distributed for the bottom four billion poorest people on Earth.

The CFR meeting was convened at the predicted peak of the North American pandemic. Will the PCAST model have proven correct? Looking forward, what can be scientifically forecast regarding shifts in the virology and epidemiology of the H1N1 pandemic? What are the economic and financial impacts of the outbreak? What have been, and can be predicted to be, the foreign policy implications of the pandemic and related competition for medical and public health tools?

COUNCIL *on* FOREIGN RELATIONS

Pandemic Influenza: Science, Economics, and Foreign Policy
Session I

Council on Foreign Relations, 16 October 2009
https://www.cfr.org/event/pandemic-influenza-science-economics-and-foreign-policy

Laurie Garrett: Good morning, and good morning to all of you on the Internet. My name is Laurie Garrett, and you are here in the Council on Foreign Relations in New York on a grim, wet, chilly day. Thanks to all of you who managed to forge through the nasty weather. And I expect that we'll have stragglers coming in as a result of the weather problems.

I am the senior fellow for Global Health here at the Council on Foreign Relations, and I welcome everybody who is both here and in cyberspace with us.

In a few moments my colleague, Jon Cohen, will tell those of you out in the cyber world how you can actively participate all day today via Twitter. Jon is the outstanding, infamous, notorious, famous science correspondent for Science Magazine, which is our co-sponsor today. It's a first for the Council on Foreign Relations. We embrace it wholeheartedly and hope it will be the beginning of many more to come, for this symposium entitled "Pandemic Influenza: Science, Economics, and Foreign Policy."

On August 24th, the President's Council of Advisers on Science and Technology, some of whom are with us today, so-called PCAST, issued a remarkable analysis of what's in store with the H1N1 virus, the so-called swine flu, and the likely pandemic impact this fall on the United States of America.

The PCAST offered a scenario -- not a prediction, let me say -- a scenario that suggested the virus would indeed return, having already been here in the spring, for a second wave, and that we would see it appear sometime in September and be peaking right about today in the United States, and that sometime, by the end of the year, roughly half of the American population would have had H1N1 influenza.

The PCAST warned that this H1N1, despite being a not terribly dangerous virus in and of itself on a scale of influenza dangers, would overwhelm many of our hospitals and pose a great burden to our intensive-care-unit capacities across the country.

After circulating in the southern hemisphere for the last three or four months, H1N1 did indeed return as forecast, or shall we say scenario'd, by PCAST and has now been back in most of the United States for at least two weeks. It is indeed surging very rapidly around the country.

On Tuesday, Dr. Ann Schuchat from the Centers for Disease Control opened a press briefing with these remarks: "Unfortunately, we're seeing more illnesses, more hospitalizations and more deaths from it. Flu is widespread in 37 states. That's up from 27 states just last week. Unfortunately, 19 more pediatric deaths from influenza got reported to us this past week. We're now up to 76 children having died from the 2009 H1N1 virus." She means in the United States.

To put that in context, in the past three years the total pediatric influenza deaths ranged from 46 to 88. We've had 76 children dying from the 2009 H1N1 virus, and it's only the beginning of October.

There's a great deal of uncertainty about this flu pandemic. One thing is certain: It is a worldwide event, and it is occurring in the dawn of our age of globalization.

...

Palese: Maybe let me start this one out. So even though I mentioned that this 2009 novel influenza virus is really like a regular seasonal influenza virus in many of its characteristics, that doesn't mean that I underestimate influenza. Regular seasonal influenza is a very bad disease. And we all know that in the U.S. alone we have about 30,000 deaths and we have about 200,000 hospitalizations every year.

So regular flu is a very serious disease and therefore we should really use all the tools we have to combat and to fight the regular flu, and that includes vaccination. And by the same token I think it is really compelling that we should use the vaccines which are being produced and being distributed right now against the 2009 virus. So, by not taking the vaccine, by underestimating this disease, I think we are not helping us.

Cohen: Any dissent?

Simonsen: No. I mean, it's very clear that vaccination is the best defense we have against pandemic influenza. In fact, when you have a pandemic unfolding and really high transmission rates, it becomes very hard to mitigate with any other strategy than that.

So, from a personal point of view, I have the advantage of natural immunity at this point, I'm pretty sure.

...

Monto: ...

To back up to the issue of declaring pandemics, because having been on the WHO Emergency Committee, I had to deal with - over the telephone with some of these issues on telephone calls that went on for three to four hours. And basically the problem was that WHO, unlike the United States, had not got to the point of defining severity.

The U.S. came up with categories one though five, and we've learned that if you base this on case fatality, you can't very well figure out where you are in terms of the categories. So we had it set up but we've never really been able to implement the categorization the way we thought we would.

But WHO had never done that and there was concern that because there was so much focus on H5N1 in much of the world, especially in Asia where they had been seeing avian influenza, that declaring a pandemic would shut borders because of all sorts of things, and they needed a little time to figure this one out.

And that's why there was a delay between going from phase five to phase six. Interestingly, it took two days for each of the other increments but it took six weeks ...

...

Palese: So the issue is what is a pandemic? In the past, a pandemic was defined as a global epidemic - meaning an epidemic worldwide – plus - (inaudible) - its severity and a change of the subtype. So, in other words, if something was an H1 or an H3, we would not have called that a new pandemic.

So what happened with WHO now is that they've redefined or made a new definition of what a pandemic is, namely limiting it to the global epidemic too rather than severity and change of subtype.

So in a way we have now a new terminology for pandemics, namely just calling it something which goes around the world is a global epidemic, but not including severity and the change of subtypes.

...

Simonsen: Well, I think this is very interesting because, I mean, especially for the health-care worker example. I mean, there are many, many good reasons why health care workers should be considering immunization for their own safety but also to protect and, first, do no harm to the patients that they are treating. Having said that, does it work to mandate?

I think what would work better ***would be to say that there was a shortage*** *and people tend to buy more of something that's in demand. (Laughter.) We saw that – there was one season where, really, people lined up all night to get a flu shot.*

etc.

Science

Martin Enserink

In Holland, the Public Face of Flu takes a Hit

Science, 16 October 2009, 326 (5951): 350-351;
DOI: 10.1126/science.326_350b // https://www.science.org/doi/full/10.1126/science.326_350b

Amsterdam – For the past 6 months, one could barely switch on the television here without seeing the face of famed virus hunter Albert Osterhaus talking about the swine flu pandemic. Or so it has seemed. Osterhaus, who runs an internationally renowned virus lab at Erasmus Medical Center in Rotterdam, has been Mr. Flu. But last week, his reputation took a nosedive after it was alleged that he had been stoking pandemic fears to promote his own business interests in vaccine development. As *Science* went to press, the Dutch House of Representatives had even slated an emergency debate about the matter.

So far, few incriminating facts have emerged, and Osterhaus has the backing of his employer as well as Dutch Health Minister Ab Klink, to whom he is an adviser. Yet the media frenzy has cast a pall on Osterhaus's public image that may be difficult to undo, and some say it undermines the already flagging confidence in the safety of flu vaccines and the motives of those promoting them.

It's no secret that Osterhaus, a workaholic with more than 700 scientific papers to his name, also loves cameras and microphones (*Science*, 23 May 2003, p. 1228). But recently, some fellow scientists have accused Osterhaus of fear-mongering. Luc Bonneux, an epidemiologist at the Netherlands Interdisciplinary Demographic Institute, says Osterhaus is part of a "flu mafia" and that he's hyping the threats of both avian and swine flu. Miquel Ekkelenkamp, a microbiologist at University Medical Center Utrecht, called Osterhaus a "panic virologist" in a recent op-ed, adding that he "should be banned from television permanently."

The current firestorm erupted when reports surfaced that Osterhaus is co-founder of, and owns a 9.9% share in, ViroClinics, a Rotterdam spinoff from his lab that is involved in vaccine development. Fleur Agema, a member of the House of Representatives for the Party of Freedom, has said that's irreconcilable with Osterhaus's role on a Health Council panel that advises the Dutch government on flu vaccination.

Osterhaus says ViroClinics isn't itself developing a vaccine against swine flu; it provides services–such as testing for antibodies in specimens—for a range of companies that do. His warnings about the pandemic peril don't affect ViroClinics' bottom line, says Osterhaus, because vaccine companies would have developed a vaccine against the new virus–and given his company business–no matter what. His company doesn't make more money if more vaccine is sold, he stresses.

Erasmus Medical Center agrees, but the Health Council sees it slightly differently. Osterhaus is "a little too close" to industry to be a voting member on the panel, says Executive Director Anneke Wijbenga; to avoid even the appearance of a conflict of interest, he has the status of an "adviser." Wijbenga stresses that there's nothing untoward about this situation, however, and that Osterhaus has been transparent about his financial interests. A Health Council statement also praises Osterhaus

as "the absolute world top" in his field and says "we are glad … to make use of his expertise." Health Minister Klink echoed that point of view in a letter to parliament. But Bonneux says that even as an adviser, "an alpha male like Osterhaus is going to dominate such a committee."

Bonneux has also taken aim at the European Scientific Working Group on Influenza (ESWI), an industry-supported group that Osterhaus has chaired since 2000. ESWI organizes meetings, promotes awareness about flu, and tries to raise vaccination levels. Bonneux says the group–which receives a €40,000 contribution from each of 10 companies annually–is little more than a lobby club that gives "trumped-up, sensational stories a scientific seal of approval." ESWI spokesperson Derek Smith, a flu scientist at the University of Cambridge in the United Kingdom and a close collaborator of Osterhaus's, dismisses the claim, pointing out that ESWI's independence is guaranteed by a Code of Practice.

Eelko Hak, a clinical epidemiologist at the University Medical Center Groningen who also sits on the Health Council panel, says that although the Dutch government encourages scientists to create spinoffs and ties with industry, popular opinion is still very uncomfortable with that idea. "It's typically Dutch to make such a fuss about this," he says. Hak worries about the fallout from the affair; the Netherlands has always had very high vaccination rates, but a recent campaign against the human papillomavirus, which causes cervical cancer, flopped because of public distrust of health authorities. The Osterhaus brouhaha is another blow, says Hak.

REUTERS

H1N1 flu causes unusual damage to lungs: studies

Reuters, 16 October 2009, 2:46 am
https://www.reuters.com/article/us-flu-clots-idINTRE59E5D220091015

Washington (Reuters) – The new pandemic H1N1 flu may cause blood clots and other unusual damage in the lungs and doctors need to be on the lookout, U.S. researchers reported on Thursday.

Two studies published in the American Journal of Roentgenology show the need to check X-rays and CT scans for unusual features, and also point out swine flu can be tricky to diagnose in some of the sickest patients.

H1N1 flu is causing a pandemic, and while it is not particularly deadly, it is sickening many younger adults and older children who usually escape the worst effects of seasonal flu.

"It is therefore essential that clinicians be able to recognize possible cases of pandemic H1N1 influenza in high-risk groups so that they order the appropriate diagnostic tests, begin specific antiviral therapy, and prepare to provide intensive supportive measures as needed," Dr. Daniel Mollura of the National Institutes of Health Clinical Center in Maryland and colleagues wrote.

One middle-aged man who died was not diagnosed until after death, but unusual findings on his X-rays may be able to help doctors save other, similar patients.

Mollura's team found irregularities called ground-glass opacities in the patient's lungs using a CT scan. Although the patient was severely ill and had a fever, he tested negative for flu and doctors did not treat him for it.

The man died five days after he went into the hospital and the autopsy confirmed he had swine flu. The lung lesions seen on his CT scan matched lung damage done by the virus, Mollura and colleagues said.

In another study in the same journal, CT scans of patients with severe cases of swine flu showed many had pulmonary emboli, which block the arteries in the lungs, a team at the University of Michigan found.

Anticoagulant drugs can break up these clots and save lives.

Dr. Prachi Agarwal and colleagues examined 66 patients diagnosed with H1N1, 14 of them who were in the intensive care unit. All 66 got standard X-rays, which can show if a patient has pneumonia.

They performed enhanced X-rays known as computed tomography or CT scans on 15 of the patients, 10 of them who were in the ICU on ventilators to help them breathe. Five of the ICU patients had the blood clots in the lungs, Agarwal reported

"Our study suggests that patients who are severely ill with H1N1 are also at risk for developing pulmonary emboli, which should be carefully sought for on contrast-enhanced CT scans," Agarwal said in a statement.

"The majority of patients undergoing chest X-rays with H1N1 have normal radiographs (X-rays)," she added. Pulmonary emboli are also not normally seen in flu, she said. "CT scans proved valuable in identifying those patients at risk of developing more serious complications as a possible result of the H1N1 virus, and for identifying a greater extent of disease than is appreciated on chest radiographs."

REUTERS

David Morgan

FDA warns against fake online H1N1 remedy claims

Reuters, 17 October 2009, 3:44 AM GMT+8
https://www.reuters.com/article/idUSN16359915/

Washington, Oct 16 (Reuters) - The U.S. government this week warned against the online marketing of unlicensed health remedies claiming to protect against H1N1 swine flu infection, including fake "Tamiflu" pills from India.

The Food and Drug Administration reported on Thursday that it had purchased and analyzed several products represented on the Internet as Tamiflu, Roche Holding AG's brand name [ROG.VX] version of the antiviral drug oseltamivir.

One order, which arrived in an unmarked envelope from India, consisted of unlabeled white pills that contained talc and the common pain reliever acetaminophen, the FDA said. Others contained various amounts of oseltamivir but were not approved for use in the United States.

In one action, the FDA and the Federal Trade Commission ordered well-known author and doctor Andrew Weil to stop marketing his Immune Support Formula to protect against the H1N1 flu virus.

"Claims that a dietary supplement can prevent, treat or cure human infection with the H1N1 virus must be supported by well-controlled human clinical studies," the regulatory agencies said in a warning letter to Weil.

Officials at Weil's Phoenix, Arizona-based headquarters were not immediately available for comment.

"Products that are offered for sale online with claims to diagnose, prevent, mitigate, treat or cure the 2009 H1N1 influenza virus must be carefully evaluated," FDA Commissioner Dr. Margaret Hamburg said in a statement.

Swine flu, which emerged in March, spread quickly around the world, and was declared a pandemic in June, poses a serious health threat because most people lack immunity to it.

But U.S. health officials say the most effective protection against infection is vaccination and the federal government hopes to offer as many as 250 million vaccine doses to the public by the end of the year.

The government has ordered vaccine from five companies – Sanofi-Aventis SA [SASY.PA], CSL Ltd [CSL.AX], Novartis AG [NOVN.VX], GlaxoSmithKline [GSK.L] and the AstraZeneca [AZN.L] unit MedImmune.

Once someone is already infected, oseltamivir and another antiviral drug called zanamivir - an inhaled medicine produced as Relenza by GlaxoSmithKline Plc can help relieve the severity of disease.

Widespread and unnecessary use threatens to make the H1N1 virus resistant to the antivirals, which would render them ineffective as medicine for people with severe flu cases.

Health officials have already reported H1N1 resistance to Tamiflu.

Le Monde

Grippe A, un virus qui fait débat

Le Monde, 17 Octobre 2009, à 11h18
https://www.lemonde.fr/vous/article/2009/10/17/la-grippe-a-un-virus-qui-fait-debat_1255126_3238.html

Depuis que la grippe H1N1 a été déclarée pandémie mondiale par l'Organisation mondiale de la santé (OMS), les gouvernements du monde entier se sont lancés dans des achats massifs de médicaments et de vaccins. Prévention ou hystérie? Telle est la question que pose ce documentaire allemand. A 20 h 50 sur Arte.

LE BLOG TVNEWS

Grippe A, un virus qui fait débat

Le Blog TVNews, 20 Octobre 2009, 7h50
https://www.leblogtvnews.com/article-grippe-a-un-virus-qui-fait-debat-ce-mardi-soir-sur-arte-37841169.html

Grippe A, un virus qui fait débat. Documentaire allemand inédit proposé ce mardi à 20h50 sur Arte. Depuis que la grippe A (H1N1) a été déclarée pandémie mondiale par l'OMS, les gouvernements du monde entier se sont lancés dans des achats massifs de médicaments et de vaccins. Prévention ou hystérie?

Sur les 6,2 milliards d'individus que compte la planète, le virus de la grippe A (H1N1) en a tué jusqu'ici moins de 2 000; bien peu au regard des 100 000 personnes qui meurent de faim chaque jour dans le monde. Pourtant, avant même que les vaccins ne soient au point et que l'on soit certain de leur efficacité, des millions de doses ont été commandées par la plupart des pays. La dépense est-elle en rapport avec la menace réelle? Et comment l'Organisation mondiale de la santé (OMS) établit-elle ses seuils d'alerte? Le 29 avril dernier, elle a en effet décidé de passer au niveau 5 d'alerte pandémique, stade qui permet de débloquer des crédits pour développer des vaccins. Puis, en juin, elle a déclenché le niveau 6, en déclarant la grippe A (H1N1) pandémie mondiale. Quelle est l'influence de l'industrie pharmaceutique sur ces décisions?

Rejoignant la position de Jean Ziegler, membre du Conseil des droits de l'homme à l'ONU, Wolfgang Becker-Brüser, l'ancien directeur du service chargé de la circulation des médicaments à l'Office pour la santé de la République fédérale d'Allemagne, soulève la question des intérêts commerciaux en jeu. D'autres critiques s'inquiètent de l'efficacité du Tamiflu et des vaccins. Certains s'interrogent même sur leur nocivité. D'autres se demandent enfin si, sur fond de crise financière et économique, le phénomène de la grippe A ne viendrait pas à point nommé pour les hommes politiques de tous les continents.

=>

THE FLU CASE

Arte video on the swine flu scam

The Flu Case, 5 November 2009, 12:44
https://web.archive.org/web/20100102041056/http://theflucase.com/index.php?option=com_content&view=article&id=1622%3Aarte-video-on-the-swine-flu-scam&catid=1%3Alatest-news&Itemid=64&lang=en

Résumé: Depuis que la grippe A a été déclarée pandémie mondiale par l'OMS, les gouvernements du monde entier se sont lancés dans des achats massifs de médicaments et de vaccins. La dépense est-elle en rapport avec la menace réelle? Wolfgang Becker-Büser, ancien directeur du service chargé de la circulation des médicaments à l'Office pour la santé de la République fédérale d'Allemagne, soulève la question des intérêts commerciaux en jeu. Si des critiques s'inquiètent de l'efficacité du Tamiflu et des vaccins, d'autres s'interrogent sur leur nocivité. Plus généralement, certains estiment que le virus H1N1 vient à point nommé pour les hommes politiques de tous les continents. Un reportage à ne pas manquer

Et l'incontournable: Silence on Vaccine.
L'ONF a permis la sortie du documentaire de Lina B. Moreco sous condition qu'aucune personne, aucun commerce, ne puisse acquérir le film pour la revente. De plus aucune publicité ne sera faite pour faire connaître la sortie du DVD. Conséquemment la population ne sera pas informée de la sortie du documentaire.

Vive La Liberté D'expression Canadienne Et Québécoise! Qu'il fait bon vivre désinformé et ignorant au CULBEC of CANADA!

Par la présente, j'invite toutes les personnes travaillant dans les médias à visionner un reportage d'enquête français exceptionnel et combien nécessaire. Il est télédiffusé sur la chaîne ARTE en EUROPE depuis le 20 octobre.

Dailymotion

Video: Grippe A / Un Virus Qui Fait Débat

DailyMotion, 23 October 2009
https://www.dailymotion.com/video/xawiqf
https://www.dailymotion.com/playlist/x14ns9

Grippe A / Un Virus Qui Fait Débat - 1/7
https://www.youtube.com/watch?v=cCHQGjWQ3IY
Grippe A / Un Virus Qui Fait Débat - 3/7
https://www.youtube.com/watch?v=Uu-rc3xxCxs

Dailymotion

Video: Reportage Arte sur le virus A H1N1!

Reportage Arte sur le virus A H1N1! 1/4 (labo/grippe!)
https://www.dailymotion.com/video/xb19jz
https://www.dailymotion.com/video/xb19jz?playlist=x14s14
Reportage Arte sur le virus A H1N1! 2/4 (labo/grippe!)
https://www.dailymotion.com/video/xb19ro
https://www.dailymotion.com/video/xb19ro?playlist=x14s14
Reportage Arte sur le virus A H1N1! 3/4 (labo/grippe!)
https://www.dailymotion.com/video/xb1a50?playlist=x14s14
Reportage Arte sur le virus A H1N1! 4/4 (labo/grippe!)
https://www.dailymotion.com/video/xb1a91
https://www.dailymotion.com/video/xb1a91?playlist=x14s14

THE FLU CASE

Jane Burgermeister

Canadians protest draconian Bill C6

The Flu Case, 19 October 2009

https://web.archive.org/web/20091025145657/http://www.theflucase.com/index.php?option=com_content&view=article&id=1166%3Acanadians-protest-draconian-bill-c6&catid=1%3Alatest-news&Itemid=64&lang=en

CAP Policy Opposes Bill C6

The Canadian Action Party recently became the only federal political party to vehemently oppose bill C6, an act representing the safety of consumer products, by passing urgent policy to protect Canadians against this unconstitutional bill.

Bill C6 is a regurgitation of last years failed bills C51 and C52, and if passed in the next few days will be the ultimate blow to the constitutional rights of Canadians.

Canadian Action Party, Policy Committee Chair Tim McCormick states, "Bill C6 is a sham. Canadians should wonder why the only thing the Liberals and Conservatives can agree on is to extinguish the flame of our civil rights. Bill C6 negates the law of trespass, denies due process and steps on the Constitutional rights of Canadians. All in all this Orwellian Bill is bad news for Canadians."

The Canadian Action Party feels that along with many clearly identified problems with the bill, such as expanding Health Canada's powers to search private property without a warrant and seize private property without Court supervision, that the ultimate betrayal of Canadians lies in the bills ability to deprive citizens of due process in any area arbitrarily added to the schedules by the ministers without taking it to parliament.

If C6 passes, Canadians will be subject to the whim of the government without legal recourse.

Dee Nicholson, National Communication Director of Freedom in Canadian Health Care, a member organization of Canadians for Health Freedom and frequent contributor to http://www.falseflagflu.com voiced her concerns as follows, "What people don't realize is that the clauses of bills, once enacted into law, are considered to have been voted on by Parliament, and thus may be moved by the Minister involved to be incorporated into other legislation by a simple regulatory change. That means, in terms of Bill C6, that whatever rights are removed from those who would import "hazardous" products may also be removed from others; what is taken from one may be taken from all, and under C6, "offenders" are guilty because the ministry says so, and have no recourse to a court of law. This Bill has the potential to, and in fact does, destroy the rule of law in Canada, and it must not be passed."

Bill C-6 has been fast-tracked in the Senate by removing administrative rules that would have added months to the time required for readings and passage of this legislation. Why would the Canadian government rush through such a controversial bill, if it was truly in Canadians best interests, and why suspend the right of due process?

Melissa Brade, Interim Leader of the Canadian Action Party, states, " Bill C-6 is an egregious act by our government against the Canadian people. Canadians must understand the ramifications of this bill which has the ability to severely limit their health options, their access to natural health products, and nutrient rich foods by moving individual clauses into other legislation. What is even more un-

nerving is the timing of this bill, which will be passed just as the engineered Swine-Flu ‘Pandemic’ may be upgraded to a level 6 threat by the World Health Organization (WHO). The W.H.O. under such conditions has the ability to collapse governments, authorize mandatory vaccinations, declare martial law, and force compliance. It appears that C-6 could go hand in hand with completely absolving our constitutional rights under a orchestrated event being used to create a police-state and amassed profits for the pharmaceutical giants."

Mrs. Brade is concerned about bill C-6's connections to the Codex Alimentarius, a for-profit World Trade Organization agreement. Codex (among other things) will put Natural health products under risk assessment, keeping doses 100x weaker than needed to be effective, thereby eliminating adequate dose nutritional supplements.

All countries must be Codex compliant by Dec, 31st, 2009, or risk losing international trade disagreements in a world court. Mrs. Brade sees C-6 as Canada’s primer for full Codex Compliance and a crippling blow to effective and safe natural health options which compete for profits with our government's supporters in big-Parma.

The Canadian Action Party is urging Canadians to contact the Senate and their MPs adding their voices to the multitudes opposition to this unconstitutional and extremely questionable bill.

For more info Contact:

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The Guardian

Owen Bowcott

Swine flu mass vaccination programme launched
11m priority patients and frontline health workers offered jab in first phase

The Guardian, 21 October 2009, 14:52 BST
https://www.theguardian.com/world/2009/oct/21/swine-flu-mass-vaccination

The UK's mass vaccination programme against swine flu was launched today, targeting 11 million priority patients and frontline health workers in its initial phase.

Amid fears that there would be a low take-up among NHS staff, the prime minister, Gordon Brown, told the Commons that the country was "ahead of the world" in its fight against the potentially fatal infection.

Doses of the drug Pandemrix are being offered in hospitals from today and supplies are being delivered to GPs' surgeries from the beginning of next week. Medical officials fear that a post office strike could delay letters being sent out to patients calling them in for immunisation.

The health secretary, Andy Burnham, was at University College Hospital in London for the first vaccinations. He said: "The people today who are volunteering are showing real leadership, they are sending a clear message out to people working in the health service that it is the right thing to do."

"We are one of the first countries in the world to launch a vaccination programme and we are looking ahead to a very difficult winter in the NHS, there is still seasonal flu around and we have the added challenge of H1N1 swine flu."

Sir Liam Donaldson, the chief medical officer for England, said: "This is the first pandemic for which we have had vaccine to protect people. I urge everyone in the priority groups to have the vaccine - it will help prevent people in clinical risk groups from getting swine flu and the complications that may arise from it. It's important for frontline health and social care workers to have the vaccine.

"It will help prevent them and their families getting the virus from patients, it will stop them passing the virus on to their patients, it will potentially protect them from mutated strains and it will reduce the disruption to NHS services caused by people being absent due to illness."

NHS staff have traditionally been reluctant to participate in mass immunisations. Only around 20% normally receive the seasonal flu vaccination. In a bid to overcome suspicions, professional health organisations urged their members to be innoculated.

A joint statement was issued by the British Medical Association, the Royal College of GPs, Royal College of Midwives, Royal College of Nursing, Royal College of Psychiatrists, Royal College of Obstetricians and Gynaecologists and Royal Pharmaceutical Society of Great Britain, as well as the union Unison which represnets many health workers.

It declared: "By the nature of their work, many NHS staff come into close contact with patients and the public and have a higher risk of exposure to the virus."

"The vaccine has been thoroughly tested. All NHS organisations will be working hard to ensure that eligible staff are given access to the vaccination to protect themselves, their families and their patients from swine flu. We encourage staff to protect themselves with the swine flu vaccine, in addition to the seasonal flu immunisation."

The UK death toll from the H1N1 virus has risen to 108 so far, with more than 70 people being treated in intensive care wards around the country. The age profile of those succumbing to serious infections is different to normal seasonal flu. As many as 370,000 people are estimated to have contracted the virus so far in the UK.

Victims of swine flu have tended to be far younger. Pregnant women are recognised as being particularly at risk; six of the UK deaths have been of women in the later stages of pregnancy.

In west Wales, a primary school was closed following high levels of staff sickness. Pontyberem community primary school in Carmarthenshire is due to reopen after the half-term holiday.

It is no longer routine policy to close schools if individuals catch the virus. At the last weekly briefing, the chief medical officer, Sir Liam Donaldson, revealed that almost 150 schools had recorded outbreaks.

CBSNEWS

Sharyl Attkisson

Swine Flu Cases Overestimated?
CBS News Exclusive: Study Of State Results Finds H1N1 Not As Prevalent As Feared

CBS News, 21 October 2009

https://web.archive.org/web/20091022182003/http://www.cbsnews.com/stories/2009/10/21/cbsnews_investigates/main5404829.shtml

(CBS) If you've been diagnosed "probable" or "presumed" 2009 H1N1 or "swine flu" in recent months, you may be surprised to know this: odds are you didn't have H1N1 flu.

In fact, you probably didn't have flu at all. That's according to state-by-state test results obtained in a three-month-long CBS News investigation.

The ramifications of this finding are important. According to the Centers for Disease Control and Prevention (CDC) and Britain's National Health Service, once you have H1N1 flu, you're immune from future outbreaks of the same virus. Those who think they've had H1N1 flu – but haven't – might mistakenly presume they're immune. As a result, they might skip taking a vaccine that could help them, and expose themselves to others with H1N1 flu under the mistaken belief they won't catch it. Parents might not keep sick children home from school, mistakenly believing they've already had H1N1 flu.

Why the uncertainty about who has and who hasn't had H1N1 flu?

In late July, the CDC abruptly advised states to stop testing for H1N1 flu, and stopped counting individual cases. The rationale given for the CDC guidance to forego testing and tracking individual cases was: why waste resources testing for H1N1 flu when the government has already confirmed there's an epidemic?

Some public health officials privately disagreed with the decision to stop testing and counting, telling CBS News that continued tracking of this new and possibly changing virus was important because H1N1 has a different epidemiology, affects younger people more than seasonal flu and has been shown to have a higher case fatality rate than other flu virus strains.

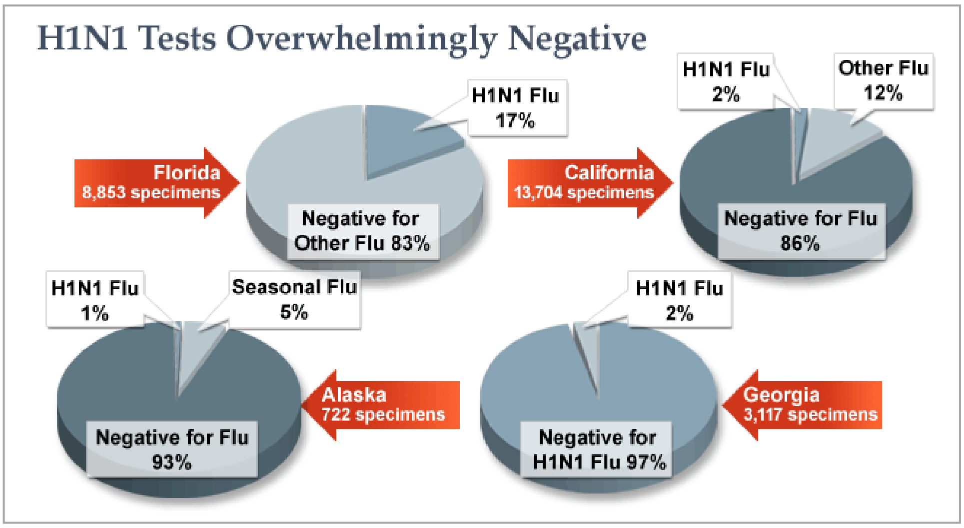
CBS News learned that the decision to stop counting H1N1 flu cases was made so hastily that states weren't given the opportunity to provide input. Instead, on July 24, the Council for State and Territorial Epidemiologists, CSTE, issued the following notice to state public health officials on behalf of the CDC:

"**Attached are the Q&As**; that will be posted on the CDC website tomorrow explaining why CDC is no longer reporting case counts for novel H1N1. CDC would have liked to have run these by you for input but unfortunately there was not enough time before these needed to be posted

When CDC did not provide us with the material, we filed a Freedom of Information request with the Department of Health and Human Services (HHS). More than two months later, the request has not been fulfilled. We also asked CDC for state-by-state test results prior to halting of testing and tracking, but CDC was again, initially, unresponsive.

Watch CBS News Videos Online –
Video above: A CBS News producer asks the director of the CDC, Dr. Thomas Frieden, for this information at a press conference on Sept. 19.

While we waited for CDC to provide the data, which it eventually did, we asked all 50 states for their statistics on state lab-confirmed H1N1 prior to the halt of individual testing and counting in July. The results reveal a pattern that surprised a number of health care professionals we consulted. The vast majority of cases were negative for H1N1 as well as seasonal flu, despite the fact that many states were specifically testing patients deemed to be most likely to have H1N1 flu, based on symptoms and risk factors, such as travel to Mexico.



It's unknown what patients who tested negative for flu were actually afflicted with since the illness was not otherwise determined. Health experts say it's assumed the patients had some sort of cold or upper respiratory infection that is just not influenza.

With most cases diagnosed solely on symptoms and risk factors, the H1N1 flu epidemic may seem worse than it is. For example, on Sept. 22, this alarming headline came from Georgetown University in Washington D.C.: "H1N1 Flu Infects Over 250 Georgetown Students."

H1N1 flu can be deadly and an outbreak of 250 students would be an especially troubling cluster. However, the number of sick students came not from lab-confirmed tests but from "estimates" made by counting "students who went to the Student Health Center with flu symptoms, students who called the H1N1 hotline or the Health Center's doctor-on-call, and students who went to the hospital's emergency room."

Without lab testing, it's impossible to know how many of the students actually had H1N1 flu. But the statistical trend indicates it was likely much fewer than 250.

CDC continues to monitor flu in general and H1N1 through "sentinels," which basically act as spot-checks to detect trends around the nation. But at least one state, California, has found value in tracking H1N1 flu in greater detail.

"What we are doing is much more detailed and expensive than what CDC wants," said Dr. Bela Matyas, California's Acting Chief of Emergency Preparedness and Response. "We're gathering data better to answer how severe is the illness. With CDC's fallback position, there are so many uncertainties with who's being counted, it's hard to know how much we're seeing is due to H1N1 flu rather than a mix of influenza diseases generally. We can tell that apart but they can't."

After our conversation with Dr. Matyas, public affairs officials with the California Department of Public Health emphasized to CBS News that they support CDC policy to stop counting individual cases, maintaining that the state has the resources to gather more specific testing data than the CDC.

Because of the uncertainties, the CDC advises even those who were told they had H1N1 to get vaccinated unless they had lab confirmation. "Persons who are uncertain about how they were diagnosed should get the 2009 H1N1 vaccine."

That's unwelcome news for a Marietta, Georgia mom whose two children were diagnosed with "probable" H1N1 flu over the summer. She hoped that would mean they wouldn't need the hastily developed H1N1 flu vaccine. However, since their cases were never confirmed with lab tests, the CDC advises they get the vaccine. "I wish they had tested and that I knew for sure whether they had it. I'm not anxious to give them an experimental vaccine if they don't need it."

Speaking to CBS' "60 Minutes," CDC Director Dr. Frieden said he has confidence that the vaccine will be safe and effective: "We're confident it will be effective we have every reason to believe that it will be safe."

However, the CDC recommendation for those who had "probable" or "presumed" H1N1 flu to go ahead and get vaccinated anyway means the relatively small proportion of those who actually did have H1N1 flu will be getting the vaccine unnecessarily. This exposes them to rare but significant side effects, such as paralysis from Guillain-Barre syndrome.

It also uses up vaccine, which is said to be in short supply. The CDC was hoping to have shipped 40 million doses by the end of October, but only about 30 million doses will be available this month.

U.S. Department of Health & Human Services

FDA U.S. Food and Drug Administration

Fraudulent 2009 H1N1 Influenza Products List

FDA US, 21 October 2009

https://web.archive.org/web/20091021235245/http://www.accessdata.fda.gov/scripts/h1n1flu/

Information current as of noon October 20, 2009, 139 entries in list

Purpose of the Fraudulent Products List

This list is intended to alert consumers about Web sites that are or were illegally marketing unapproved, uncleared, or unauthorized products in relation to the 2009 H1N1 Flu Virus (sometimes referred to as the "swine flu" virus). Note that until evidence to the contrary is presented to FDA, the owner of the listed Web site is considered responsible for promoting the unapproved, uncleared, or unauthorized products. The uses related to the 2009 H1N1 Flu Virus are not necessarily being promoted by the manufacturers of the products.

Consumer Considerations about the Products List

- This list does not include every Web site that is marketing products related to the 2009 H1N1 Flu Virus without FDA approval, clearance, or authorization, only those Web sites to which FDA has issued a warning letter.
- Even if a Web site is not included in this list, consumers should exercise caution before purchasing over the Internet any product purporting to diagnose, mitigate, prevent, treat, or cure the 2009 H1N1 Flu Virus.
- Please note that some of these products may be approved or cleared by FDA for other medical uses. The fact that a product is listed on this page indicates ONLY that the products are not cleared, approved, or authorized for the diagnosis, mitigation, prevention, treatment, or cure of the 2009 H1N1 flu virus.

Once included, all Web sites and products will remain listed. After FDA has verified that the products or the objectionable claims related to the 2009 H1N1 Flu Virus have been removed from the Web site, this information will be added to the list.

The information is current as of the date indicated. If we learn that any information is not accurate, we will revise the list as soon as possible.

View Products List

Important note: Consumers are advised that FDA has not determined whether these Web sites include products promoted for uses not related to the 2009 H1N1 Flu Virus that are also illegally marketed because they are not approved, cleared, or authorized by FDA for those other uses.

Topics on this Page

Air System Products	Gel Products	Herbal Extract Products
Body Wash Products	Gloves Products	Immunization Products
Device Products	Hand Sanitizer Products	etc. ...

profil

Peter Michael Lingens

Ich riskiere die Schweinegrippe

Profil, 22 October 2009
https://www.profil.at/meinung/peter-michael-lingens-ich-schweinegrippe-253927

Seit Wochen löchern mich E-Mails mit Hinweisen auf die düsteren Machenschaften eines Gangstersyndikats, das mithilfe der Schweinegrippe-Impfung zuerst einen Massenmord begehen und dann die Weltherrschaft an sich reißen will. Man legt dergleichen nach 50 Jahren Berufserfahrung zur raschen Entsorgung ab und fühlt sich darin nach kurzem Googeln bestätigt: Letztlich gehen die Warnungen auf eine in Österreich ansässige Journalistin namens Jane Bürgermeister zurück, die einen Zwischenfall in einem Labor des Pharmakonzerns Baxter in Orth an der Donau zum Anlass genommen hat, bei der Staatsanwaltschaft Strafanzeige gegen eine kriminelle Organisation zu erstatten, die die obigen Verbrechen im Zusammenwirken begehen wolle.

Unter den von ihr Verdächtigten auch profil-Herausgeber Christian Rainer, weil profil den Vorfall in Orth als bloße Panne dargestellt habe, und profil-Gründer Oscar Bronner, weil er als Teilnehmer von Bilderberg-Treffen offenbar zu den Drahtziehern zählt. So weit ein durchaus vertrautes Muster. Ich hätte das Material zur Gänze in den Papierkorb geworfen, wäre ich mittendrin nicht auf die Beantwortung einer parlamentarischen Anfrage durch Gesundheitsminister Alois Stöger gestoßen, die den Vorfall in Orth zum Gegenstand hatte: Es wurden dort, so räumt er ein, tatsächlich 72 Kilo einer Substanz hergestellt, die mit Vogel- und Schweinegrippe-Viren angereichert war und versehentlich an 16 europäische Labors versendet wurde, ehe in Tschechien auffiel, dass damit gefütterte Frettchen starben.

Frau Bürgermeister schloss daraus, die 72 Kilo sollten dazu dienen, einen Haufen Grippetote zu produzieren, die die WHO dann zum Anlass nehmen würde, aufgrund der Ausnahmebestimmungen zur Bekämpfung einer Pandemie die Weltherrschaft zu erringen.

Ich schließe daraus, dass bei der Forschung nach Impfstoffen offenbar Fehler vorkommen, die eigentlich ausgeschlossen sein sollten, und die Anfragebeantwortung Dr. Stögers, dass das Labor in der Folge behördlich überprüft worden sei, hat mein Vertrauen in Impfstoffe nicht unbedingt gestärkt. Wenn Vogelgrippe- und Schweinegrippe-Viren so unglaublich gefährlich sind, dass man die ganze Welt dagegen impfen muss, dann scheint mir der offenbar nicht ausreichend sorgfältige Umgang damit doch ein Problem zu sein, das mit einer parlamentarischen Anfragebeantwortung unter Ausklammerung aller Details nicht aus der Welt geschafft ist.

Mein eigentliches Interesse gilt freilich der Frage, ob diese Massenimpfungen wirklich gerechtfertigt sind, und es hat mittlerweile doch auf relativ gewichtige Medien übergegriffen: Arte hat dazu eine TV-Diskussion abgehalten, im ZDF hat ein Impfsachverständiger gemeint, er sehe keinen Grund, sich zur Impfung zu drängen; man könne durchaus auch in Ruhe zuwarten, wie sich die Dinge entwickeln und wie sich die Impfstoffe bewähren.

Dem von Österreich bestellten Baxter-Fabrikat bescheinigt er dabei die relativ größte Sicherheit: Dieser Impfstoff basiere ausschließlich auf der Wirkung von Antigenen und sei nicht, wie die

anderen, mit Verstärkern versehen, deren Nebenwirkungen man noch ungenügend kenne. Ein paar Tage später erklärte ein anderer Sachverständiger am selben Sender das Gegenteil: Der Baxter-Impfstoff sei der altmodischere, weniger gut dokumentierte. Mir war das insofern egal, als mich etwas anderes sehr viel mehr interessiert: Ich möchte doch zuerst etwas mehr Datenmaterial darüber, dass die Schweinegrippe derart gefährlich ist. Denn vorerst gab es nur eine eindrucksvolle Meldung aus Mexiko, wonach sie 350 Tote gefordert habe, die freilich -wenig später auf sieben Tote (ARD) reduziert werden mussten.

An sonstigen Grippen sterben in Deutschland 15.000 Menschen im Jahr. Soweit die Schweinegrippe in Europa beobachtet wurde, ist sie keineswegs besonders kritisch verlaufen. Der Hinweis, dass sich der Virus verändern und sehr viel gefährlicher werden könnte, beeindruckt mich auch nicht ausreichend: Erstens gilt das für jeden Virus, und zweitens ist fraglich, ob der Impfstoff auch gegen den veränderten Virus nützt.

Normalerweise richtet man sich in Fragen wie diesen freilich nach der WHO, und die empfiehlt die Impfung dringend. Allerdings hat sie die Kriterien für die Gefahreiner Pandemie verändert: Ursprünglich war eine dramatische Sterblichkeitsrate erforderlich jetzt genügt es, dass die Schweinegrippe in zwei Ländern gleichzeitig auftritt, sich also offenbar verbreitet. Das genügt mir, wenn sie nicht wirklich so gefährlich sein sollte, nicht ganz. In den Gremien der WHO, die über das Ausmaß der Gefahr urteilen, sitzen zwangsläufig Experten, die engen Kontakt mit der Pharmaindustrie pflegen müssen.

Erhard Busek hat mir anlässlich des AKH-Skandals mit auf den Weg gegeben, dass man bei öffentlichen Aufträgen im Allgemeinen mit einer Korruptionsrate von fünf Prozent rechnen sollte, die sich bei Rüstungsaufträgen verdreifacht. Nun versuche ich mir auszurechnen, welche Summen der Pharmaindustrie zur Verfügung stehen, wenn sie sicher sein kann, Milliarden Menschen gegen Schweinegrippe zu impfen. Selbst wenn sie jedem WHO-Beauftragten, der zur Gefahr der Schweinegrippe Stellung nimmt, zehn Millionen Euro in die Hand drückte, hätte sie noch längst nicht die 5-Prozent-Marke erreicht. Natürlich liegt es mir fern, für wahrscheinlich zu halten, dass dergleichen wirklich passiert. Aber schon die bloß theoretische Möglichkeit lässt mich die Haltung der Hälfte aller britischen Ärzte einnehmen: Sie lassen sich selbst nicht impfen und warten ab.

THE FLU CASE

Jane Burgermeister

Austrian news Magazine writes hit piece about my charges against Baxter

The Flu Case, 25 October 2009, 18:55
https://web.archive.org/web/20091028231438/http://www.theflucase.com/index.php?option=com_content&view=article&id=1366:austrian-news-magazine-writes-hit-piece-about-my-charges-against-baxter&catid=1:latest-news&Itemid=64&lang=en

The Austrian news magazine Profil has run a hit piece against me, saying that my criminal charges against Baxter for contaminating 72 kilos of vaccine material with live bird flu virus belong in the waste paper basket.

Peter Michael Lingens from Profil fails to mention the fact that the live bird flu virus has to be handled under biosafety level 3 regulations (separate lab, double doors, electronic codes, special clothing, negative pressure etc), which makes an accidental contamination virtually impossible even though I make this point repeatedly in my charges.

Also, he fails to mention that there was no need for Baxter to have the artificial and deadly virus (supplied by WHO) in its labs in Orth an der Donau in the first place.

The existence of the biosafetly regulations make accidentally manufacturing and distributing 72 kilos of pandemic material in a biosafetly level 3 lab about as likely as accidently getting 72 tonnes of gold out of Fort Knox.

Ignoring these facts, Lingens blissfully concludes Baxter "didn't take enough care."

If only!

Also, Lingens fails to mention that the police have actually opened a case and are investigating these ridiculous charges worthy only of being tossed into his wastepaper basket.

However, what can anyone expect from Profil?

Their reporter Emil Bobi distorted the facts on the Baxter case in a piece in April using exactly the same tactic of omitting mention of the the existence of biosafety level 3 regulations and claiming a minute quantity had been contaminated because a single little tube hadn't been changed when we know, in the meantime, it was 72 kilos in an apparent bid to to whitewash the company even though I sent them a copy of my criminal charges where the biosafety level 3 regulatinns indicating criminal intent are mentioned in detail.

Interestingly, the founder of Profil Oscar Bronner visited Bilderberg meetings where he hob nobbed with the Rockefellers.

Obviously, the campaign to alert people to the dangers of the vaccine is going so well even in Austria that Bronner and Profil have decided to try to discredit it.

I will be filing charges for defamation againt Lingens and Profil. I will post them up on the website after they have been deposited in court.

Here is Lingens' piece: (*see above*)

Marilynn Marchione

FDA warns: Swine flu scams lurk on the Internet

Associated Press, 22 October 2009

https://web.archive.org/web/20091103181236/http://www.google.com/hostednews/ap/article/ALeqM5hGsk8HldTZc5s-iF50VTpZktrkHwD9BGBGJG1

Air "sterilizers." A photon machine. Supplement pills to boost the immune system. Protective shampoos and face masks. Even fake Tamiflu.

These and other products making bogus claims to prevent or treat swine flu are flooding the Internet as scam artists prey on the public's fears while the vaccine is delayed and real Tamiflu – made by Switzerland's Roche Group – is rationed.

Every problem, it would seem, is a sales opportunity. Some of the products appear to have been pitched for other emergencies, such as one called "Quake Kare" and masks and purifiers sold during the SARS scare.

Federal officials have sent warning letters to promoters of more than 140 swine flu-related products, including well-known alternative medicine advocate Dr. Andrew Weil for his "Immune Support Formula."

Consumer Reports also has warned subscribers to be wary

"It's harmful, disappointing, frustrating to see folks take advantage of the public like this," said Dr. John Santa, who evaluates health claims for Consumer Reports.

Fraudulent products emerged shortly after swine flu did last spring – about 10 a day, said Alyson Saben, head of a swine flu consumer fraud team formed by the Food and Drug Administration. The pace slowed over the summer as the flu abated, but "it's picked up" in recent weeks, she said. "We are seeing new sites pop up."

Most worrisome: sites that claim to sell Tamiflu without a prescription. The FDA bought and tested five such products. One contained powdered talc and generic Tylenol – no Tamiflu. Several others contained some Tamiflu but were not approved for sale in the U.S.

"We have no idea of the conditions under which they were manufactured. They could contain contaminated, counterfeit, impure or subpotent or superpotent ingredients," Saben said.

Tamiflu and GlaxoSmithKline's Relenza are the only drugs recommended for treating swine flu.

Rogue Web sites are not the only ones trying to cash in on flu fears. Makers of some well-established products are making claims that may be close to the line, the FDA says.

This week, the makers of Dial Soap, Kleenex, Clorox and other big brands launched a joint promotional campaign costing up to $1 million. The FDA is reviewing the campaign, which includes a video that says:

"Germs are tiny organisms that can cause disease. According to the CDC, up to 80 percent of infectious diseases, like the flu, are spread by your hands. That's why frequent, proper handwashing is so important in preventing spread of the flu, other viruses and germs. An antibacterial soap like Dial Complete foaming hand wash kills 99.9 percent of germs."

Flu is caused by a virus, so killing bacteria is of uncertain benefit

The campaign is "not being specific down to swine flu," said Scott Moffitt, an official with Dial Corp.'s parent company, Germany-based Henkel AG. He also contends the video is not misleading, even though the germ-killing claim follows a sentence about flu and other viruses.

One product that drew a warning letter from the FDA is the Photon Genie, a gadget that delivers "energy waves." Its Web site claimed it "helps strengthen the immune system, and a strong immune system is KEY to preventing swine flu symptoms and KEY to treating swine flu."

The site has since removed the swine flu claim but "other claims remain," Saben said.

The group behind the Web site, the Skilling Institute of Phoenix, "is not marketing, and will not market in the future, any product that is intended to diagnose, mitigate, prevent, treat or cure the H1N1 flu virus," its director, Warren Starnes, wrote in an e-mail.

Some products the FDA warned about contain silver, such as "Swine Flu...Gone," made by *Secrets of Eden*. "Spray 'Swine Flu... Gone' with ionic silver on your hands and on any surface where these germs may exist and kill the virus," its site had claimed.

Secrets of Eden sells supplements and oils with a biblical flair, said its general manager, Rick Strawcutter, a former pastor in Adrian, Mich. The staff "got a little carried away" on marketing for one product and "drew the ire of the FDA," he said.

"It was not worth contesting," so he ordered a stop to it, Strawcutter said.

The federal Agency for Toxic Substances and Disease Registry says silver "may cause harmful health effects," depending on the amount and type of exposure.

Dr. Andrew Weil's site had this problem language, the FDA's warning letter said: "...during the flu season, I suggest taking a daily antioxidant, multivitamin-mineral supplement, as well as astragalus, a well-known immune-boosting herb that can help ward off colds and flu. You might also consider ... the Weil Immune Support Formula which contains both astragalus and immune-supportive polypore mushrooms."

Weil issued a statement saying the content "was primarily educational" about how to avoid the flu, and that he had directed his Web site team to remove and review it for compliance with federal rules.

Doctors, too, are being warned not to prescribe unproven remedies, such as drugs not shown to be safe and effective for swine flu. In this week's New England Journal of Medicine, three FDA doctors caution against use of ribavirin, a drug approved in the U.S. for treating hepatitis C and respiratory syncytial virus, or RSV, a childhood illness.

There have been reports of doctors wanting to try it for seriously ill flu patients, but it can cause a dangerous type of anemia and cannot be used in pregnant women because of the risk of birth defects, said the FDA's Dr. Debra Birnkrant.

"It shouldn't be used lightly" and needs to be tested in a clinical trial for flu, she said.

Los Angeles Times

Thomas H. Maugh II

One in five kids had swine flu? No, not really, CDC now says

Los Angeles Times, 22 October 2009, 2:31 PM PT
https://www.latimes.com/archives/blogs/booster-shots/story/2009-10-22/one-in-five-kids-had-swine-flu-this-month-cdc-says

One in five U.S. children had an influenza-like illness during the first 11 days of October, and most of those cases were probably pandemic H1N1 influenza, according to the Centers for Disease Control and Prevention. About 7% of adults said they had suffered the illness during the same time period, according to a telephone survey of more than 14,000 households, agency officials announced today at a medical meeting in Atlanta. There was no confirmation of the infections.

[Update, 12:02 p.m. Oct. 23: Dr. Thomas R. Frieden, director of the CDC, said Friday in a news conference that the data was misinterpreted by news media and that it is highly unlikely that most of the cases were swine flu. In a few communities having peak infections, one in five kids did have swine flu, but in this survey, it is far more likely that most of them had colds and other infections. 'The data simply show that kids get a lot of infections,' he said.]

Lyn Finelli, a CDC surveillance expert, said the so-called swine flu virus is causing more illness now than at any time since the first outbreak in April. She added that the number of swine flu deaths in children since the beginning of September is equal to the number that occurred in the four months of the outbreak this spring.

Some experts have warned that the pandemic is peaking now and that the swine flu vaccine, which has been delayed, will arrive too late to have much effect. But health authorities have emphasized that even if half of the population has contracted the virus, that still leaves substantial numbers vulnerable to it.

In other news:

- The American Medical Assn. has created a new website to help patients and physicians communicate and to improve care coordination for swine flu. The site will help patients assess their own potential flu symptoms or those of a child or other loved one, and provide guidance on whether to seek medical care.

- The Food and Drug Administration is warning again that alleged flu scams abound on the Internet, according to the Associated Press. The agency has sent warning letters to more than 140 promoters of swine-flu-related products, including well-known alternative medicine advocate Dr. Andrew Weil for his 'Immune Support Formula.' 'It's harmful, disappointing, frustrating to see folks take advantage of the public like this,' Dr. John Santa of Consumer Reports told AP. The agency also cautioned doctors against prescribing products like the antiviral agent ribavirin that have not been shown to be effective against influenza. A list of the allegedly fraudulent products is available here and you can report fraud here.
https://web.archive.org/web/20091029132643/http://www.accessdata.fda.gov/scripts/h1n1flu/

- Many people refuse to get vaccinated for swine flu, but there are still large numbers who want it. More than 1,700 people showed up for a vaccination campaign Wednesday at a public health clinic in Rockville, Md., but most had to be turned away because the clinic had only 249 doses, according to Reuters. Vaccine distribution has been delayed because the virus does not grow as rapidly in the laboratory as producers had hoped.
[Reuters => https://www.reuters.com/article/rbssHealthcareNews/idUSN2150410820091021/]

Los Angeles Times

Thomas H. Maugh II

One in five kids had swine flu? No, not really, CDC now says

Los Angeles Times, 23 October 2009, 12:33 PM PT
https://www.latimes.com/archives/blogs/booster-shots/story/2009-10-23/one-in-five-kids-had-swine-flu-no-not-really-cdc-now-says

Media reports Thursday that one in five kids had the pandemic H1N1 influenza virus during the first 11 days of October were a misinterpretation, Dr. Thomas Frieden, director of the Centers for Disease Control and Prevention, said at a news conference this morning. What researchers actually found was that one in five kids had an influenza-like illness during that period, but only a minority of those cases were likely to be swine flu.

The results came from a telephone survey of 14,000 randomly selected households, who were asked if they had suffered influenza-like symptoms from Oct. 1 to Oct. 11. The responses indicated that one in five kids had suffered such symptoms and about 7% of adults. No effort was made to confirm that the illnesses were, in fact, swine flu.

Frieden said that at the peak of the epidemic, in some localities, as many as one in five kids were indeed infected by the virus. In this survey, however, it is more likely that most of the the children simply had colds or sniffles. "The data simply show that kids get a lot of infections," he said.

SPIEGEL Wissenschaft

Nähe zu Pharmaindustrie

Pandemie-Beauftragter der Regierung hat umstrittenen Beraterjob

Spiegel, 24 Oktober 2009, 14:30 Uhr

http://www.spiegel.de/wissenschaft/medizin/0,1518,657146,00.html

Der Influenza-Koordinator am staatlichen Robert-Koch-Institut berät nach SPIEGEL-Informationen eine von der Pharmaindustrie finanzierte Vereinigung. Korruptionswächter beklagen die Verquickung - ein Amtsträger dürfe nicht so eng mit einem Lobbyverein verbandelt sein.

Berlin - Walter Haas, Koordinator der Influenza-Expertengruppe am staatlichen Robert-Koch-Institut (RKI), ist wissenschaftlicher Berater einer ausschließlich von der Pharmaindustrie finanzierten Vereinigung. Nach SPIEGEL-Informationen unterstützen zehn Arzneikonzerne die European Scientific Working Group on Influenza (ESWI), für die er tätig ist.

Unter ihnen befinden sich GlaxoSmithKline, Hersteller des deutschen Schweinegrippe-Impfstoffs, sowie der Schweizer Roche-Konzern, der das antivirale Mittel Tamiflu produziert. Nach eigenem Bekunden ist ESWI ein unabhängiger Forscherverbund. Er organisiert regelmäßig Grippe-Konferenzen mit vielen hundert Teilnehmern.

Im Statut steht, der Verband kläre Politiker und Gesundheitsbehörden über "die Vorteile und die Sicherheit von Influenza-Impfstoffen und antiviralen Medikamenten" auf. Man befördere "eine Politik für die antivirale Bevorratung" und biete dazu wissenschaftliche Argumente.

Tatsächlich taucht auf den ESWI-Web-Seiten unter anderem ein Werbefilm von Tamiflu-Produzent Roche auf. Ein ESWI-Sprecher sagte dem SPIEGEL, man sei stolz, eine "hochkarätige Institution" wie das RKI und Walter Haas als unentgeltlichen Berater gewonnen zu haben.

Angela Spelsberg von der Anti-Korruptions-Organisation Transparency International beklagt, das RKI bewege sich hier sowohl ethisch als auch rechtlich in einer Grauzone: "Es kann nicht sein, dass ein Amtsträger, der allein dem Wohl der Bevölkerung dienen soll, so eng mit einem Lobbyverein verbandelt ist", sagte sie dem SPIEGEL.

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THE FLU CASE

Flashback:
Spiegel report highlights links between big pharma and German government

The Flu Case, 17 November 2009, 12:00
https://web.archive.org/web/20100102040132/http://theflucase.com/index.php?option=com_content&view=article&id=1844%3Aflashback-spiegel-report-highlights-links-between-big-pharma-and-german-government-&catid=1%3Alatest-news&Itemid=64&lang=en

The German news magazine Der Spiegel reported end of October that the government coordinatior for pandemic emergencies at the Robert-Koch-Institute Walter Haas is also a member of the European Scientific Working Group on Influenza (EWSWI), which is financed exclusively by pharmaceutical companies. According to an EWSWI press release from 2005, a worldwide pandemic was "just a question of time."

Pharmaceutical company Baxter contaminated 72 kilos of seasonal flu with the live bird flu virus in its Austrian facilities in Orth an der Donau and so nearly sparked a global bird flu pandemic in February. Because Baxter is obliged to follow biosafety level 3 standards when handling the virus – supplied by WHO – an accident can be ruled out.

Also, the EWSWI allegedly met in January to discuss loosening the criteria for WHO to declare a pandemic level 6 emergency. In the event of WHO declaring a pandemic level 6 emergency, WHO acquires sweeping powers over national governments, and can order forced vaccination and quarantine.

The pharmaceutical companies supplying the vaccines sit on WHO's vaccine advisory committee as observers.

"*Issued at the end of a four-day conference on influenza organized by the European Scientific Working group on Influenza (ESWI) in Malta, the warning reflects a consensus that a worldwide outbreak of influenza is just a question of time. Only by placing this issue at the top of Europe's health agenda now, will member states take the necessary steps towards preparing infrastructure, citizens and the community at large for the threat*. (p. 1)
"*Pandemics appear to occur with some regularity every thirty to forty years – most recently in 1957 and 1968 – reinforcing concerns that a new pandemic may be imminent*."(p. 2)

The Second European Influenza Conference. MALTA, 11-14 September 2005, EWSWI.
https://web.archive.org/web/20110830061811/http://www.eswi.org/modulefiles/publications/pdfs/getting-europe-prepared-now-for-an-influenza-pandemic.pdf

the WHITE HOUSE
PRESIDENT BARACK OBAMA

Barack Obama
President of the United States of America

Declaration of a National Emergency with Respect to the 2009 H1N1 Influenza Pandemic

The White House, Office of the Press Secretary, 24 October 2009
https://obamawhitehouse.archives.gov/the-press-office/declaration-a-national-emergency-with-respect-2009-h1n1-influenza-pandemic-0

On April 26, 2009, the Secretary of Health and Human Services (the "Secretary") first declared a public health emergency under section 319 of the Public Health Service Act,42 U.S.C. 247d, in response to the 2009 H1N1 influenza virus. The Secretary has renewed that declaration twice, on July 24,2009, and October 1, 2009. In addition, by rapidly identifying the virus, implementing public health measures, providing guidance for health professionals and the general public, and developing an effective vaccine, we have taken proactive steps to reduce the impact of the pandemic and protect the health of our citizens. As a Nation, we have prepared at all levels of government, and as individuals and communities, taking unprecedented steps to counter the emerging pandemic. Nevertheless, the 2009 H1N1 pandemic continues to evolve. The rates of illness continue to rise rapidly within many communities across the Nation, and the potential exists for the pandemic to overburden health care resources in some localities.Thus, in recognition of the continuing progression of the pandemic, and in further preparation as a Nation, we are taking additional steps to facilitate our response.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States,including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), do hereby find and proclaim that, given that the rapid increase in illness across the Nation may overburden health care resources and that the temporary waiver of certain standard Federal requirements may be warranted in order to enable U.S. health care facilities to implement emergency operations plans, the 2009 H1N1 influenza pandemic in the United States constitutes a national emergency. Accordingly, I hereby declare that the Secretary may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the 2009 H1N1 influenza pandemic. In exercising this authority, the Secretary shall provide certification and advance written notice to the Congress as required by section 1135(d) of the SSA (42 U.S.C. 1320b-5(d)).

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-third day of October, in the year of our Lord two thousand nine, and of the Independence of the United States of America the two hundred and thirty-fourth.

BARACK OBAMA

Patricia Zengerle

Obama declares swine flu a national emergency

Reuters, 24 October 2009
https://web.archive.org/web/20111104221853/http://www.reuters.com/article/2009/10/24/us-flu-usa-obama-idUSTRE59N19E20091024

(Reuters) – **President Barack Obama** has declared 2009 H1N1 swine flu a national emergency, the White House said on Saturday.

The declaration will make it easier for U.S. medical facilities to handle a surge in flu patients by allowing the waiver of some requirements of Medicare, Medicaid and other federal health insurance programs as needed, the White House said in a statement.

The U.S. Centers for Disease Control and Prevention said on Friday that swine flu has become widespread in 46 of the 50 U.S. states, a level comparable to the peak of ordinary flu seasons but far earlier and with more waves of infection expected.

Obama signed the statement on Friday night.

The White House statement said the declaration was intended to prepare the country in case of "a rapid increase in illness that may overburden health care resources." It was similar to disaster declarations issued before hurricanes hit coastal areas.

"It's important to note that this is a proactive measure -- not a response to a new development," an administration official said.

"H1N1 is moving rapidly, as expected. By the time regions or healthcare systems recognize they are becoming overburdened, they need to implement disaster plans quickly," he said.

Seasonal flu normally peaks sometime between late November and early March and kills about 36,000 Americans in an average year. Swine flu has hit young adults and children the hardest, while seasonal flu normally is more dangerous for people over age 65.

H1N1, declared a public health emergency earlier in the year, has killed more than 1,000 people in the United States and put more than 20,000 in the hospital since it emerged earlier this year, the CDC said. But health officials are quick to note that the actual number of cases cannot be measured. The new declaration clears the way for waivers of federal requirements that, for example, could prevent hospitals from establishing off-site, alternate care facilities that could help them deal with emergency department demands, the White House said.

The Health and Human Services Department is trying to deliver vaccines against H1N1 but says production is falling short of projections because companies are having trouble making them. HHS has also moved to make available stockpiles of antiviral drugs oseltamivir, made by Roche AG under the brand name Tamiflu, and zanamivir, an inhaled drug made by GlaxoSmithKline under the brand name Relenza.

On Friday the U.S. Food and Drug Administration issued an emergency use authorization for an experimental new drug called peramivir, made by Biocryst Pharmaceuticals Inc and licensed to Shionogi & Co Ltd. The authorization allows the intravenous drug to be used in hospitalized patients who cannot take pills or inhale Relenza or when Tamiflu or Relenza do not seem to be helping.

NATURAL NEWS
Defending Health, Life and Liberty

Mike Adams

President Obama declares national emergency over swine flu pandemic, but why?

Natural News, 24 October 2009
https://www.naturalnews.com/027323_flu_national_emergency_swine.html

According to the CDC, swine flu infections have already peaked, and the pandemic is on its way out. Peak infection time was the middle of October, where one in five U.S. children experienced the flu, says the CDC. Out of nearly 14,000 suspected flu cases tested during the week ending on October 10, 2009, 99.6% of those were influenza A, and the vast majority of those were confirmed as H1N1 swine flu infections.

Even though the H1N1 pandemic appears to have peaked out, U.S. President Barack Obama has now declared a national emergency over swine flu infections. The reasoning behind such a declaration? According to the White House, it's designed to "allow hospitals to better handle the surge in patients" by allowing them to bypass certain federal laws.

Emergency powers trump the Bill of Rights

That's the public explanation for this, but the real agenda behind this declaration may be far more sinister. Declaring a national emergency immediately gives federal authorities dangerous new powers that can now be enforced at gunpoint, including:

- The power to force mandatory swine flu vaccinations on the entire population.
- The power to arrest, quarantine or "involuntarily transport" anyone who refuses a swine flu vaccination.
- The power to quarantine an entire city and halt all travel in or out of that city.
- The power to enter any home or office without a search warrant and order the destruction of any belongings or structures deemed to be a threat to public health.
- The effective nullification of the Bill of Rights. Your right to due process, to being safe from government search and seizure, and to remain silent to avoid self-incrimination are all null and void under a Presidential declaration of a national emergency.

None of this means that federal agents are going to march door to door arresting people at gunpoint if they refuse the vaccine, *but they could if they wanted to*. Your rights as an American are no longer recognized under this national emergency declaration.

What emergency?

The declaration of this national emergency seems suspicious from the start. Where's the emergency? The number of people killed by swine flu in the United States is far smaller than the number of people killed each year from *seasonal flu*, according to CDC statistics. People obviously aren't dropping dead by the millions from H1N1 influenza. Most people are just getting mild flu symptoms and a few days later they're fine.

So where's the emergency? The only emergency I can see is the emergency fabricated by Big Pharma to sell more vaccines. By declaring a national emergency over the H1N1 pandemic, Obama is playing right into their hands. I find the timing of all this curious. Two days ago, New York gave up on its efforts to require mandatory vaccinations of health care workers. This was designed to defuse a large number of planned protests from health freedom-conscious people who don't want government-mandated chemicals pumped into their veins.

The planned protests in New York would have fueled yet more resistance among health care workers across the country, and had it been allowed to continue, it could have resulted in a huge nationwide backlash against swine flu vaccines. By backing off the vaccine mandate and blaming it on a vaccine shortage, and then having Obama declare a national emergency, our state and national leaders have halted the protests and put in place a pro-vaccine Big Brother mandate that can be enforced at gunpoint.

Big Pharma must be pleased with all this. With these emergency powers in place, all that's necessary to force vaccinations upon the entire population is a larger supply of the vaccines – and that's coming in November.

Kurt Nimmo

Obama's H1N1 Emergency Declaration: Is Martial Law Unfolding?

Info Wars, 24 October 2009
https://web.archive.org/web/20091027010722/http:/www.infowars.com/obamas-h1n1-emergency-declaration-is-martial-law-unfolding/

Obama has declared a 2009 H1N1 swine flu a national emergency.

It is not clear if this declaration falls under the National Emergencies Act (50 U.S.C. 1601–1651). The act is not mentioned in media reports.

The National Emergencies Act was passed in 1976. It has been extended six times. In 2007, the declaration was strengthened with the issuance of National Security Presidential Directive 51 (NSPD-51) which gave the president the authority to do whatever he deems necessary in a vaguely defined "catastrophic emergency" including everything from canceling elections to suspending the Constitution.

NSPD-51 (National Security and Homeland Security Presidential Directive) is unconstitutional. It was created on May 4, 2007, as a "presidential directive" (bypassing Congress) and signed by George W. Bush. It claims the power to execute procedures for continuity of the federal government in the event of a "catastrophic emergency." Such an emergency is construed as "any incident, regardless of location, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the U.S. population, infrastructure, environment, economy, or government functions."

In other words, it is a martial law directive. On May 10, 2007, The Washington Post characterized NSPD-51 is a "shadow government" directive [see: Spencer S. Hsu, Bush Changes Continuity Plan: Administration, Not DHS, Would Run Shadow Government. – Washington Post, 10 May 2007]
=> https://web.archive.org/web/20110513055449/https://www.washingtonpost.com/wp-dyn/content/article/2007/05/09/AR2007050902719.html

The John Warner National Defense Authorization Act (NDAA) for Fiscal Year 2007 states that the military may be used during a "national emergency." Sec 1076 is extremely explicit, notes Michel Chossudovsky, and "virtually creates a Pinochet style environment for the mass arrest of political dissidents without trial, the storming of public rallies, etc."

NDAA specifically mentions "epidemic" as an excuse to declare martial law.

Prior to Warner and NSPD-51, legislation passed by the Clinton administration allowed the military to intervene in judicial and civilian law enforcement activities. In 1996, legislation was passed which allowed the military to intervene in the case of a national emergency. In 1999, Clinton's Defense Authorization Act (DAA) extended those powers (under the 1996 legislation) by creating an "exception" to the Posse Comitatus Act, which permits the military to be involved in civilian affairs "regardless of whether there is an emergency," according to Chossudovsky.

In 2005, a month after Hurricane Rita, a so-called bird flu "crisis" was hyped by the government and the corporate media. "I am concerned about avian flu. I'm concerned about what an avian flu outbreak could mean for the United States and the world… I have thought through the scenarios of what an avian flu outbreak could mean," Bush declared at the time. "*One option is the use of a military that's able to plan and move.* So that's why I put it on the table. I think it's an important debate for Congress to have" (emphasis added).

Bush's directive, signed two years later, did not bother to involve Congress in the "debate."

Obama's declaration of a national emergency sets the stage for forced vaccination and internment of people who refuse to be vaccinated.

In January, the National Emergency Centers Establishment Act (HR 645) was introduced in Congress. It calls for the establishment of six national emergency centers in major regions in the US to be located on existing military installations to be used to quarantine people in the case of a public health emergency or forced vaccination program. HR 645 remains in committee.

The H1N1 "crisis" is a manufactured crisis. As noted earlier today, a CBS investigative report reveals that H1N1 flu cases are not as prevalent as we are told by the government, the CDC, WHO, and the corporate media. The so-called epidemic is bogus.

Millions of people are refusing to take the H1N1 vaccine. In the weeks ahead – if Obama's emergency declaration falls under the above directives – we may witness a move toward martial law, forced vaccination, and internment of those who refuse.

At best, Obama's declaration is a flimsy attempt to scare people into taking the toxic soft kill vaccination. Let's hope this is the case.

WorldNetDaily

Drew Zahn

Swine-flu emergency! What does that mean?
Is president's proclamation formality, or institution of Obama martial law?

World Net Daily, 24 October 2009, 7 pm Eeastern
https://web.archive.org/web/20091027012132/http://www.wnd.com/index.php?fa=PAGE.view&pageId=113964

President Obama announced today that he has declared a "national emergency" over the H1N1 virus, a phrase with an ominous sound, but with little explanation offered by most of the news media.

The Associated Press, for example, merely stated that the declaration removes "bureaucratic roadblocks" and enables officials to "bypass federal rules." Other news outlets were even vaguer, saying the declaration waived federal requirements, but not saying what those requirements govern.

In the void of information, Internet rumors were quick to flame, centering on concerns over how the Obama administration might use the declared emergency to suddenly expand government power.

"Obama just declared H1N1 a national emergency," wrote a WND reader in an e-mail, "Here we go with martial law."

An article by Kurt Nimmo of InfoWars took the worry a step further, wondering if the White House's declaration engaged certain measures of the National Emergencies Act: "In the weeks ahead," Nimmo writes, "we may witness a move toward martial law, forced vaccination and internment of those who refuse."

But even if there really is a plot to manipulate the H1N1 virus scare into enforcing a sweeping expansion of federal power, today's "national emergency" falls far short of martial law. In fact, the laws enacted by the president's proclamation do little more than clear administrative hurdles for quicker processing of Medicare payments, and the very provisions of the National Emergencies Act that the president cited in his proclamation actually limit the power his administration can take.

The proclamation signed by the president states:
https://obamawhitehouse.archives.gov/the-press-office/declaration-a-national-emergency-with-respect-2009-h1n1-influenza-pandemic-0

I, Barack Obama, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act … do hereby find and proclaim that, given that the rapid increase in illness across the nation may overburden health care resources and that the temporary waiver of certain standard federal requirements may be warranted in order to enable U.S. health care facilities to implement emergency operations plans, the 2009 H1N1 influenza pandemic in the United States constitutes a national emergency.

Section 201 of the National Emergencies Act, however, simply requires the president to inform Congress in writing when a national emergency is declared – which he did today, after signing the declaration last night.

Section 301 forbids the president from taking up any powers of the National Emergencies Act save those he lists in the proclamation of emergency, requiring him to "specify the provisions of law under which he proposes that he, or other officers will act."

And what powers did Obama specify?

"I hereby declare," the proclamation states, "that the secretary [of Health and Human Services] may exercise the authority under section 1135 of the [Social Security Act]."

Section 1135, in turn, allows the Centers for Medicare & Medicaid Services, or CMS, to review on a case-by-case basis applications from health care providers who wish certain restrictions be waived.

According to an explanation prepared by the Association of State and Territorial Health Officials, those restrictions that can be waived include:

- Certification requirements for some doctors to be paid by Medicare, Medicaid and SCHIP programs
- Pre-approval requirements for some services
- Requirements that doctors be licensed in the same state they're practicing in order to get federal payments
- Sanctions against moving patients to alternate facilities
- A handful of other requirements governing how medical providers are paid.

In fact, the most ominous provision of a Section 1135 waiver may be alterations to HIPAA privacy regulations.

The U.S. Department of Health & Human Services explains that under a declared emergency, facilities granted a Section 1135 waiver no longer need to obtain a patient's agreement to speak with family members or friends involved in the patient's care, no longer need to distribute a notice of their privacy practices and no longer need to honor the patient's right to request privacy restrictions or confidential communications.

"For example," an HHS document on HIPAA explains, "an individual may request that her health care provider call her at her office, rather than her home. A health care provider must accommodate an individual's reasonable request for such confidential communications."

With a Section 1135 waiver granted by the CMS in a declared emergency, however, the provider need not accommodate the request in the example of calling the patient at her office.

President Obama justified the national emergency proclamation with the following words:

By rapidly identifying the virus, implementing public health measures, providing guidance for health professionals and the general public, and developing an effective vaccine, we have taken proactive steps to reduce the impact of the pandemic and protect the health of our citizens. As a nation, we have prepared at all levels of government, and as individuals and communities, taking unprecedented steps to counter the emerging pandemic.

Nevertheless, the 2009 H1N1 pandemic continues to evolve. The rates of illness continue to rise rapidly within many communities across the nation, and the potential exists for the pandemic to overburden health care resources in some localities.

Thus, in recognition of the continuing progression of the pandemic, and in further preparation as a nation, we are taking additional steps to facilitate our response.

Los Angeles Times

Janet Hook

Obama Declares Swine Flu a National Emergency

The Los Angeles Times, 25 October 2009, 12 AM PT
https://www.latimes.com/archives/la-xpm-2009-oct-25-na-national-flu-emergency25-story.html

Washington – President Obama on Saturday declared the swine flu outbreak a national emergency, a procedural step designed to allow healthcare providers to speed treatment and slow the spread of the disease.

The action gives Secretary of Health and Human Services Kathleen Sebelius temporary authority to grant waivers that would expedite steps such as setting up off-site emergency rooms to treat potential flu victims apart from other patients.

Administration officials said the move was not made as a result of any particular development, but as a preemptive measure to ensure that the tools for a quick response were in place.

"The potential exists for the pandemic to overburden healthcare resources in some localities," the White House announcement said. "Thus, in recognition of the continuing progression of the pandemic, and in further preparation as a nation, we are taking additional steps to facilitate our response."

According to the Centers for Disease Control and Prevention, 46 states have reported widespread incidence of the swine flu, also known as H1N1. Since the outbreak of the pandemic in April, there have been more than 20,000 hospitalizations from laboratory-confirmed infections and more than 1,000 deaths.

The declaration is the second step in the government's response effort. In late April, HHS declared a public health emergency, which allowed the government to release antiviral medications from federal stockpiles to states that might need them.

The national emergency declaration allows Sebelius, on a case-by-case basis, to waive federal rules governing routine medical operations if requested by doctors or hospitals.

For example, to isolate infected patients, some hospitals are planning to establish separate treatment locations in off-site tents or community centers. But without a waiver of current rules, the hospital may not get federal reimbursement if the facility is too far from its property. Hospitals could also ask for a waiver of paperwork procedures if they are besieged by flu patients.

"If there's a surge in patients, you want to be able to put in place more efficient methods of triaging and treating people," said Reid Cherlin, a White House spokesman. "It's a priority for providers not to have to waste time on the phone with federal managers."

Obama declares swine flu national emergency

MS NBC, 25 October 2009
https://web.archive.org/web/20091026045602/http://www.msnbc.msn.com/id/33459423/

Washington – President Barack Obama has declared the swine flu outbreak a national emergency, giving his health chief the power to let hospitals move emergency rooms offsite to speed treatment and protect noninfected patients.

The declaration, signed Friday night and announced Saturday, comes with the disease more prevalent than ever in the country and production delays undercutting the government's initial, optimistic estimates that as many as 120 million doses of the vaccine could be available by mid-October.

Health authorities say more than 1,000 people in the United States, including almost 100 children, have died from the strain of flu known as H1N1, and 46 states have widespread flu activity. So far only 11 million doses of the vaccine have gone out to health departments, doctor's offices and other providers, according to the Centers for Disease Control and Prevention officials.

On Sunday, the leader of the Senate's Republican minority pledged to give the Obama administration any more help it may need to fight the outbreak. Sen. Mitch McConnell of Kentucky told ABC television's "This Week" that Congress would be willing to provide any additional resources needed on a bipartisan basis.

Administration officials said the emergency declaration was a pre-emptive move designed to make decisions easier when they need to be made. Officials said the move was not in response to any single development.

Health and Human Services Secretary Kathleen Sebelius now has authority to bypass federal rules when opening alternative care sites, such as offsite hospital centers at schools or community centers if hospitals seek permission.

Some hospitals have opened drive-thrus and drive-up tent clinics to screen and treat swine flu patients. The idea is to keep infectious people out of regular emergency rooms and away from other sick patients.

Quicken access to treatment

Hospitals could modify patient rules – for example, requiring them to give less information during a hectic time – to quicken access to treatment, with government approval, under the declaration.

It also addresses a financial question for hospitals – reimbursement for treating people at sites not typically approved. For instance, federal rules do not allow hospitals to put up treatment tents more than 250 yards (230 meters) away from the doors; if the tents are 300 yards (275 meters) or more away, typically federal dollars won't go to pay for treatment.

Administration officials said those rules might not make sense while fighting the swine flu, especially if the best piece of pavement is in the middle of a parking lot and some medical centers already are putting in place parts of their emergency plans.

"I think the term emergency declaration sounds more dramatic than it really is," said Dr. Peter Hotez, a research professor and chairman of the Department of Microbiology, Immunology and Tropical Medicine at George Washington University. "It's largely an administrative move that's more preemptive ..." He said such a step would give emergency rooms and hospitals the flexibility they need.

The national emergency declaration was the second of two steps needed to give Sebelius extraordinary powers during a crisis.

On April 26, the administration declared swine flu a public health emergency, allowing the shipment of roughly 12 million doses of flu-fighting medications from a federal stockpile to states in case they eventually needed them. At the time, there were 20 confirmed cases in the U.S. of people recovering easily. There was no vaccine against swine flu, but the CDC had taken the initial step necessary for producing one.

"As a nation, we have prepared at all levels of government, and as individuals and communities, taking unprecedented steps to counter the emerging pandemic," Obama wrote in Saturday's declaration.

He said the pandemic keeps evolving, the rates of illness are rising rapidly in many areas and there's a potential "to overburden health care resources."

The government now hopes to have about 50 million doses of swine flu vaccine out by mid-November and 150 million in December. The flu virus has to be grown in chicken eggs, and the yield hasn't been as high as was initially hoped, officials have said.

"Many millions" of Americans have had swine flu so far, according to an estimate that CDC Director Dr. Thomas Frieden gave Friday. The government doesn't test everyone to confirm swine flu so it doesn't have an exact count. He also said there have been more than 20,000 hospitalizations.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Mike Adams

Obama's H1N1 national emergency declaration could invoke FEMA response to pandemic

Info Wars, 26 October 2009
https://web.archive.org/web/20101204204308/http://www.infowars.com/obamas-h1n1-national-emergency-declaration-could-invoke-fema-response-to-pandemic/

President Obama's declaration of a national pandemic emergency is "no cause for alarm," reported the mainstream media throughout the weekend. The declaration is nothing more than a "precaution," they say. "It's really more a continuation of our preparedness steps," said Anne Schuchat, director of the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases, in a USA Today story.

In other words, there's not really any emergency at all. So why declare a national emergency in the first place? The media reports this was done to allow hospitals to bypass federal regulations concerning the setting up of large-scale triage sites – emergency medical camps quickly constructed to deal with large numbers of sick people.

But at the same time, H1N1 isn't causing large-scale sickness. As USA Today reported, an expert on infectious disease, P.J. Brennan (the chief medical officer for the Penn Health System at the University of Pennsylvania in Philadelphia) said, "The public ought to take some solace, some relief in this. It's not a suggestion that things have deteriorated in any way. In no way is the virus more severe or more difficult to manage."

So let me get this straight. The H1N1 virus remains mild. The CDC reports that swine flu infections already peaked out in mid-October. There have been no new developments in swine flu that would be cause for alarm and no reason to suspect huge numbers of sick people flooding into the hospitals. And yet, for some reason, the Obama administration has declared a national pandemic emergency specifically for the purpose of speeding the ability of hospitals to process large masses of sick people through emergency medical triage tents?

What are these people not telling us?

Something doesn't add up here. Why would the U.S. government need to declare a national emergency to enable hospitals to handle a flood of sick people when there is no flood of sick people (and the pandemic seems to be fizzling out)?

This is more like the kind of preparation you might expect in advance of a *biological terrorism attack*, not for a flu that appears no more dangerous than the seasonal sniffles.

The National Emergencies Act and FEMA

Meanwhile, the media ignores the rest of the story about what dangerous powers a declaration of a national emergency puts into play. As reported here on NaturalNews, this declaration effectively ends many civil liberties in America and, at least on paper, puts the U.S. government in the position of having the legal authority to force vaccinations on the entire population at gunpoint (if they wanted to).

The National Emergencies Act passed in 1976 has some peculiar realities attached to it. In particular, as Wikipedia reports:

A federal emergency declaration allows the United States Federal Emergency Management Agency (FEMA) to exercise its power to deal with emergency situations ... Typically, a state of emergency empowers the executive to name coordinating officials to deal with the emergency and to override normal administrative processes regarding the passage of administrative rules.

Got that yet? By declaring a national emergency, Obama invokes a set of laws that not only override important sections of the U.S. Constitution, but that also activate FEMA to take charge of "responding" to the emergency.

Now we know why they need all those emergency medical tent camps near the hospitals. FEMA's in charge! And if FEMA handles the swine flu pandemic in the same way the agency handled the Hurricane Katrina disaster, we may indeed need all those emergency triage tents after all.

Those of you who have been following the ongoing march to destroy the freedoms of the American People already know about FEMA camps. These aren't Boy Scout field trip camps; they're detention centers designed to hold large numbers of people for "emergency" purposes. Many theories abound on what these FEMA camps might be used for (www.campFEMA.com)

They could conceivably be used to quarantine people who are infected with a dangerous pandemic virus. On the other hand, they might also be used to isolated and detain people who refuse to be vaccinated against any declared pandemic. Under the National Emergencies Act and related U.S. law, FEMA would have *two years of near-total control over the civilian population*, during which people could be subjected to forced vaccinations, mandatory searches of their homes, gunpoint detainment and "involuntary transportation" to a FEMA detainment facility, and so on.

I'm not saying they're going to do all this, *but they could if they wanted to!* And that's not freedom. Real freedom means you have the guaranteed right to be safe from being detained, or arrested without cause, or injected with a government-mandated chemical. Under a declaration of a national emergency, your "freedom" is at the whim of those who maintain police state powers over you. You're only "free" if they decide to refrain from exercising the power they have over you. It's the same kind of freedom you might get as a peasant in some Medieval kingdom where the king says, "You're free to go."

Now, some of these freedom-restricting actions *might conceivably* be justifiable if a truly dangerous pandemic virus were sweeping through the population killing millions, causing huge disruptions in the national infrastructure and threatening the nation with a partial or total shutdown of essential services. But that is not happening here. H1N1 is a mild virus that rates astonishingly low on the severity scale. If H1N1 were a hurricane, it would be little more than a "tropical depression." It is not a category five hurricane, nor a phase six pandemic. Virtually everyone who is exposed to H1N1 generates their own antibodies and cures themselves naturally. According to hospital reports, those who have died from the H1N1 virus are almost exclusively people who were already suffering from preexisting conditions that compromised their health such as asthma or extreme obesity.

By any measure, H1N1 as currently configured appears to present *no extraordinary threat to the health of the population*. So once again, we must ask: Why declare a national emergency and initiate a FEMA response to something that's not really an emergency?

Why I'm concerned

For the first time in this whole pandemic situation, I'm concerned. Not due to the virus itself, because that's a mild virus that presents no real threat to the population at large. I'm concerned about *what we don't know* might be going on behind the scenes here.

These preparations for large-scale medical triage tents and the emergency activation of FEMA have me worried that **the American people aren't being told the whole story.** Perhaps a terrorist organization is planning on releasing a wildly dangerous mutation of H1N1 in some major U.S. city. Or perhaps some vaccine maker is, in fact, that terrorist organization. (The best way to sell more vaccines would be to release a mutated form of H1N1 into the population and scare up some more sales…)

Or maybe, as some creative thinkers have suggested, the vaccine itself IS a bioweapon, and the U.S. government is preparation for large-scale fatalities it expects to see soon.

Or maybe these are just fleeting, dark visions from crazy people, and the U.S. government is a benevolent organization with all our best interests in mind, and they're jumping through these bureaucratic hoops to make sure there are plenty of hospital beds to go 'round just in case more people get really sick.

But even that explanation doesn't hold water. A "national emergency declaration" isn't necessary to waive hospital tent rules. Obama could have easily accomplished the same thing with an *Executive Order*, without having to invoke the National Emergencies Act or put FEMA in charge at all.

He chose the emergency declaration for a specific reason. I guess we'll all have to wait and see what that real reason turns out to be.

Kurt Nimmo

Obama's "National Emergency" Violates the Constitution

Prison Planet / Info Wars, 26 October 2009

https://web.archive.org/web/20091029072222/http://www.infowars.com/obamas-national-emergency-violates-the-constitution/

Drew Zahn, writing for WorldNetDaily, takes issue with Infowars declaring Obama's "national emergency" amounts to martial law. "An article by Kurt Nimmo of InfoWars took the worry a step further, wondering if the White House's declaration engaged certain measures of the National Emergencies Act," writes Zahn. "But even if there really is a plot to manipulate the H1N1 virus scare into enforcing a sweeping expansion of federal power, today's 'national emergency' falls far short of martial law."

Zahn writes that the laws enacted by the president's proclamation merely clear administrative hurdles for processing of Medicare payments and that the provisions of the National Emergencies Act cited by Obama in his proclamation limit the power his administration can take. He then cites Section 301 that forbids the president from taking up any powers of the National Emergencies Act except those listed in the proclamation of emergency. The list deals with Medicare, Medicaid, HIPAA privacy regulations, and other bureaucratic functions of the department of Health and Human Services.

Infowars noted that Obama's "national emergency" is likely a scare tactic designed to stampede people into getting the vaccine. The National Emergencies Act, however, is part of a larger framework designed specifically for the implementation of martial law. The law allows the president to revoke the right of habeas corpus under Article 1, Section 9. It also grants special powers to the executive in times of national emergency and underscores the threat the executive poses to the civil liberties of Americans, regardless of the stipulations in Section 301.

Revoking the right of habeas corpus is unconstitutional. So is declaring a national emergency without congressional approval. The Constitution declares, "The Privilege of the Writ of Habeas Corpus shall not be suspended, unless when in cases of rebellion or invasion the public safety may require it."

It may be argued that Obama is invoking the Constitution for the sake of "public safety," that is until you look at the facts – the H1N1 "pandemic" does not threaten the safety of most Americans. It is far less deadly than seasonal flu. When was the last time a president declared a national emergency over seasonal flu?

A state of emergency (regardless of the pretext) allows Obama to do a number of things. As Dr. Harold C. Relyea, a specialist in national government with the Congressional Research Service (CRS) of the Library of Congress, has written, "when the President formally declares a national emergency, he may seize property, organize and control the means of production, seize commodities, assign military forces abroad, institute martial law, seize and control all transportation and communication, regulate the operation of private enterprise, restrict travel, and, in a variety of ways, control the lives of United States citizens."

Obama's declaration, however, is incidental because the United States has been under a state of emergency since September 14, 2001. Bush extended this "emergency" (against a bogus terrorist threat) on August 28, 2008.

"Will President Obama allow the state of national emergency, first declared by President George W. Bush on 9/14/01 and re-declared seven times, to remain in effect?" asked Peter Dale Scott and Dan Hamburg on February 10, 2009.

On September 10 of this year, Obama reinstituted the national State of Emergency.

As Infowars noted on the weekend, once a National Emergency is declared the president has full authority to supersede Congress and the Constitution under the John Warner Act of 2007, passed by Congress and signed into law Oct 17, 2006. Warner expands the power of the president during national emergencies, specifically section 1076.

Paul Joseph Watson

Swine Flu Scam Reaches New Heights With Obama's Emergency Declaration

Prison Planet, 26 October 2009
https://web.archive.org/web/20091028231511/http://www.infowars.com/swine-flu-scam-reaches-new-heights-with-obamas-emergency-declaration/

President Obama's declaration that the H1N1 outbreak represents a "national emergency" seems to be little more than a public relations stunt aimed at intimidating reticent Americans into taking a vaccine that is becoming increasingly unpopular and unnecessary.

Despite the fact that swine flu cases have seemingly peaked, allied to the fact that seasonal flu has proven far deadlier, on Friday night Obama declared a national emergency in order to "allow hospitals to better handle the surge in patients" by allowing them to bypass certain federal laws.

What "surge in patients"? Swine flu has killed just 0.2 people per thousand who have caught the virus, a far lower potency than the annual flu virus which kills one patient per thousand, meaning swine flu has proven to be around 400% less deadly than the regular flu.

Either the government is preparing for an engineered pandemic of which they have prior knowledge, or Obama's announcement is a flagrant abuse of executive power and a ruse to coerce more people into taking the vaccine.

As we have exhaustively documented, polls out of the U.S., as well as globally, show that a rapidly growing number of health professionals and the general public are refusing to take the vaccine because they either think it is unnecessary or they are concerned about potential side-effects.

Despite a desperate $16 million media propaganda campaign on behalf of the federal government that is trying to brainwash Americans into rolling up their sleeves and taking the shot, a majority of people aren't buying the hype.

The purpose of Obama's declaration is to heighten fears surrounding swine flu and create the artificial impression that the vaccine is in demand, when the opposite is the true. The government hopes this will create a herd-like rush to take the shot amongst the general public.

Early indications are that the ruse may be working.

"I've already gotten a couple of calls from people today asking, 'Where can I get the vaccine?' whereas yesterday it was, 'I don't want that vaccine,' " said Arthur Caplan, a University of Pennsylvania bioethicist. "I'm worried about people getting panicky and the vaccine being diverted away from those who need it most."

Dr. Peter Hotez, a research professor and chairman of the Department of Microbiology, Immunology and Tropical Medicine at George Washington University, admitted that the term, "emergency declaration sounds more dramatic than it really is."

The government has already emphasized the notion that the vaccine is now in short supply, despite the fact that they previously assured the public there would be enough batches to cover the entire population by September. By combining this artificial scarcity with the scary notion that the situation now represents an "emergency," more of the sheeple will be intimidated into lining up and taking the toxic shot so as to soothe the underlying fear that a pandemic is around the corner and they might not be protected against it. That way the pharmaceutical giants get to inflate their already record profits to new levels of greed and the government gets to inject its otherwise worthless stockpile of vaccines into the idiot public.

Additionally, as Mike Adams and others have pointed out, classifying the situation as a national emergency triggers all kinds of tyrannical provisions that the feds have been waiting to unleash, while also empowering FEMA to lock down American cities under a state of medical martial law. Mandatory vaccinations, quarantines, curfews, involuntary kidnap, and warrantless searches and seizures are now just a heartbeat away because Obama's order has in effect nullified the bill of rights.

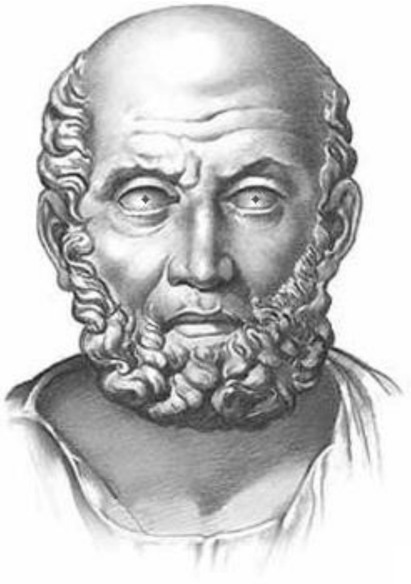
We can only hope that this is not a precursor to a major biological attack or pandemic outbreak, but it would hardly be a surprise if it was. The government has been preparing to unleash full-scale martial law upon the American public for years but whether swine flu will be enough to realize that agenda remains to be seen.

At best, Obama's Friday night declaration was a crude propaganda stunt designed to whip up fervor behind the H1N1 vaccine and corral millions of reluctant Americans into allowing their bodies to become a dumping ground for mercury, squalene, cancerous animal cells and God knows what other additives are in the shot, while the elite rest easy in the knowledge that they have privileged access to a clean version of the vaccine that contains none of these dangerous adjuvants.

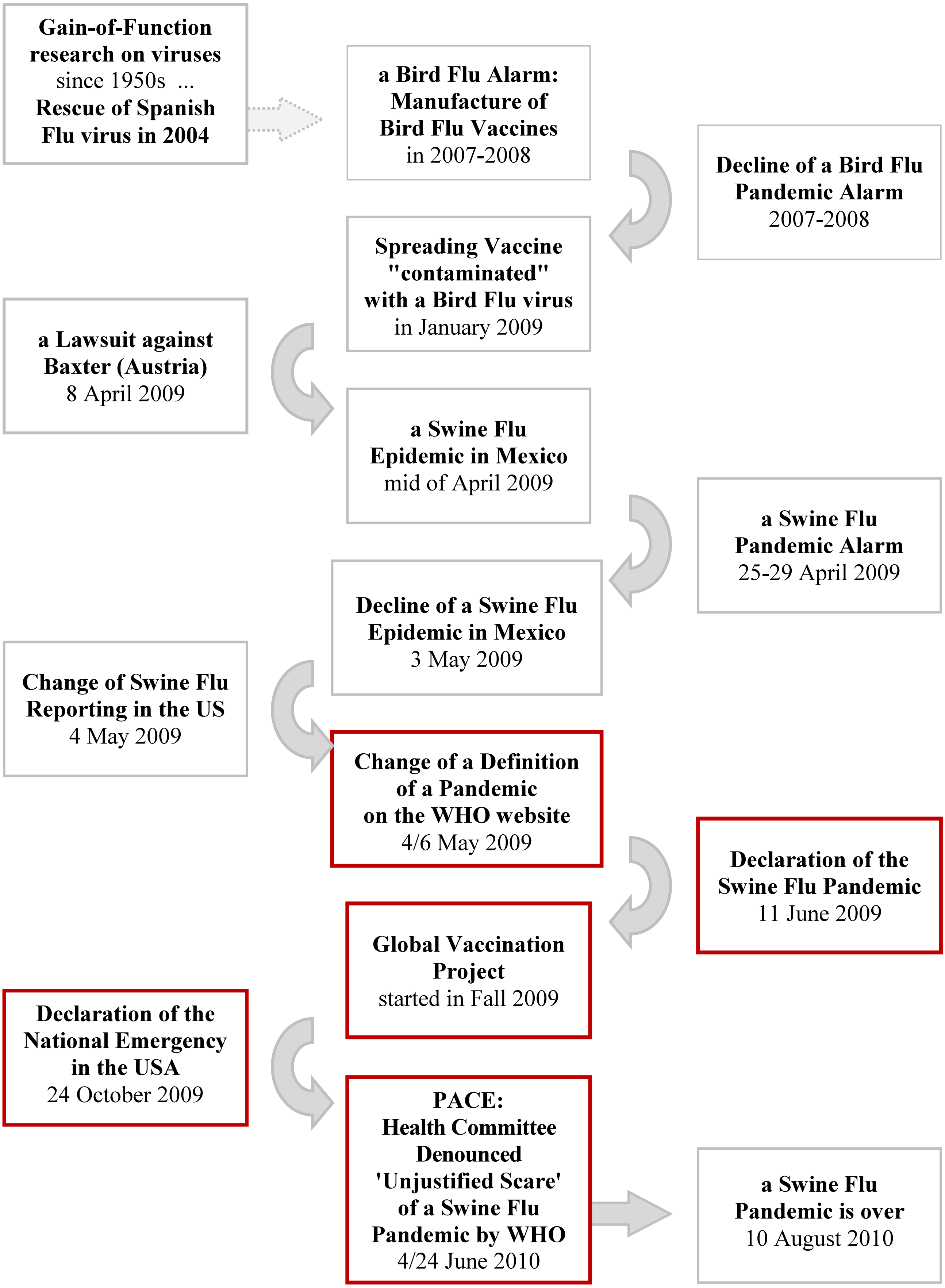
Chapter 10

Criticism

of WHO and other Authorities about a Pandemic Scam



Roadmap
of the Swine Flu Pandemic



infocorn

Сергій Дібров

Америка заметает следы!

Infocorn, 9 марта 2009;
https://web.archive.org/web/20090312080439/http://infocorn.org.ua/2009/03/09/ameryka_zametaet_sledy

Новости из-под электронного микроскопа.

На международной конференции вирусов гриппа было принято решение об окончательной элиминации человечества на Европейском континенте. «Мы признательны американской компании «Бакстер Интернешнл» за неоценимый вклад в развитие межвидового сотрудничества. Только объединившись, мы сможем решить все проблемы с людьми», – заявил Авиан Флю, представитель штамма H5N1, австрийский специалист по хорькам и хомячкам.

Суетливые телодвижения вокруг скандала с американской компанией «Бакстер Интернешнл» (Baxter International, Inc, NYSE:BAX), о котором я писал в своей предыдущей статье, равно как и очевидные попытки замять ситуацию, приводят к противоположным результатам. Все больше специалистов пытаются выяснить, что же на самом деле происходило в австрийской лаборатории этой компании, все больше журналистов обращаются к этой теме.

Скандал вокруг рассылки по почте потенциальных компонентов биологического оружия, широко освещается в немецких и чешских СМИ, лаборатории которых получали смертоносные бандерольки с возбудителями птичьего гриппа. Очень серьезное внимание уделяет этой теме канадская пресса. В то же время в СМИ самых демократических стран мира, в частности, Соединенных Штатов и Российской Федерации, по-прежнему царит гробовая тишина: здесь можно найти разве что единичные публикации на эту тему. Также мертвое молчание по поводу данного инцидента продолжает хранить и Всемирная организация здравоохранения (ВОЗ). Отдельные выступления её представителей лишь дублируют официальные заявления представителей «Бакстер» и напускают всё больше тумана в эту, и без того двусмысленную, ситуацию.

Восемь лет назад рассылка по почте конвертов с «белым порошком» (который на поверку оказывался тальком или гипсом) привела к военному вторжению в Афганистан. Одно только подозрение о том, что Садам Хуссейн разрабатывает биологическое оружие, стало поводом для войны в Ираке. Зато недавно выявленная рассылка по почте немаркированных бандеролей со смертельно опасным вирусом американской компанией в другие страны, то есть – бесспорное подтверждение как минимум факта проведения экспериментов с нарушением правил и норм безопасности, не рассматривается как повод для каких-либо санкций и вообще не считается событием, достойным внимания. Особую пикантность ситуации придает очевидная «зачистка» информационного пространства: в англоязычном сегменте Интернета наиболее острые публикации исчезают буквально на глазах, и от них остаются лишь «пустые» ссылки в других сообщениях и в поисковых системах.

Заявления официальных представителей Baxter International напоминают фразу из рекламы о том, что «иногда лучше жевать, чем говорить». Так, они настаивают, что заражение рассылаемого вещества опасным вирусом произошло вследствие ошибки, а в целом австрийская

лаборатория этой компании соответствует высочайшим критериям безопасности BSL-3. Если внимательно изучить эти критерии, можно придти к неутешительным выводам: в данной лаборатории, по всей видимости, осуществлялись незаконные эксперименты со смертоносными штаммами, которые проводились в «нейтральной», то есть безопасной, зоне, видимо, чтобы не привлекать излишнего внимания австрийских властей. Какие это были эксперименты, нам сейчас остается только догадываться. А тот факт, что во главе совета директоров фармацевтической кампании Baxter International стоит бывший первый заместитель командующего Корпуса морской пехоты США, четырехзвездный генерал Уолтер Бумер (Walter E. Boomer), дает широкий простор для фантазии.

Еще одна «линия защиты» компании Baxter International заключается в упорном и многократном отрицании того, что разосланные образцы являются вакциной. Компания называет их «экспериментальным вирусным материалом» на основе «человеческого» штамма H3N2. Однако, как сообщило недавно авторитетное издание Bloomberg News со ссылкой на представителей австрийских властей, в чешской лаборатории присланный материала в начале месяца была использован для приготовления вакцины, которую и вводили подопытным животным. Маловероятно, чтобы это производилось самовольно, без прямого на то указания заказчика – фирмы «Бакстер». Что характерно, американское ведомство CDC, которое не только следит за соблюдением требований безопасности в американских компаниях, но и регулярно рассылает фармацевтическим кампаниям образцы вирусов гриппа для производства вакцин, не видит повода для беспокойства, не проводит расследований и консультаций по данному инциденту.

По информации ВОЗ, на данный момент разработку вакцин против птичьего гриппа ведут более двадцати фармацевтических компаний. Это значит, что более двадцати компаний в сотнях лабораторий по всему миру проводят эксперименты с опаснейшими живыми возбудителями. Как показали события в Австрии, ни высочайший авторитет разработчиков, ни соблюдение самых строгих требований безопасности, ни жесткий контроль со стороны государственных органов не гарантируют, что смертоносный вирус не выйдет за пределы лаборатории.

Во многих публикациях события, произошедшие месяц назад в Европе, сравнивают со сценарием американского блокбастера. И в лучших традициях Голливуда, как только была обнаружена утечка, прошла спецоперация «зачистка». Как рассказал в телефонном интервью Bloomberg News официальный представитель «Бакстера» Кристофер Бона (Christopher Bona), сотрудники этой компании очень быстро уничтожили все разосланные образцы во всех странах, провели двукратную дезинфекцию лабораторий. Все сотрудники, контактировавшие с подозрительным веществом, были немедленно изолированы, помещены в карантин и пролечены мощнейшим антивирусным препаратом. Это, конечно, замечательно, но по правилам ВОЗ в таких случаях обязательно должны отбираться образцы материалов для обеспечения возможности дальнейшего расследования. В нынешней ситуации, когда правду установить уже невозможно, нам остается только верить скудным официальным заявлениям. Или – строить собственные предположения.

На сегодняшний день я знаю две фармацевтические компании, которые занимались разработкой вакцины против птичьего гриппа по договоренности с ВОЗ. Одна из них – американская, Baxter International Inc. Вторая – Serum Institute of India, Ltd. Как сейчас стало известно, работы в этом направлении были начаты в Индии еще в 2006 году. Два месяца назад было объявлено об успешном завершении исследований и начале клинических испытаний индийской вакцины.

Serum Institute – это та самая индийская фирма, которая изготовила печально известную вакцину против кори и краснухи, более известную как «КаКа». После того, как весной прош-

лого года была предпринята попытка провести незаконную и необоснованную кампанию, в ходе которой предполагалось ввести незарегистрированный препарат восьми миллионам молодых украинцев, осталось множество неясностей и вопросов, ответов на которые нет и по сей день. Например, до сих пор неизвестно, что находится в прилагаемом к вакцине растворителе. Это странное вещество, заявленное как «вода для инъекций», при ввозе в Украину не проверялось. При этом оно вызывает странное изменение цвета раствора, а температурный режим хранения его в точности соответствует режиму хранения вакцины против гриппа. Что характерно, инструкция к вакцине гласит, что прилагаемая к вакцине «вода для инъекций» якобы «специально разработана» для этой вакцины. Изготовитель категорически запрещает применение любого другого растворителя, а также обычной воды для инъекций, равно как и использование прилагаемого к препарату растворителя в любых других целях.

Напомню, что та внеплановая вакцинация планировалась и проводилась с полным игнорированием украинского законодательства и медицинских соображений, под жестким прессингом ВОЗ, который можно было наблюдать до самого недавнего времени. Также стоит вспомнить, что после приостановки этой весьма сомнительной акции все усилия украинского Минздрава и представителей международных организаций были направлены на обеспечение неприкосновенности «застрявшей» в Украине вакцины с растворителем и недопущения независимого исследования их содержимого.

Надеюсь, ответы хотя бы на некоторые вопросы, касающиеся «КаКи», мы сможем получить в ходе судебного разбирательства по иску Александра Славского, которое начнется 12 марта 2009 года в 11 часов 40 минут в Окружном административном суде г. Киева.

Многие задаются вопросом: не была ли Украина в списке тех 18 стран, куда были направлены «загрязненные образцы»? Не поступали ли в последние месяцы в украинские лаборатории биоматериалы от американской компании Baxter International?

Печальная судьба польских бездомных, которых за гроши привлекали к незаконным испытаниям вакцины против птичьего гриппа, заставляет задуматься и о судьбе наших сограждан.

Educate-Yourself

A. True Ott

Somthing Wicked This Way Comes Scene I, Act II

Educate-Yourself, 26 April 2009
https://educate-yourself.org/cn/ottsomethingwicked26apr09.shtml
Scene I, Act II – See: http://www.rense.com/general85/dsd2.htm

Pandemic Vaccine Training Exercise

I thought it very strange that a rather obscure Texas county would see fit to conduct such a "training exercise" involving Texas National Guard Troops and "drive-thru vaccination clinics". I also thought it exceedingly strange that these rather obscure county officials would make the public declarations that emergency "pandemic vaccination programs would mean a line of cars 41 miles long" in Guadalupe County, but that San Antonio's drive-thru vaccine's line would stretch from "San Antonio to Calgary, Alberta Canada" – strange, because this just happens to be the planned route of the Amero Freeway – connecting the late-great U.S.A. with Mexico and Canada. Could this, too, be a coded message to insiders?

Just as Norad was conducting "mock" terrorist drills on the morning of September 11, 2001 - could this May 2 event be Timed to announce the release of the planned pandemic and the eventual advent of martial law in North America? Today, Friday, April 24, 2009 - according to USA Today, the BBC, and the Associated Press, the World Health Organization (WHO) is "very, very concerned" about a very strange "swine flu" outbreak in Mexico City. http://www.usatoday.com/news/health/2009-04-23-swine-flu_N.htm?csp=34

The WHO is so concerned, in fact, that it has ordered all WHO officers to man the "Pandemic Control Room" 24/7 for the 1st time.

Attention America! This is highly significant.

...

Read:
Scene I, Act I – http://www.rense.com/general85/dsd2.htm
Scene I, Act II – https://educate-yourself.org/cn/ottsomethingwicked26apr09.shtml

LIVEJOURNAL

Сергей Стиллавин

Свиной грипп: геноцид от коммерческой науки

Live Journal, 28 апреля 2009, 07:41 am
https://stillavin.livejournal.com/191854.html?cut_expand=1&page=5

Уже все уши прожужжали про новую гадость – «свиной грипп из Мексики»: руководство повыше отдаёт команды не допустить её в Россию, начальство пониже боязливо отчитывается, что жертв не избежать и у нас. Обсуждать тут было бы нечего, если бы не получил письмо от[info]vladmradio:

«…Добрый день, коллега. Не знаю, входит ли данная тема в круг интересных для Вас, но ввиду последних вирусных мировых событий, возможно, что материалы, о которых я напомню, сегодня достойны внимания. Прошу прощения, если зря отнял время.

В начале марта публицист Сергей Дибров выступил с материалом "Америка заметает следы!" *Коротко*: Компания Бакстер была замечена в подозрительных экспериментах по скрещиванию штаммов вируса гриппа человеческого и животного происхождения, что может быть особо опасно в общегуманитарных масштабах. Экспериментальные образцы были разосланы в партнёрские лаборатории восемнадцати стран, причём, без каких-либо необходимых в таких случаях примечаний. На момент выявления данного факта образцы были изъяты, а лабораторные сотрудники получили жёсткий карантин и были привиты противовирусными препаратами. В европейской либеральной прессе шума не получилось – сообщения на эту тему стали попросту изымать.

Теперь мы наблюдаем некий "свиной" грипп и компанию Бакстер, которая героически с ним борется на переднем крае вирусной войны - в Мексике. Не хочется фантазировать на тему разработки бактериологического оружия. Просто, всё это очень похоже на ещё один способ хорошо заработать на искусственно созданной болезни. Филиалы компании Бакстер представлены на территории России и Украины - вот, именно это и вызывает тревогу…»

Поскольку появились сообщения о гибели людей в европейских странах, нам осталось ждать всего несколько дней, когда смерть примется косить и наши ряды. Об опытах коммерческих учёных, которые обслуживают не Науку и Человечество, а интересы конкретных корпораций, снято множество фильмов в тех же Штатах, и, можно сказать, население тщательно приготовили к раскрытию «страшной тайны», если секреты придадут огласке. Штамм вырвался из пробирки, и тайну пока что успешно заминают, но сценарий по её раскрытию уже, конечно, готов: придумают басню про зарвавшегося завлаба, который, подобно московскому майору, повздорил с женой и решил насолить всем людишкам, оставшимся равнодушными к его личной трагедии. Ну или типа того. Понятно, что завлаба найдут уже объеденным червями или язвами – в качестве справедливого возмездия.

А если серьёзно, то, например, версии о появлении того же ВИЧ аналогично восходят к американским медицинским опытам: тренировались на обезьянах – может, хотели сделать такую фигню, которая торкала бы исключительно любителей коммунизма (как версия), а фигня оказалась всеядной и быстренько побежала колошматить обычных граждан, начав, понятно дело, с «продвинутых» – с гомосексуалистов.

Вопрос стоит много шире, нежели просто очередной смертельный вирус – вопрос стоит о том, чтобы запретить коммерческим лабораториям заниматься исследованиями в тех областях, которые касаются искусственного создания болезней. Ведь что сделали в упомянутой конторе: там болезнь человека соединили с болезнью свиньи, и таким образом только свиные, грубо говоря, антибиотики на неё не действуют – равно как и только человеческие. Получился универсальный убийца, справятся с которым нескоро, потому что автор никогда открыто не скажет, что он и создал эту мерзость.

Фактически речь идёт о том, что фармацевтические гиганты могут создавать новый виток глобальной «наркомании»: чтобы вы купили таблетки или ампулы с обычной наркотой, в вашем окружении должен нарисоваться дилер, а в вашей жизни – наступить «чёрная полоса». Обычный дилер может подождать такого стечения обстоятельств, а вот корпорации – нет: им нужен тот, кому жизненно необходимы «наркотики» прямо сейчас! Идеальный вариант – сделать человека зависимым при помощи вируса, болезни, которая уничтожается тем эксклюзивным, запатентованным средством, что есть только у этой корпорации. Конечно, для создания ажиотажа в аптеках нескольким тысячам придётся сдохнуть, но разве велика эта цена за миллионные партии лекарства от искусственной болезни?!

Удивляться такому цинизму уже не приходится – жизнь ничего не стоит, потому что у типового потребителя она и смысла особого не имеет. Если ты живёшь для того, чтобы работать, а работаешь, чтобы жить, то смешна цена такому прозябанию. Впрочем, и у таких животных есть право на жизнь: власти обязаны серьёзно разобраться с коммерческим научным миром и с коммерческими лабораториями, чтобы отобрать у них саму возможность креативить новую заразу.

Конечно, если только коммерческие лаборатории не являются просто неким «научным оффшором», местом, свободным для любых опытов, где спецслужбы занимаются антигуманными исследованиями, прикрываясь брендом. Этакие доктора Менгеле 21-го века. Думаю, как вариант – вполне жизнеспособная версия.

LIVEJOURNAL

Теракт "Калифорния-04/2009"

Live Journal, 28 апреля 2009, 6:31 PM
https://malchish-org.livejournal.com/64998.html

Вирусный теракт?

ВОЗ объявила чрезвычайную ситуацию мирового масштаба из-за вспышки "свиного гриппа" в Мексике. Последний раз подобное происходило в 2003 году из-за угрозы атипичной пневмонии.

В Мексике, где по официальным данным на 27 апреля от "свиного гриппа" погибли уже 103 человека, а более 1,6 тысяч человек являются носителями вируса, эпидемия может перерасти в пандемию. Если принять во внимание данные официальных властей, оглашаемые ежедневно, то в Мексике "свиного гриппа" за сутки умирает около 20 и заражается более 200 человек. Вот почему по темпам заражения, стремительности распространения очага заболевания эпидемия "свиного гриппа" напомнила врачам свой аналог, знаменитую "испанку", которая в начале 20-го века унесла жизни более 20 миллионов человек в Европе.

Последний момент не удивляет - новый вирус имеет тот же тип, что и знаменитая "испанка" - A/H1N1, который по мнению учёных представляет собой "адскую смесь" из генетического материала вирусов гриппа свиней, птиц и человека. Как это вообще стало известно? Как современные медики определили тип вируса "испанки", эпидемия которой закончилась в 1920 году? В 1997 году американские учёные эксгумировали тело одной из погибших от «испанки», сохранившееся в вечной мерзлоте штата Аляска, извлекли образцы тканей заражённых лёгких и восстановили код вируса. Исследователи пришли к выводу, что штамм, вызвавший пандемию в 1918 году, впервые появился у птиц, но в результате мутаций стал смертелен и для людей, приобретя к тому же способность передаваться от человека к человеку. Таким образом можно сказать, что к нам вернулась смертоносная "испанка". Может быть только с небольшими изменениями. Именно поэтому опасения ВОЗ можно считать полностью оправданными – тогда, в 1918 году этим вирусом переболело около 500 млн человек, каждый пятый житель планеты. И по некоторым оценкам каждый десятый из заболевших (то есть 50 млн человек) умер.

В этой информации не было бы ничего удивительного, если бы не одно совпадение. В 1997 году американские учёные из секретной лаборатории US Centre for Disease Control откапывают тело умершей от "испанки", в августе 2005 года полностью восстанавливают вирус и проводят над ним опыты, а уже в апреле 2009 году этот вирус начинает свой новый сбор "урожая" в Мексике. Видимо опыты над вирусом успешно завершились? Такая возникает мысль.

Информация по этому поводу подтверждается и из другого источника, который утверждает, что в опытах участвовала и некая канадская лаборатория. Там опыты проводились на макаках. Первые симптомы заболевания возникли уже в течение первых суток после инфицирования, а *следующее разрушение лёгочных тканей было так масштабным, что если бы обезьян через несколько дней не усыпили, они практически захлебнулись бы в собственной своей крови*. Животных убивал не сам вирус, а иммунная система организма, наносящая вред повреждённым тканям. Вирус умеет отключать ген RIG-1, регулирующий ответ иммунной системы на инфекцию, в итоге организм убивает сам себя. *"Эта способность влиять на иммунную реакцию организма не уникальна: ею владеют и последний по времени кандидат на мутацию в потенциально пандемический штамм, вирус птичьего гриппа H5N1"*.

Вызывает интерес реакция научного сообщества на восстановление смертельного вируса:
=> https://web.archive.org/web/20090503234723/http://www.5fc.ru/?p=506

***Ёсихиро Каваока**, руководивший анализом в институте Висконсина произнёс: “То, что мы смотрим при заражении обезьян вирусом 1918 года, - это фактически то же самое, что мы смотрим с вирусом H5N1. Определённые процессы могут происходить на ранней стадии заражения, но мы, возможно, сумеем вмешаться и прекратить эту реакцию”.*

*Доктор **Рональд Катлер**, спец по инфекционным заболеваниям из института восточного Лондона, ведает: “Зная, каким образом происходит эта чрезмерная стимуляция, мы можем далее продвинуться на пути сотворения новейших способов исцеления этих болезней и таковым образом лучше приготовиться к вероятным пандемиям”.*

*Доктор **Джим Робертсон** из английского Государственного института биостандартов и контроля также считает, что решение воссоздать ужасный вирус было полностью оправдано: “Почти Все вирусологи, изучающие грипп, нервничают по поводу сотворения и проведения экспериментов с реконструированным вирусом “испанки” 1918 года, очень опасным вирусом, который давно исчез с лица земли. Но нельзя отрицать, что информация, приобретённая в ходе этого опыта, очень увлекательна и представляет собой важную веху в понимании смертоносности этих очень патогенных типов вирусов инфлюэнцы”.*

В копилку анализируемых фактов можно, наверное, внести и статью из АИФ, где некий "политтехнолог" Сергей Маркелов берёт интервью у анонимного эксперта, "побывавшего в секретных лабораториях Латинской Америки". Совершенно очевидно, что данное интервью политтехнолог высосал из собственного пальца, но... Высасывал он это достаточно вдумчиво. Всё-таки "политтехнолог". Все детали про деревянные избы на пятиметровых сваях с современным биологическим оборудованием можно выкинуть и забыть. Очевидная чушь. Даже не стоит её разбирать. Однако в выдуманном интервью промелькнули две очень важных мысли.

Мысль первая:
"Может ли распространение информации о вирусе использоваться как отвлекающий от мирового кризиса фактор?
- С точки зрения информационной войны, безусловно. Сейчас идёт главный информационный поток, связанный с кризисом, а также аналогичный по значимости контринформационный поток, связанный со свиным гриппом. Второй как бы перетягивает на себя внимание. Я могу допустить, что информационный повод разжигается, чтобы отойти от «жевания» темы кризиса."

Мысль вторая:
"Я бы всё-таки посмотрел на эту историю с пандемией с точки зрения репетиций других, более конструктивных мер, отработки сценариев для борьбы с такими заболеваниями в планетарном масштабе. Это более полезно для всех, в том числе и для разработчиков биооружия."

Насчёт конструктивности и полезности пандемии смертельного гриппа можно, конечно, поспорить. Более сотни человек уже умерли как-то слишком уж "конструктивно". А вот насчёт "отработки сценариев" - да, вполне могу согласиться. Но более всего привлекает внимание первая мысль, связанная с темой кризиса.

Ещё четыре года назад я высказывал предположение о подобной связи теракта "911" с кризисом. По моим представлениям теракт тогда отодвинул кризис на семь лет. Отметить тут надо было следующее - теракт был направлен против собственного народа, но для сохранения финансовой и экономической системы страны. Сейчас, если предположить такой же смысл уже биологического теракта, он тоже должен быть направлен против самих американцев и тоже ради сохранения существующей системы. Если взглянуть на карту распространения вируса "свиного" гриппа, то заметим, что США практически находятся в клещах инфекции:

Почему предполагаемый теракт не нанесён сразу внутри страны? Очевидно из соображений конспирации – вирус должен придти извне, тогда не будет и мыслей о *внутренней* операции спецслужб. Кроме того, очевидно есть польза и от международного характера операции - проверяется реакция санитарных служб разных стран, реакция правительств и т.д. Ведь и сам теракт может служить репетицией большой биологической войны. Кризис чреват новой мировой войной, и его первым актом может быть биологическая война. Реальность её подтверждают и российский спецслужбы, запретившие в 2007 году вывоз за пределы страны медицинских биологических образцов человека - от волос до образцов крови. Предполагалось, что они могут быть использованы для создания биологического оружия против русских. "Грани" Березовского на счёт этого пытались посмеяться, но не слишком убедительно. Фактом является то, что ФСБ считает такую угрозу достаточно серьёзной. И у них есть свои специалисты, делающие подобные выводы.

Опасные пандемии в преддверии крупной войны могут замаскировать реальный теракт против будущего противника. При этом сами США после своей же "репетиции" внутри собственной страны будут обладать развитой системой мер биологической защиты. Включая наличие вакцины. Это вполне серьёзный аргумент в пользу версии "вирусного теракта". Ну а другие аргументы включают набор антикризисных последствий:

1. Отвлекается внимание СМИ и общественности от темы кризиса. Снижаются его "информационные" последствия. Биржевики меньше паникуют, население меньше экономит, бизнес меньше осторожничает. Тем самым кризис меньше влияет сам на себя.

2. Многие последствия кризиса будут списаны за счёт последствия пандемии. Упал ВВП на 30%. "Это результат пандемии гриппа. Система тут не при чём. Она вполне эффективна."

3. Возможные гражданские волнения будут ликвидированы мерами "карантина". Выставят военное оцепление вокруг гудящих толп безработных Детройта. Прорвавшихся будут расстреливать под предлогом биологической безопасности. СМИ не будут допускаться к месту волнений. Опять же в целях карантина.

4. Погибшие в волнениях от рук военных будут списываться как умершие в результате пандемии гриппа. А кто докажет? Медицинскую экспертизу никто проводить не позволит!

5. Кризис образует множество "ненужных экономике" людей. Социально опасная ситуация. Если убить этих людей гриппом, то социального взрыва может и не случиться. Такой социальный геноцид может послужить для стабильности системы. И я не капли не сомневаюсь, что власти США могут на такое пойти. Теория "золотого миллиарда" имеет и обратный отсчёт.

Текст, который вы прочитали, не имеет характер абсолютно достоверной информации. Это гипотеза. Её верность могут доказать только ближайшие события. Если гипотеза верна, то скоро мы будем наблюдать вспышки инфекции внутри США. Чтобы теракт произвёл эффект должны умереть миллионы американцев. В ближайшие полгода. Следим за событиями.

The August Forecast

Patrick Wood and Dr. Russell Blaylock, MD

Pandemic Nonsense: Flying Pig Flu
Are globalist fear-mongers driving the media to panic the public into universal healthcare solutions?
Or federally-mandated vaccinations?

The August Forecast, 28 April 2009
https://web.archive.org/web/20090710180814/http://www.augustreview.com/news_commentary/general/pandemic_nonsense:_flying_pig_flu_20090428118/

By definition, a "pandemic" is an epidemic that is geographically widespread. Fear-mongers are always careful to add the innuendo that millions of people could and probably will die, as in the Spanish Flu pandemic of 1918 that killed between 20 and 100 million people worldwide.

Excuse me, but how does the death of even a few hundred equate to 20 million?

Mexico, not the usual Southeast Asia, is the origin of the latest flu outbreak. It has spread in limited numbers to several continents. Almost all of the deaths, limited as they are, are in Mexico. The ratio of deaths to infections is very small.

Again, how does this outbreak even remotely qualify as a pandemic?
Answer: It does not!

Scientists and virus researchers are baffled because the genetic makeup of the virus contains elements of human, swine and bird flu from three geographic regions: North America, Europe and Asia. Until now, this has been unknown in nature, but not theoretically impossible.
see: New flu combines pig, bird, human virus
https://web.archive.org/web/20090731105917/http://www.globalresearch.ca/index.php?context=va&aid=14550
see: Mexico Seeks to Stop Spread of Deadly Flu
https://web.archive.org/web/20090429114232/http://www.npr.org/templates/story/story.php?storyId=103459566

Because of its unique genetic makeup, this writer proposes calling it the "flying pig flu", or FPF, instead.

This writer is hardly qualified to write with authority about the scientific side of viruses. However, after reading several authoritative papers on swine and avian flu, several observations can be made.
In the world of virus experts, there are two types of researchers: *Observers* and *Experimenters*.

Observers
Most researchers are highly trained scientific observers. These "Sherlock Holmes" scientists examine the pathology of virus development. Where did it originate? What animals or human were involved? Did the infected humans handle animals? Are certain strains limited to geography? You get the idea.

Without good observers, we would know little about the source or spread of different viral strains.

There are several good Internet resources where the findings of research observers are published. (For instance, see H5N1 - Ultimate News on mutation)

We should be thankful for astute observers who can untangle mysteries that would otherwise not be understood.

Experimenters

A minority of researchers are experimenters. This group is worrisome.

Experimenters establish their playground in trying to create different types of viruses in order to measure their effect on test animals.

Such was the case at Baxter AG, when such an experiment was "accidentally" released as a live virus in a vaccine distributed to 18 countries. (See Baxter: Product contained live bird flu virus). In this case, the live H5N1 virus (avian flu) was combined with the much more contagious (human) H3N2 virus.

Experts say that it is almost impossible for Baxter to make such a grievous error by accident. Czech newspapers, where the story was originally broken, suggest it was a rogue employee or a mole that purposely mixed the virus' together, but nothing has been proven as yet. Baxter is now under great suspicion that it is attempting to foment a pandemic that would bring hundreds of millions of dollars in revenue to supply its normal H5N1 vaccine.

Another example is the Center for Disease Control in Atlanta, Georgia. In a 2004 report, CDC to mix avian, human flu viruses in pandemic study, it was noted that,

"*The Centers for Disease Control and Prevention (CDC) will soon launch experiments designed to combine the H5N1 virus and human flu viruses and then see how the resulting hybrids affect animals. The goal is to assess the chances that such a "reassortant" virus will emerge and how dangerous it might be.*"

Critics worried that such a "franken-virus" could itself cause a pandemic if it escaped from its creators. The CDC's only response is that their facilities were more secure than others who had experienced breaches of some sort in years past.

Why would the CDC risk world exposure to an artificially created virus? According to the above report, it was done in the name of preparedness.

As mentioned above, experimenters are a worrisome lot. Real world experience indicates that they are generally overconfident in their scientific prowess and in their abilities to contain the unpredictable fruit of their experiments.

Conclusion

There are some big problems with the current outbreak of flying pig flu. If there has been foul play, it may never be brought to light. Still, tough questions need to be asked:

- While it is not unknown for pigs to become infected with the H5N1 virus, the result has *always* been a less-lethal and less-contagious virus than avian flu by itself. Why is this epidemic so obviously contagious?
- How would genetic code from three continents find its way into a single strain in Mexico City?
- Is this virus an escaped experiment from a project gone awry?
- If man-made and not accidentally released, then who released it, and why?

As we contemplate these questions, watch the stock prices of major pharma companies skyrocket as they gear up to sell billions in vaccines. Watch governments as they declare mandatory vaccination programs. Watch the Obama administration as it railroads universal healthcare through Congress.

Indeed, *flying pig flu* may be just the right name for whatever is responsible for this particular flu outbreak.

In the meantime, we can reopen this case when pigs fly or when 10 million or so people have died, whichever comes first.

Special Guest Opinion from Dr. Russell Blaylock

[Editor's note: My friend, Dr. Russell Blaylock, is a board certified neurosurgeon, author and lecturer. An expert on nutrition and vaccines, he is also editor of the widely distributed Blaylock Wellness Report. Dr. Blaylock graciously submitted the following comments for August Review readers. I highly recommend his newsletter] =>
https://infiniteunknown.net/2009/04/30/dr-russell-blaylock-on-1976-swine-flu-and-current-outbreak/#more-11674

I was in the military during the first swine flu scare in 1976.

At the time it became policy that all soldiers would be vaccinated for swine flu. As a medical officer I refused and almost faced a court martial, but the military didn't want the bad publicity. Despite the assurance by all the experts in virology, including Dr. Sabin, the epidemic never materialized.

What did materialize were 500 cases of Gullian-Barre paralysis, including 25 deaths – not due to the swine flu itself, but as a direct result of the vaccine. At the time President Gerald Ford, on advice from the CDC, called for vaccination of the entire population of the United States.

Today, some 33 years later, we are hearing the same cries of alarm from a similar lineup of virology experts.

The pharmaceutical companies are busy designing a vaccine for the swine flu in hope that this administration will make the vaccine mandatory before another vaccine-related disaster can ruin their party.

And as before, a number of equally qualified experts are calling for calm, based on a number of carefully conducted studies. To no one's surprise, they too are being ignored by the media and government planners.

According to science reports, this current strain of flu is H1N1. It can be forcibly inoculated into pigs, but it has been shown not to spread among the pig population. This means that the danger of a swine-based epidemic is small.

There are several strains of this flu virus however, including H1N1, H1N2, H3N1, H3N2 and H2N3. What the science has shown is that when the virus passes through the pig, it becomes less virulent – that is, it is less likely to cause serious disease in people. With each passage, it becomes even weaker.

Since this is not the answer that the pseudo-scientists wanted, they next announced that it is "possible" that the pigs could be infected with both the bird flu (strain H5N1) and the swine flu (strain H1N1), resulting in a mutant, highly virulent strain that could lead to a pandemic.

Note this is pure speculation and that no scientist has ever performed this trick. It is purely hypothetical – like global warming. CDC virologists claim that in the past they performed a similar virological trick, but they never published their results and thus have kept the data close to the vest.

In science, especially medical science, speculation is taboo. But, politicized scientists perform this bit of smoke and mirrors all the time.

So, you may ask, "What about all the people dying in Mexico?"

Overcrowding, poor nutrition and overall poor immunity, all of which are indigenous to Mexico, are a certain prescription for death from almost any infection. [Note that despite 46 cases of this very same flu in the United States there have been no deaths. This is because Americans, comparatively, have better nutrition and medical care.]

Like SARS and bird flu before it, this swine flu scare is a lot of nonsense.

Just take your high dose vitamin D3 (5000 IU a day), eat a healthy diet and take a few immune boosting supplements (such as beta-1, 3/1, 6 glucan) and you will not have to worry about this flu.

See also:
Russell Blaylock M.D. **Remembering the H1N1 Swine Flu Scam**
https://www.youtube.com/watch?v=DhvUvzQ-H28
https://www.bitchute.com/video/TqioUO8L6Jj7/

The Guardian

Simon Jenkins

Swine flu? A panic stoked in order to posture and spend

The Guardian, 29 April 2009
https://web.archive.org/web/20090827001405/http://www.guardian.co.uk/commentisfree/2009/apr/29/swine-flu-mexico-uk-media1

Despite the hysteria, the risk to Britons' health is tiny - but that news won't sell papers or drugs, or justify the WHO's budget.

We have gone demented. Two Britons are or were (not very) ill from flu. "This could really explode," intones a reporter for BBC News. "London warned: it's here," cries the Evening Standard. Fear is said to be spreading "like a Mexican wave". It "could affect" three-quarters of a million Britons. It "could cost" three trillion dollars. The "danger", according to the radio, is that workers who are not ill will be "worried" (perhaps by the reporter) and fail to turn up at power stations and hospitals.

Appropriately panicked, on Monday ministers plunged into their Cobra bunker beneath Whitehall to prepare for the worst. Had Tony Blair been about they would have worn germ warfare suits. British government is barking mad.

What is swine flu? It is flu, a mutation of the H1N1 virus of the sort that often occurs. It is not a pandemic, despite the media prefix, not yet. The BBC calls it a "potentially terrible virus", but any viral infection is potentially terrible. Flu makes you feel ill. You should take medicine and rest. You will then get well again, unless you are very unlucky or have some complicating condition. It is best to avoid close contact with other people, as applies to a common cold.

In Mexico, 2,000 people have been diagnosed as suffering swine flu. Some 150 of them have died, though there is said to be no pathological indication of all these deaths being linked to the new flu strain. People die all the time after catching flu, especially if not medicated.

Nobody anywhere else in the world has died from this infection and only a handful have the new strain confirmed, most in America and almost all after returning from Mexico. A couple from Airdrie who caught the flu on holiday in Cancun are getting better. That tends to happen to people who get flu, however much it may disappoint editors.

We appear to have lost all ability to judge risk. The cause may lie in the national curriculum, the decline of "news" or the rise of blogs and concomitant, unmediated hysteria, but people seem helpless in navigating the gulf that separates public information from their daily round. They cannot set a statistic in context. They cannot relate bad news from Mexico to the risk that inevitably surrounds their lives. The risk of catching swine flu must be millions to one.

Health scares are like terrorist ones. Someone somewhere has an interest in it. We depend on others with specialist knowledge to advise and warn us and assume they offer advice on a dispassionate basis, using their expertise to assess danger and communicating it in measured English. Words such as possibly, potentially, could or might should be avoided. They are unspecific qualifiers and open to exaggeration.

The World Health Organisation, always eager to push itself into the spotlight, loves to talk of the world being "ready" for a flu pandemic, apparently on the grounds that none has occurred for some time. There is no obvious justification for this scaremongering. I suppose the world is "ready" for another atomic explosion or another 9/11.

Professional expertise is now overwhelmed by professional log-rolling. Risk aversion has trounced risk judgment. An obligation on public officials not to scare people or lead them to needless expense is overridden by the yearning for a higher budget or more profit. Health scares enable media-hungry doctors, public health officials and drugs companies to benefit by manipulating fright.

On Monday the EU health commissioner, Androulla Vassiliou, advised travellers not to go to north or central America "unless it's very urgent". The British Foreign Office warned against "all but essential" travel to Mexico because of the danger of catching flu. This was outrageous. It would make more sense to proffer such a warning against the American crime rate. Yet such health-and-safety hysteria wiped millions from travel company shares.

During the BSE scare of 1995-7, grown men with medical degrees predicted doom, terrifying ministers into mad politician disease. The scientists' hysteria, that BSE "has the potential to infect up to 10 million Britons", led to tens of thousands of cattle being fed into power stations and £5bn spent on farmers' compensation. A year later, the scientists tried to maintain that BSE "might" spread to sheep because, according to one government scientist, "the absence of evidence is not evidence of absence". The meat industry was wrecked and an absurd ongoing cost was imposed on stock farmers with the closure and concentration of abattoirs.

This science-based insanity was repeated during the SARS outbreak of 2003, asserted by Dr Patrick Dixon, formerly of the London Business School, to have "a 25% chance of killing tens of millions". The press duly headlined a plague "worse than Aids". Not one Briton died.

The same lunacy occurred in 2006 with avian flu, erupting after a scientist named John Oxford declared that "it will be the first pandemic of the 21st century". The WHO issued a statement that "one in four Britons could die".

Epidemiologists love the word "could" because it can always assure them of a headline. During the avian flu mania, Canada geese were treated like Goering's bombers. RSPB workers were issued with protective headgear.The media went berserk, with interviewers asking why the government did not close all schools "to prevent up to 50,000 deaths". The Today programme's John Humphrys became frantic when a dead goose flopped down on an isolated Scottish beach and a hapless local official refused to confirm the BBC's hysteria. The bird might pose no threat to Scotland, but how dare he deny London journalists a good panic?

Meanwhile a real pestilence, MRSA and C difficile, was taking hold in hospitals. It was suppressed by the medical profession because it appeared that they themselves might be to blame. These diseases have played a role in thousands of deaths in British hospitals - the former a reported 1,652 and the latter 8,324 in 2007 alone. Like deaths from alcoholism, we have come to regard hospital-induced infection as an accident of life, a hazard to which we have subconsciously adjusted.

MRSA and C difficile are not like swine flu, an opportunity for public figures to scare and posture and spend money. They are diseases for which the government is to blame. They claim no headlines and no Cobra priority. Their sufferers must crawl away and die in silence.

LIVEJOURNAL

Теракт "Калифорния-04/2009" – III

Live Journal, 2 мая 2009, 6:48 PM
https://malchish-org.livejournal.com/65581.html

Кто подложил свинью?

Я уже хотел было отойти от темы свиного гриппа до прояснения ситуации. Однако тема сама меня не отпускает. Читатели подкидывают новые факты. Дело "Калифорния-04/2009" разрастается как снежный ком и уже напоминает настоящее расследование. Выясняется, например, что препарат Тамифлю разработала американская фирма Gilead Sciences. Она продала лицензию на производство этого препарата фармацевтическому гиганту Roche, о котором я писал в прошлый раз. Согласно условиям контракта, концерн Roche продолжает выплачивать Gilead Sciences определенный процент от реализации Тамифлю в США и других странах. По некоторым данным 20%. Но самое интересное в том, что в состав совета директоров Gilead Sciences входил Дональд Рамсфельд, глава Пентагона при Буше. Он был одним из директоров Gilead Sciences с 1988 года, а с 1997 года возглавлял его.

В 2001 году, получив предложение войти в администрацию Джорджа Буша, Рамсфельд отошёл от руководства Gilead Sciences, однако продолжал оставаться одним из крупнейших акционеров компании. Только по официальным данным паника по поводу птичьего гриппа принесла ему 5 млн. долларов. Дональд Рамсфельд выгодно продал часть принадлежавших ему акций GileadSciences в 2004 году, в момент, когда цена на акции компании достигла очередного пика. Согласно финансовому отчёту министра обороны США за 2004 год, ему тогда удалось заработать только на этой сделке более $ 5 млн. Однако и после этой сделки Рамсфельд продолжает располагать 25-миллионным пакетом акций Gilead Sciences. Кроме того, после падения цены на акции, Рамсфельд мог вернуть и проданную часть, заработав на колебании курса акций как обычный биржевой спекулянт.

Известно, что в США работы по проектам "Геном человека" и "Геном ради жизни" финансируются преимущественно по линии Минобороны США. Именно этому министерству Конгресс выделяет миллиарды долларов якобы на защитные мероприятия от "птичьего гриппа". На финансирование гражданских исследований в 2004 г. было выделено 40,2 млрд. долл., из них на биологические и медицинские науки – 25,7 млрд. долл. Для сравнения: на машиностроение – 8,2; физические науки – 4,7; охрану окружающей среды – 3,5; математику и компьютерные исследования – 2,6; другие точные и естественные науки - 1,4; социальные науки – 1,4 и психологию – 0,86 млрд. долл. =>
https://web.archive.org/web/20090531174333/http://www.vpk-news.ru/print.asp?pr_sign=archive.2006.131.articles.rostrum_01

Итак, что мы обнаружили? Бывший глава Пентагона США оказывается "материально заинтересован" в пандемии гриппа! Не более и не менее. И долгое время у него в подчинении были секретные лаборатории из Института патологии Вооружённых сил США и центра по контролю за инфекционными заболеваниями, то есть те, что занимались восстановлением и изучением вируса "испанки". Есть мотив и есть оружие. Суд присяжных уже бы приговорил Рамсфельда к длительному тюремному заключению. Правда и у защиты ещё есть шансы - на оружии нет отпечатков пальцев обвиняемого. Достать мог, выстрелить мог, отпечатков нет. Однако и "отпечатки" есть!

Случай с Baxter International, в вакцине которого обнаружили настоящий птичий вирус H5N1 в комбинации с человеческим H3N2 уже можно считать таким отпечатком. Baxter пару лет назад получил штамм вируса птичьего гриппа из Индонезии с обязательством сделать для него вакцину, но "случайная ошибка" производителя вакцин могла вместо этого привести к пандемии смертельного для человека гриппа. Мало того, что Baxter International придерживается системы BSL3 (Уровень Биологической безопасности 3), по которому путаница просто невозможна, так и комбинация обнаруженных в "вакцине" вирусов имеет совершенно не случайный характер.

The New York Times

Elisabeth Rosenthal.

Swine Flu: First, Sow No Panic

The New York Times, 2 May 2009 (3 May 2009, p. WK 3)
https://www.nytimes.com/2009/05/03/weekinreview/03rosenthal.html

Wash your hands.

I know this sounds silly, but *it is far more effective* at preventing flu than having a dose-pack of Tamiflu in the medicine chest. Take it from a doctor, mother and reporter who covered SARS as well as bird flu where they were most virulent.

In 2003, as SARS was spreading across Asia, I was posted in Beijing. Many families fled. My children's school – the International School of Beijing – was one of the very few in the city to stay open, although my daughter's class of 25 dwindled below 10. For the children who remained, the school instituted strict policies – the ones that schools promote all the time but never really enforce. For parents, the first was: Don't send your child to school sick. For students, it was: Wash your hands frequently and thoroughly during the day – before meals, after recess. No one got SARS. But more than that, the stomach bugs and common colds that are the bane of elementary schools all over the world disappeared as well.

If hand-washing is the first lesson of the SARS epidemic to apply to today's swine flu outbreak, the others are: Masks, the symbol of protection, are only rarely useful. And enjoy being outside; it's not where you will get the flu.

I hate seeing pictures of people in Mexico riding bicycles and walking down the street in masks. Infectious diseases are not transmitted well outside and in sunlight. As a doctor and as a reporter, my cardinal rule is to interview sick people with infectious respiratory diseases – from garden-variety flu to tuberculosis to bird flu — in open spaces. That sometimes means an open-air hospital ward. So yes, avoid crowded, closed spaces in places where there may be danger.

Also, avoid touching things that lots of other people touch – door knobs and escalator handrails, for example – and then touching your nose or mouth. Having worked in an emergency room, I got into the habit.

Masks are for when you can't avoid a closed space during a serious outbreak – when, say, you need to travel by a crowded bus or plane or subway. In 2003 I had a mask in my bag as I traveled to severely affected cities across Asia, but wore it only rarely. When transmitting an infectious disease through the air, a patient is generally sneezing or coughing. During the height of the SARS outbreak in China, if a nearby passenger exhibited symptoms, I moved to another part of the subway or plane.

I can tell you from my experience in Beijing that having an **entire city of masked people** is devastating to the social fabric. It is hard to have conversation through a mask – you can't see smiles or frowns. Also, not all masks are equal. A good mask, well fitted and worn properly, is uncomfortable and hard to breathe through. And wearing a mask casually draped over your ears is more of a totem against disease than a scientifically valid form of protection.

In a normal season in the United States, tens of thousands of people die of complications of influenza. A baby's death in Texas or the 200 people who have succumbed in Mexico are tragic cases, but not by themselves worrisome totals. They could even suggest that this strain of swine influenza is quite mild. We have no idea how many people came down with lesser infections – presumably a huge number – that went unrecorded by the public health system. More data is needed to sort this out.

Which is why public health officials are frantically performing contact tracing and surveillance to track where the outbreak is going. It is the best way to head off something worse and help society prepare. But watching them perform this important business should be reassuring, not a reason to panic.

Even with SARS, which had a high death rate (1,000 people died and about 8,000 fell ill), you could argue that the most profound consequences were economic. Panicked people canceled conferences and trips throughout the region for months afterward, devastating local economies.

Too little information as well as too much can be dangerous.

In 2003, China created panic by trying to cover up the SARS outbreak, denying at first that it had hit Beijing. The vacuum of good information led to wild rumors. The danger was everywhere and nowhere. People left Beijing and stayed away for months because they didn't know if the risk was huge or small. I remember villages in the countryside setting up SARS screening programs. Villagers would stop cars and stick a thermometer in your mouth or behind your ear to gauge whether you were infected.

It was a great way to spread whatever was out there.

With swine flu, rightly and thankfully, we're in full-disclosure mode. We get nearly minute-by-minute statistics. But people should understand exactly what information they are receiving. Potential pandemics make good headlines; hardworking scientists do not. People wearing masks make for great pictures; a school in Queens where children are returning to their classrooms does not.

As a physician, as a student of public health and even as a journalist, I cringe when I see the swine flu, or H1N1, called "the deadly virus." Evidence to date does not suggest that it is any more deadly than the average flu. And there is this sentence that I have so often seen: The World Health Organization has not declared a pandemic yet. The sentence would be fine – and impart just as much known information without presuming what the future holds – if it dropped the final word, "yet."

SFGATE

Joe Garofoli

Some see media flu coverage as overblown

SFGATE, 3 May 2009.
https://www.sfgate.com/health/article/Some-see-media-flu-coverage-as-overblown-3162409.php

After a few days of breathless H1N1 flu coverage - some of it on his own network - CNN commentator Jack Cafferty noted that 13,000 people have died from the "regular ol' flu" this year in the United States, compared with just one confirmed H1N1 flu death. Cafferty then asked his audience to respond to his online poll asking "if swine flu coverage was overblown."

He waited a moment, then said, "Hint: Yes." Sounding somewhat sheepish, "Situation Room" host Wolf Blitzer said, "OK, good hint. Thanks, Jack."

For a week, the flu story has whet cable TV's bloodlust with what the 24-hour cable news vacuum craves: mystery, death and great visuals that inspire fear. No detail about the flu - often delivered without context - has been too tiny to go unreported, which means that cable TV viewers are getting coverage that is moment-to-moment but often not terribly useful.

Since most Americans still get their news from television, analysts say they have a growing concern: Will viewers actually trust media reports if there is a more serious and imminent health scare?

"Or will viewers think that the media is over-blowing it again. Will they say, 'Oh, it's just like bird flu.' Or, 'It's just like SARS,' " said Mark Jurkowitz, associate director of the Project for Excellence in Journalism.

Print coverage, which has fewer opportunities a day to deliver information and analysis, has been decidedly more measured, analysts said. And there has been insightful coverage from CNN's doctor-turned-broadcaster Sanjay Gupta, who reported on the flu's genesis in Mexico; and from NPR, which has a new blog "Flu Shots" (www.npr.org/blogs/health) to handle breaking developments while more contextual stories go on the air. Online, the Centers for Disease Control and Prevention has steered viewers to its own bulletins and videos, created by medical professionals working directly on the crisis.

Other outlets haven't been as reasoned.
Conservative talk radio hosts have used fear about the flu to segue to anti-immigrant remarks and calls to close the U.S.-Mexico border.

"How do you protect yourself? What can you do?" syndicated talk radio host Michael Savage told his audience last week. "I'll tell you what I'm going to do, and I don't give a damn if you don't like what I'm going to say. I'm going to have no contact anywhere with an illegal alien, and that starts in the restaurants."

By Friday, even "Today" show co-host Meredith Vieira seemed overwhelmed.
"I think part of the problem is that we're getting so much information that it's hard to know what to do," Vieira told her audience. Co-host Matt Lauer agreed, saying when people get nervous, "It makes them go in an emotional way."

But isn't filtering conflicting information and adding perspective the job of a journalist?

In that way, analysts say the flu reportage has shown the downside of the 24-hour news cycle. The past several days have presented viewers with a blur of numbers - of schools closed, of children out of school, of states where a confirmed flu case has appeared.

The by-product of this accelerated media environment "is that there is a rush of numbers and statistics that makes context hard to grasp," Jurkowitz said.

"Frankly, I've been a little horrified by how sensationalist and scare-mongering it is," said Vivian Schiller, chief executive officer of National Public Radio.

"It's kind of the perfect cable news story," she added. "It's scary. It threatens you. You don't know where it's going to strike next. It's like the (story of) killer bees (coming to the United States) - amplified by Twitter. You have all these little bits of information spewing out all over the place without context."

Just when the coverage appeared to be calming a bit Thursday, Vice President Joe Biden helped rekindle fears by saying on the "Today'" show that he "would tell members of my family - and I have - I wouldn't go anywhere in confined places now."

On cable network MSNBC, anchors put Biden's comments in the context of his history of gaffes, not just of how the flu can spread. MSNBC anchor Contessa Brewer urged viewers to go to MSNBC.com to answer this poll question:

"Vice President Biden told 'Today' he would advise family members to stay away from confined places, including planes and subways. Do you agree with this advice?"

Health stories always attract huge audiences, said Andrew Kohut, president of the Pew Research Center. But viewers shouldn't expect as much breathless coverage when Congress begins debating an overhaul of the U.S. health care system over the next few months.

"Because the policy debate is a tougher one to cover for many outlets," Kohut said. "They're more complicated. They require more nuance and discussion."

And there aren't as many opportunities to show people wearing masks.

Rebelión

Michel Chossudovsky

Mentiras políticas y desinformación mediática en relación a la pandemia de gripe porcina
Political lies and media misinformation in relation to the swine flu pandemic

Rebelion, 4 May 2009
https://rebelion.org/mentiras-politicas-y-desinformacion-mediatica-en-relacion-a-la-pandemia-de-gripe-porcina/

¿Qué es la gripe?

Es una grave enfermedad respiratoria contagiosa causada por los virus de la gripe. Millones de personas en Estados Unidos padecen gripe cada año. La mayoría suele estar enferma una semana aproximadamente. Algunas personas (especialmente los niños pequeños, las mujeres embarazadas, los ancianos y las personas con problemas crónicos de salud) pueden ponerse muy enfermas y muchos mueren por la gripe.

Centro para el Control y Prevención de la Enfermedad [1]

La Organización Mundial de la Salud (OMS) aumentó su nivel de alerta de pandemia a un nivel 5 en una escala de 6. La fase 5 de la OMS significa que «hay una propagación continua entre humanos del virus en al menos dos países y que es inminente un brote de la enfermedad a nivel global… Indica también un aumento de los esfuerzos para producir una vacuna … Se han confirmado casos humanos en México, Estados Unidos, Canadá, Gran Bretaña, Israel, Nueva Zelanda y España» (la negrita es nuestra).

Según los informes, la OMS tomó la decisión después de que «un bebé de 23 meses muriera [de gripe porcina] en Texas tras haber viajado desde México para recibir tratamiento médico». Según los informes, la gripe porcina se ha confirmado en 11 de los estados de Estados Unidos. Se han citado las palabras de altos cargos sanitarios de la OMS en Ginebra y Washington afirmando que «es poco probable que se detenga la propagación del virus». Los medios de comunicación se han puesto a pleno rendimiento con muy pocos análisis y revisión de las pruebas, y han centrado la atención en los más de 2.400 casos de gripe no específica en México.

Al día siguiente de que la OMS decretara la fase 5 de la alerta, un científico vinculado con el Centro para el Control y Prevención de la Enfermedad de la Unión Europea insinuó, sin pruebas, que la pandemia podía afectar «de manera benigna» a entre un 40% y 50% de la población de la UE (véase europeanvoice.com, 30 de abril de 2009). El profesor Neil Ferguson, un miembro del grupo de trabajo de la OMS sobre la gripe porcina, afirmó que «el 40% de las personas en Reino Unido podrían infectarse en los próximos seis meses si el país se viera afectado por la pandemia».

«No sabemos qué dimensiones tendrá la epidemia en los próximos dos meses … Es casi seguro que aunque desaparezca en las próximas semanas (lo que puede ocurrir) tendremos una epidemia estacional en otoño» .

«Podemos esperar que hasta entre un 30% a un 40% de la población enferme en los próximos seis meses si verdaderamente se convierte en pandemia. Puede que tengamos una cantidad importante de personas infectadas, pero, si a mí me gustara apostar, diría que durará poco porque avanzamos hacia el verano». El profesor Ferguson afirmó que los 152 muertos en México probablemente suponen una proporción relativamente pequeña del número total de infectados que podría llegar a decenas o cientos de miles» (Daily Express, 1 mayo de 2009).

Los reportajes de los medios de comunicación están distorsionados. Se transforman las realidades. Las declaraciones de los políticos no están respaldadas por pruebas médicas y científicas. Las declaraciones del profesor Ferguson carecen de fundamento. No se ha molestado en confirmar el número de casos de gripe porcina en México «confirmados por el laboratorio». ¿Entre el 30% y el 40% de la población de Gran Bretaña? ¿Hasta el 50% de los 500 millones de habitantes de la Unión Europea? ¿En qué se basan estas afirmaciones? Según los reportajes, el 27 de abril sólo había un caso de gripe porcina en toda la UE: «El primer caso confirmado en Europa de gripe porcina se diagnosticó en España. La ministra de Salud del país lo confirmó el lunes por la mañana, después de que se le hicieran pruebas a un hombre que había vuelto recientemente de México» BBC, 27 de abril de 2009 [2]). ...

=> for the further reading see the website
https://rebelion.org/mentiras-politicas-y-desinformacion-mediatica-en-relacion-a-la-pandemia-de-gripe-porcina/

Elizabeth Cohen

When a pandemic isn't a pandemic

CNN, Health, 4 May 2009 // 22:42 GMT (06:42 HKT)
https://edition.cnn.com/2009/HEALTH/05/04/swine.flu.pandemic/index.html

Atlanta, Georgia (CNN) – When the World Health Organization raised its influenza pandemic alert from a Phase 4 to a Phase 5 last week, there was a bit of a gasp heard round the world.

News about the pandemic sent people to line up at a mobile health clinic in Mexico City.
After all, Phase 5 "is a strong signal that a pandemic is imminent," according to WHO.

"All countries should immediately activate their pandemic preparedness plans," the organization's director-general, Dr. Margaret Chan, said Wednesday. "After all, it really is all of humanity that is under threat during a pandemic."

But the word "pandemic" isn't quite as scary as it sounds, explained **David Ozonoff**, professor of environmental health at the Boston University School of Public Health.

"When people hear the words 'pandemic' and 'flu,' the first thing that comes to mind is 1918, which was a real horror show," Ozonoff said, referring to the flu pandemic that killed some 50 million people 91 years ago. But you can have a pandemic without a large number of deaths, he said. "The word pandemic refers to how widely dispersed a disease is, not to how severe the disease is," he said.
Confusion about the meaning of "pandemic" is understandable, Ozonoff said, considering the definition of the word is "not set in stone."

Until Monday morning, the WHO *had a definition on its Web site saying* that a pandemic flu causes "enormous numbers of deaths and illness." After a CNN reporter pointed this out, WHO spokeswoman *Natalie Boudou*[1] called back to say the definition was in error and had been pulled from the WHO Web site.

"It was a mistake, and we apologize for the confusion," she said. "(That definition) was put up a while ago and paints a rather bleak picture and could be very scary."
The correct definition is that "pandemic" indicates outbreaks in at least two of the regions into which WHO divides the world, but has nothing to do with the severity of the illnesses or the number of deaths.

Based on lessons from the past, "influenza may cause mild disease in affluent countries, but more severe disease, with higher mortality, in developing countries," Chan said at Wednesday's news conference.

There have been three influenza pandemics in this century, said Andrew Pekosz, associate professor of microbiology and immunology at Johns Hopkins University's Bloomberg School of Public Health. The other two, in 1957 and 1968, also were caused by new viruses to which no one had immunity, but didn't cause nearly the number of deaths as the one in 1918.

"I think people need to be reminded that this current H1N1 outbreak is going to resemble much more the pandemics in 1957 and 1968, where there was an increase in deaths from other years, but nothing like the millions of deaths we saw in 1918," Pekosz said.

[1] Natalie Boudou-Jacobs, Communications Officer, WHO Geneva, email: boudoun@who.int
See: https://web.archive.org/web/20130617215844/http://www.who.int/mediacentre/news/notes/2008/np11/es/
& https://context.reverso.net/traduction/anglais-francais/who+geneva+telephone

Россельхознадзор / Грипп A/H1N1/Калифорния/04/2009
федеральная служба по ветеринарному и фитосанитарному надзору

Интервью Руководителя Роспотребнадзора
Геннадия Григорьевича Онищенко

«Грипп А, H1N1, Калифорния/04/2009»

«Эхо Москвы», программа «В круге СВЕТА», 5 мая 2009
(стенограмма – https://46cge.rospotrebnadzor.ru/txt/4588)

Гость: Руководитель Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека. Геннадий Григорьевич Онищенко
Ведущая: *Светлана Сорокина*

С. Сорокина: Здравствуйте, здравствуйте. Это программа «В круге СВЕТА». Сегодня в студии работаю я, Светлана Сорокина. И я сразу представлю вам моего собеседника. Это Геннадий Онищенко. Здравствуйте, Геннадий Григорьевич.
Г. Онищенко: Здравствуйте.

С. Сорокина: Это главный государственный санитарный врач РФ и руководитель Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека. Какое длинное название. Сами придумывали?
Г. Онищенко: За нас.

С. Сорокина: За вас придумали. Ну как-то звучит очень многообещающе. Но об этом еще поговорим. Итак, несмотря на то, что Всемирная организация здравоохранения (ВОЗ) настаивает на высоком уровне опасности, мы то ли устали уже бояться, то ли привыкли уже к сообщениям об этом самом т.н. «свином гриппе», как его первоначально называли, потом калифорнийский, потом H1N1. Ну вот. Но, тем не менее, он продолжает распространяться, и первым делом – все-таки действительно он такой страшный, как казалось первоначально, или ничего особенного?
Г. Онищенко: Ну, на самом деле, его истинное название изначальное было – грипп А, H1N1, Калифорния, 04 2009. Это самое исконное, самое правильное его название. Потому что гриппов H1N1 по меньшей мере несколько тысяч уже было. За всю нашу совместную и неоднозначную историю сосуществования гриппа H1N1…

С. Сорокина: Этого вируса и нас.
Г. Онищенко: И нас, человечества, да. На самом деле, действительно, ситуация состоит в том, что человечество по меньше мере десять лет уже ждет появления нового штамма, так называемого нового пандемического штамма гриппа.

С. Сорокина: То есть того, который пронесется и будет страшным?
Г. Онищенко: Нет. Тот, который действительно резко изменит свой генетический код, произойдет резкий генетический дрейф, и человечество будет снова после этого революционного всплеска последовательно накапливать коллективный иммунитет против нового гриппа. Если вы помните, в 2005 году наша страна столкнулась с H5N1, тогда тоже было

много шума. Этот шум был небескорыстный, я бы так сказал, хотя, в общем-то, угроза была реальная. Потому что с H5N1 человечество еще не встречалось. И если говорить об этой статистике, то где-то с 2003 года в 14 странах мира зарегистрировано порядка 470 случаев, 250 из которых завершились смертельно. То есть два к одному – два заболевают, один умирает при H5N1. И все тогда говорили, что это не последний. После H5N1 был H7N7.

С. Сорокина: А который называли птичьим гриппом?

Г. Онищенко: Вот тот H5N1. На самом деле, свиной и птичий – это неверные названия. Скажу позже, почему. Потом был H7N7, потом был H9. И вот сейчас вновь пришел H1N1.

С. Сорокина: То есть это не новенький грипп?

Г. Онищенко: В данном случае не новенький. То есть естественный ход событий нарушен. Раньше было как? Дикая популяция водоплавающей птицы, переход на домашнюю птицу, с домашней птицы, как правило, на свинью домашнюю, свинья очень близка нам по своей физиологии, является почти идеальной биологической моделью человека, на ней очень легко испытывать лекарства…

С. Сорокина: Нифига не льстит.

Г. Онищенко: Ну надо просто знать себе цену. Чего ж вы так-то о себе так хорошо размечтались? В данном случае природа указывает нам на наше место в эволюции. Итак, со свиньи уже переходило на человека. В данном случае произошло другое. Вот где-то 50 лет как минимум точно, гипотетически с «испанки» H1N1, человечество сталкивалось с этим гриппом.

С. Сорокина: То есть у нас близкий к «испанке»?

Г. Онищенко: Если говорить изначально, H1N1 рядом. Но мы с ним уже живем почти век. Потом он уходит снова к свинье, то есть опускается на эволюционную ступень ниже, там приобретает новые совершенно свойства, происходит реасортация с тремя штаммами, и вот уже, приобретя новые силы, он возвращается к человеку. Судя по всему, он чего-то не досчитал. Ему надо было все-таки побольше побыть на свинье. У него не хватает трансмиссибельности. Он от человека к человеку передается, но не так, как нужно было бы настоящему пандемическому штамму. Где-то он не сработал. Сказать, когда это произойдет, тоже нельзя, потому что слишком малый период наблюдений. Если бы мы, допустим, его понаблюдали несколько лет – допустим, он первый появился, потом через год еще раз мутировал, потом еще раз, и тогда мы бы поняли, насколько скорость его мутации и приобретение этих свойств быть пандемическим штаммом заложено к его генетическом коде. Пока этого сказать нельзя. Но что показывает объективная реальность? Ну вспомните, две недели назад впервые официальные власти Мексики и медицинские власти США объявляют о появлении нового штамма. Тогда говорили о трех тысячах…

С. Сорокина: Но потом не подтвердилось.

Г. Онищенко: Нет, а потом, когда научились типировать, когда научились лабораторно подтверждать, сейчас все вернулось на круги своя – где-то тысяча с небольшим подтвержденных случаев, двадцать с небольшим случаев смертельных. Прежде всего, в Мексике и в 32 штатах Америки регистрируют сейчас этот штамм. Ну, если мы с вами в наш обычный эпидемический подъем в городе Москве в день, когда мы говорим «наступил эпидпорог, начался эпидемический подъем», в день регистрируем больше десяти тысяч. В десятимиллионной Москве. То здесь практически за полтора месяца, потому что с момента объявления прошло две недели, а с момента первых регистраций, а это было 18 марта…

С. Сорокина: То есть за полтора месяца.

Г. Онищенко: За полтора месяца всего лишь какие-то тысяча с лишним. То есть контактность у него не такая уж большая. Еще один аргумент. США, люди предельно прагматичные, с высоким уровнем здравоохранения – они даже не госпитализируют этих больных.

С. Сорокина: Просто лечат на месте?
Г. Онищенко: Просто лечат дома.

С. Сорокина: Вирус и вирус.
Г. Онищенко: Да, лечат дома, лечат амбулаторно. И лишь единиц – только с жизненным показанием для человека, а не с точки зрения его контактности, - они госпитализируют. Вот эти факторы говорят о том, что все-таки мы пока имеем дело с кандидатом, но еще недостаточно сильным кандидатом на пандемический штамм.

С. Сорокина: Извините, перебью, Геннадий Григорьевич, то есть практически получается, что весь этот шум и наши опасения вызваны именно ожиданием какого-то нового страшного прорывного штамма?
Г. Онищенко: Есть ожидание. И вы понимаете, я вам это говорю не потому что мы, медики, расслабились и ждем. Мы действительно ждем нового штамма. Но контент, логистика должна быть другой. Ну дайте слово врачам. Пусть они спокойно…

С. Сорокина: Спокойно. ВОЗ сколько там, пятерку поставила опасности?..
Г. Онищенко: Я о ВОЗ, если позволите, отдельно скажу. Спокойно. Будут рассказывать о том, как нужно бороться. Вот сегодня американцы дали великолепный почти комикс с точки зрения восприятия. «Я подозреваю, что я болен: раз, два, три».

С. Сорокина: Делай раз, делай два, делай три.
Г. Онищенко: Да. Я болен – раз, два, три. У меня в окружении, в моей семье заболели – абсолютно понятно. Человек это прочтет – он только от прочтения успокоится, что да, в принципе, наверное, что-то страшное, но не такое, что…

С. Сорокина: А почему нам такое не сделать?
Г. Онищенко: А мы сделали. У нас, во-первых, нет этих случаев, слава богу. И мы взяли американские данные, их перевели и на нашем сайте разместили. И просим вашу радиостанцию периодически делать какие-то такие вставочки. Вот это был бы нормальный ход истории. Что же происходит? Я сейчас не буду про это говорить вариант, я скажу про 2005 год в нашей стране. Сцены ужаса, горящие огни, бегающие в скафандрах молодые защитники человеческой популяции от этого невидимого, но страшного врага, тревожные голоса ваших коллег…

С. Сорокина: Ну а что, правда, страшно. Вдруг это был бы действительно тот самый новый прорывной?
Г. Онищенко: **Это была хорошо спланированная тогда информационная диверсия**.

С. Сорокина: Да я вас умоляю. А может, это большой интерес фармакологических компаний?
Г. Онищенко: И был не большой интерес фармакологических компаний. Тогда люди не болели, некому было эту фармакологию скармливать. А тогда был большой интерес в смысле передела рынков белого мяса.

С. Сорокина: А, вот в чем дело!
Г. Онищенко: Это было.

С. Сорокина: А сейчас свинину, значит, переделывают.
Г. Онищенко: Нет, а свинина сейчас играет третьестепенную роль. Вот сейчас – я вот тут высказывался по поведению нашей доблестной Всемирной Организации Здравоохранения, и я считаю, что я имею на это право… Вот мы получили штамм. В Мексике получили, не в США. Если бы еще мы получили в США, я бы еще мог поверить этим данным. Нам говорят: «Этот вирус не чувствителен ни к чему, только к одному тамифлю». И все. И наша любимая

ВОЗ, которая является средоточием всего положительного, что есть у здравоохранения на этой планете, выступает в роли маркетингового отдела фирмы «Ля Рош», которая совершенно случайно оказалась в той же Швейцарии, в том же городе Женева. Ну разве так можно?

С. Сорокина: Ну, может, оно действительно помогает, это лекарство?

Г. Онищенко: Оно действительно помогает. И, может быть, лучше всех помогает. Но они забыли о чем? Что есть, во-первых, международная панель применяемых противовирусных препаратов. Ну хорошо, ну дайте всем странам штамм, вот нам, например, и мы проверим его чувствительность и скажем – да, вот этот препарат не работает, вот этот работает хуже, вот этот нормально работает, а вот этот ну идеально работает. И вот тогда, составив эту панель, мы скажем и начнем уже свои стандарты лечения.

С. Сорокина: Так а что, не дают?

Г. Онищенко: Ну, они могут дать, они должны были дать. Дать сегодня могут только американцы. Американцы нам дают. Но опять – сегодня я вот ехал к вам на передачу, из Атланты они опять нам его не выслали, потому что они ему присвоили категорию А, а категория А – это другие перевозчики. Ну, то есть начинаются эти бюрократические заморочки. Ну получим мы его в конце концов, это, как говорится, сейчас не самое страшное. Вот вам частичный ответ на ваш вопрос. Теперь – меня это беспокоит еще и с другой стороны. Мы не можем еще сказать, что все, отбой. Напряжение остается. Но пусть оно будет у нас, профессионалов. Мы сейчас контролируем прилет самолетов. Мы занимаемся расчетом необходимых медикментов, раз уж пятый уровень угрозы. Следующий шестой, и все.

С. Сорокина: Пандемия?

Г. Онищенко: Да. Мы расчеты делаем, мы врачей готовим. Мы смотрим наши материальные ресурсы, нашей лечебной сети, страновые. Вот я вчера утром провел селекторное совещание со всеми субъектами Российской Федерации, где руководители на уроне замов губернаторов рассказывали, что у них решено, что не решено, что нужно решать. То есть шел нормальный разговор всех причастных структур. И дай бог. Но, вот вы правильно сказали, когда и россияне, и другие страны мира, и, прежде всего, мексиканцы исчерпали ресурс адреналина, который они потратили на эту психопатическую кампанию, которая была развернута в СМИ, я понимаю правила игры журналистов – им надо подать весомо, ярко зримо эту информацию, но где-то ж нужно и не перебирать это. Поэтому, конечно же, как всегда, в этой информационной кампании неправильно расставлены акценты. Со скидкой на правила жанра.

С. Сорокина: Ну, знаете ли, а вдруг это действительно оказался бы тот самый революционный штамм, и нужно действительно, чтобы опасения были у всех, чтобы люди были настороже и принимали меры.

Г. Онищенко: Да, я согласен, но давайте будем сотрудничать.

С. Сорокина: Сотрудничаем. Вы к нам пришли и говорите.

Г. Онищенко: С вами мы сейчас сотрудничаем.

С. Сорокина: Геннадий Григорьевич, дайте спрошу. А вот скажите, пожалуйста, а вот эта «испанка» знаменитая, которую все вспоминают, кому не лень, 18-й год, 50 миллионов, по-моему…

Г. Онищенко: Это как бы.

С. Сорокина: Ну примерно. Там трудно считать было. Огромные жертвы. Еще и Первая Мировая, и прочее. Но все-таки миллионы жертв были.

Г. Онищенко: Согласен.

С. Сорокина: Очень страшно. Это что, действительно была какая-то новая мутация, это был новый штамм?

Г. Онищенко: Это как раз была классическая пандемия, которая произошла в результате появления нового пандемического штамма, против которого у человечества, которое жило в тот период на планете, не было ни индивидуального, ни коллективного иммунитета. Произошел резкий дрейф. Мы как человечество оказались не готовы. И тогда и возможности здравоохранения были другие. Не было антиретровирусных препаратов, не было такого уровня здравоохранения, который есть сейчас и в Европе, и у нас в России, в развитых странах. Это играло свою роль, и очень серьезную роль играло. И за прошлый, 20-й век, в который мы с вами родились, произошло три таких полноценных и еще две абортивных пандемии, когда появлялись новые штаммы. Срок примерно 30 лет, потом 10 лет, потом…

С. Сорокина: А со времени последней сколько прошло?

Г. Онищенко: Уже много, больше 30 лет.

С. Сорокина: То есть поэтому и ждем?

Г. Онищенко: Поэтому мы и ждем. И особенность этой пандемии состоит в том, что у нас как минимум три штамма циркулирует. Вот при еще не закончившемся подъеме заболеваемости эпидемическом у нас с вами циркулировал A H1N1, A H3N2 и B. Вот три штамма у нас были такой классической триадой, и против всех трех у нас была актуальная вакцина.

С. Сорокина: То есть прививаться все-таки есть смысл против этих гуляющих гриппов?

Г. Онищенко: Одним из главных пунктов, являющихся результатом коллективного труда всех врачей на планете является вакцинация. И вот смотрите, что сейчас происходит. Мы уровень тревоги не снимаем, он остается пятым. Мы проводим меры сейчас и в нашей стране, и в других странах. Но если вы меня спросите, где наиболее уязвимо сегодня, вот по всем законам эпидемиологии сегодня уязвимо южное полушарие. Почему? Потому что там наступает зима. И вот на фоне тех заболеваний, которые туда, несомненно, придут из тех штаммов, если туда присоединиться еще этот новый, он может за период этого полугодия мутировать, приобрести дополнительные свойства, и уже к нам на северное полушарие прийти во всей своей зловещей красе. Вот это может произойти.

С. Сорокина: Но сейчас пандемии не будет, на ваш взгляд?

Г. Онищенко: Я не могу, как говорится, отступать от корпоративных вещей. Тем более, что априори у всемирной организации больше данных сегодня удерживать этот пятый уровень, но я говорю, что сегодня в России у нас с вами заболеваемость обычными штаммами гриппа сохранена в Магадане, немножко в Санкт-Петербурге идет превышение, немножко в Кемеровской области. Вот и, пожалуй, все те регионы, где у нас идет превышение обычными штаммами.

С. Сорокина: А этого пока, по счастью, не появилось?

Г. Онищенко: Этого, по счастью, мы за прошедшие сутки посмотрели 78 рейсов международных, там где-то около 6 000 пассажиров, температуру замерили, и трех сняли.

С. Сорокина: Но не подтвердилось?

Г. Онищенко: Они сейчас у нас в инфекции. Причем два из них монгола, которые летели и не выходили в Шереметьево-2 из этой пограничной зоны. Они прилетели к нам, переждали ночь и должны были лететь на Улан-Батор нашим рейсом, но утром обратились в медпункт в пограничной зоне. Обратились, им померили температуру и тут же госпитализировали, потому что они прибыли из Мексики. И сейчас они у нас в инфекции находятся. Два гражданина Монголии. И еще один гражданин, который вернулся из США, которого мы сняли с борта и тоже госпитализировали. Это уже, считайте, девятый случай за весь период, когда мы начали мониторинг бортов, когда мы начали снимать с бортов людей с температурой, прибывших из неблагополучных стран.

С. Сорокина: А скажите, пожалуйста, а вообще вот эти карантинные меры как-то дают заграждение или все-таки это все не очень эффективно?

Г. Онищенко: А какие карантинные меры? Карантина пока нет.

С. Сорокина: Нет, я имею в виду это вот отслеживание.

Г. Онищенко: Это дает

С. Сорокина: Дает, да? Потому что все равно же распространяется, все равно вон сколько стран подтверждает наличие этого вируса.

Г. Онищенко: Я вам одну принципиальную вещь скажу. Когда мы были очень закрытой страной, и за рубеж у нас ездили только…

С. Сорокина: Дипломаты и избранные.

Г. Онищенко: Члены райкомов партии, дипломаты, передовики производства и очень ограниченный круг, вот для нас, для эпидемиологов, был рай.

С. Сорокина: Ну наверное.

Г. Онищенко: Рай был в том плане, что вот появилась в 67-м году холера – взяли, закрыли город Одессу, весь город окружили войсками, никто оттуда не выходил. В Астрахани появилась – та же самая ситуация. То есть это были, в общем-то, эффектные меры. Не эффективные, а эффектные меры.

С. Сорокина: То есть я так понимаю, что эпидемиологи – сторонники тоталитарного режима.

Г. Онищенко: Ни в коем случае. Но тогда было неинтересно. А сейчас главная и первая задача – сделать все, чтобы минимизировать последствия. А для этого нужно иметь очень эффективную, с очень низким порогом чувствительности систему здравоохранения, чтобы врач мог быстро поставить диагноз, отдифференцировать его, изолировать больного, если в этом есть необходимость, и не дать распространиться. Вы на меня так подозрительно смотрите.

С. Сорокина: Я смотрю, потому что подошло время новостей середины часа. Нам нужно буквально на пару минут прерваться, а потом продолжим разговор. Очень много вопросов пришло. Мы еще по вопросам пройдемся. А сейчас – время новостей середины часа. Это программа «В круге СВЕТА».

...

С. Сорокина: И еще раз здравствуйте. Это программа «В круге СВЕТА». Мы говорим о гриппе, говорим с главным санитарным врачом Геннадием Онищенко. Мы уже выяснили, что, собственно, не так страшен грипп, как его малюют. Видимо, это все-таки не тот штамм, который представляет такую гигантскую угрозу. Не знаем, как он мутируется за следующие полгода, но пока вроде…

Г. Онищенко: Давайте назовем его пока кандидатом.

С. Сорокина: Кандидат в страшные, но пока не очень страшно. Ну и надеюсь, что вы получите образцы этого самого вируса.

Г. Онищенко: Не сомневаюсь.

С. Сорокина: Я тут слышала даже какую-то информацию о том, что наши ученые, не дожидаясь этого самого штамма, уже нашли что-то, что явно может влиять на этот вирус.

Г. Онищенко: Нет, наши ученые что сделали – когда наши коллеги из Атланты опубликовали в интернете всю библиотеку генетической последовательности штамма, мы ее воспроизвели у себя, сварили праймеры и из этих праймеров изготовили чувствительные именно к этому штамму диагностику…

С. Сорокина: То есть какие-то заготовки есть?

Г. Онищенко: Такие возможности сегодня есть. Когда опубликована вся последовательность, ее можно воспроизвести в искусственных условиях, но это будет не живой штамм, но…

С. Сорокина: Но близко к нему. Вопросы. Вот пишут о том, что где взять этот самый тамифлю, и еще реленса какой-то упоминают. Где это взять в аптеках?

Г. Онищенко: Так, первое – брать нигде не надо. Я вам просто настоятельно рекомендую – не обогащайте на этом этапе наш фармацевтический бизнес.

С. Сорокина: То есть пока нет этой угрозы, не нужно ниоткуда брать.

Г. Онищенко: Ну, во-первых, что касается Москвы, я доподлинно знаю, я буквально заслушивал сегодня утром отчет Москвы о готовности. У них есть определенный запас, причем достаточно солидный. Если, паче чаяний, появятся больные, то у Москвы есть чем лечить. А вот покупать, вернее, сметать – это даже не покупка, это сметание с полок – этого делать сейчас не нужно. Вот второе – это более близко к теме, и вообще я относительно марлевых повязок скажу. Есть ли этот H1N1 Калифорния, нет ли его, но как только придет сентябрь, пожалуйста, на всех членов семьи заготовьте, и как только вы услышите первые наши тревожные сообщения о том, что начинается подъем, наденьте и покажите, что Россия – цивилизованная страна.

С. Сорокина: Где взять? В аптеках нет.

Г. Онищенко: А сейчас, наверное, просто не сезон.

С. Сорокина: Ну вот все пишут – нет в аптеках. Обежали все в округе – нет в аптеках этих марлевых повязок.

Г. Онищенко: Ну, я думаю, что в Москве они есть. А сейчас просто наш фармбизнес просто не ожидал, что появится это, и они их, кстати, заготавливали, но в основном их закупали медицинские учреждения, но граждане как-то не очень любят это. Посмотрите на наших соседей – китайцев, японцев. Им не надо напоминать. Как только похолодало, они все надели марлевые повязки и ходят везде.

С. Сорокина: В общем, надо проследить, чтобы они были в аптеках.

Г. Онищенко: Среди наших граждан вы вообще где-нибудь видели в общественном месте человека в маске?

С. Сорокина: Видела.

Г. Онищенко: Где?

С. Сорокина: Здесь в Москве уже видела, вот в поликлинике многие ходят в марлевых повязках.

Г. Онищенко: О, так в поликлинике они ходят в повязках, потому что мы штрафуем. Работников торговли, которые стоят за прилавком, мы тоже штрафуем. Любовь к маске из-под палки. А вот такую искреннюю любовь…

С. Сорокина: Ничего-ничего, привыкнем. Мы тоже мутируем, поэтому привыкнем потихонечку. Скажите мне, пожалуйста, то, что касается мяса, ввоз которого в некоторых странах ограничен уже – свинины из Мексики и так далее, через мясо может что-то передаваться?

Г. Онищенко: Первое. Что касается нашего российского мяса, в тех сложившихся семейных, этнических, региональных традициях, в которых вы его употребляете, пожалуйста, употребляйте. Если у вас есть на это финансовая возможность. Что касается завоза. Гипотетически если даже это мясо будет от заболевшей свиньи, которую соответствующим образом направили на восполнение белкового дефицита в человечестве, если оно будет заведомо заражено,

то после термической обработки в 70 градусов, а вы знаете, что в гораздо более высоких температурах приготавливаем, это будет не опасно. Существует единственная реальная опасность заражения – во время разделки. И все. Ну, здесь – перчатки, и никаких проблем не будет.

С. Сорокина: Скажите, пожалуйста, можно ли в обычной поликлинике, не дай бог у нас появится этот вид гриппа, провести диагностику – тот ли это опасный вирус или все-таки нет?

Г. Онищенко: Я вам так скажу. Это, в общем-то, недешевое удовольствие. В обычной поликлинике, конечно, этого не сделаешь. Сегодня в Москве на Графском переулке мы делаем эту диагностику, и вот с первой инфекции мы везем на Графский переулок. Мы делаем на Шоссе Энтузиастов в Центральном институте эпидемиологии.

С. Сорокина: Ну то есть врач, к которому вы обратились, сам должен направить на исследование в необходимое учреждение, да?

Г. Онищенко: Если врач, к которому вы обратились, заподозрит у вас заболевание, тогда он, не спрашивая у вас, он просто обязан это сделать, поставить диагноз под вопросом, провести соответствующий отбор и направить на исследование. Такие нормативные требования уже сформированы, и они уже реально реализуются.

С. Сорокина: Геннадий Григорьевич, вот пишут нам еще: «Не пора ли обязать авиакомпании устанавливать системы дезинфекции воздуха в самолетах?» Потому что если летишь в самолете, можно подхватить что угодно, особенно если то долгий полет. Мы дышим одним и тем же воздухом.

Г. Онищенко: На самом деле, в разных системах самолетов существуют разные системы очистки, но они, как правило, идентичны, и все они направлены на то, что очистка воздуха с помощью разного типа фильтров осуществляется, потому что, как вы понимаете, на большой высоте идет рециркуляция воздуха с небольшой подпиткой извне. Это происходит. Другое дело, и сегодня я не могу сказать, что самолеты у нас являются этим вот разносчиком заразы…

С. Сорокина: Я сколько раз сталкивалась. Все-таки легко там подхватить что-то.

Г. Онищенко: Скорее в самолетах бывает другое, особенно в старых типах самолетов. Там несовершенная система кондиционирования, которая создает неадекватные ситуации температуры, и люди просто простужаются или у них начинает срабатывать аллергическая реакция. Вот есть, знаете, холодовая аллергия и так далее. Но чтобы самолеты были разносчиками заразы, я такого сказать не могу. Другое дело – если там заведомо появится больной с каким-то опасным контагиозным заболеванием, вот тогда весь самолет мы, естественно, возьмем на обсервацию, больных мы карантинизируем и будем лечить. Это есть. Но вопрос имеет под собой вполне реальную почву. И вот, допустим, в старом типе боинга, я уж не говорю о наших самолетах, поставим задачу дополнительно еще дезинфицировать воздух, то технологии их циркуляции воздуха не позволяют этого делать.

С. Сорокина: В общем, вопрос уже об обновлении парка авиалайнеров.

Г. Онищенко: Да, модернизации.

С. Сорокина: Совершенно в сторону сейчас вопрос по смс-сообщению: «В Екатеринбурге половина школ во вшах, а вы о какой-то Мексике». На самом деле, как я понимаю, педикулез – это страшная проблема для многих детских учреждений не только в Екатеринбурге. Это насколько серьезно сейчас?

Г. Онищенко: На самом деле, я бы педикулез отнес, за редким изъятием, к элементам просто санитарной культуры.

С. Сорокина: Но есть такая проблема в России сейчас?

Г. Онищенко: Конечно, есть.

С. Сорокина: Серьезная? Это хуже, чем в прошлые годы?

Г. Онищенко: Я бы так сказал – что динамика идет не в лучшую сторону. Просто регистрация педикулеза. Мы даже лет 15 назад вновь ввели регистрацию педикулеза. Было время, когда мы просто от нее отказались. В общем-то, это быль – в начале моей производственной деятельности ходила такая байка: что настойкой вшей можно лечить некоторые заболевания. Ну, это была, конечно, глупость. Но, тем не менее, тогда в цыганских таборах вшу можно было купить за 3-5 советских рублей. А это были большие деньги в то время. А сейчас, к сожалению, и это не потому что это асоциальные люди, низкий социальный статус семьи, а даже во вполне нормальных семьях люди не знают, что такое вша, и когда говорят, что у вашей девочки или у вашего мальчика головная вошь, я уж не говорю о платяной и еще об одной форме вши, люди просто оскорбляются. Хотя на самом деле это так. Поэтому здесь вошь сама по себе, в общем-то, не является какой-то страшной опасностью, кроме эстетической неприятности. Но вошь, если вы помните, это был сыпной тиф в свое время…

С. Сорокина: Переносчики, конечно.

Г. Онищенко: Да, они являются природным резервуаром такого страшного заболевания, как сыпной тиф.

С. Сорокина: Скажите, пожалуйста, вот здесь Наталья из Москвы пишет – если возвратиться к гриппу, ведь главное не сам грипп, а его осложнения.

Г. Онищенко: Конечно. Молодец.

С. Сорокина: И раньше, во время «испанки», не было антибиотиков. А антибиотики – это как раз лечение осложнений. Ну действительно, есть две стадии. Потому что когда сам грипп, надо антивирусные применять, а когда осложнения, антибиотики.

Г. Онищенко: Поддерживая позицию Натальи, я скажу, что после эпидемии гриппа идет эпидемия сердечнососудистых осложнений. Особенно в старшей возрастной группе. Поэтому мы в национальных календарях прививаем кого? Детей, у которых еще нет достаточного уровня иммунной системы, и пожилых людей, у которых уже иммунная система имеет достаточно серьезные изъяны. Поэтому защита с помощью вакцинации – это да. Потом – есть еще одна проблема. Ну вот, например, американцы что говорят? Они во время каждого сезонного подъема самого обычного гриппа регистрируют до 32 000 смертей, где диагноз – грипп. У нас идет немножко другой счет, но это изъяны статистики, это вовсе не значит, что мы более устойчивы. Ну у нас серьезные подъемы – это где-то до 1000 доходило, когда ставилась причина смерти грипп. В основном это все у нас уходит в осложнения – сердечно-сосудистые, сердечные заболевания и так далее. Как бы вторичная идет постановка диагноза. Но, тем не менее, грипп сам по себе, даже самый простой, самый привычный для нас, это серьезный урон здоровью как каждого человека, так и здоровью популяции.

С. Сорокина: «А не лучше ли ввести запрет на въезд из этих стран, чтобы не получить вирус?» Ну, во-первых, стран уже слишком много, из которых надо запрет вводить.

Г. Онищенко: На самом деле, реальную опасность сегодня представляют все-таки две страны… даже нет, не две. США, Мексика и Канада. Потому что в Канаде уже тоже идет распространение.

С. Сорокина: Но есть ведь страны, въезд которые закрыли. Куба, Перу, по-моему.

Г. Онищенко: И Китай закрыл. Я считаю, это чрезмерная мера. Вот представьте себе – по нашим оценкам, по оценкам МИДа, сегодня на территории Мексики 3 000 россиян. Вот люди поехали в командировку, им нужно оттуда вернуться – что мы, их не пустим в нашу страну?

С. Сорокина: Да нет, ну это несерьезно, конечно. Смотрите, в панике Юлия пишет: «Нечаянно дотронулась сегодня губами до сырой свинины на рынке. Что делать?»

Г. Онищенко: Юлечка, во-первых, не надо паниковать. Вся та свинина, до которой вы дотронулись губами, никакой опасности с точки зрения гриппа H1N1 Калифорния 042009 не представляет. Но – как любое сырое мясо, может быть причиной и кишечного заболевания…

С. Сорокина: Да, вот за этим лучше последить, конечно.

Г. Онищенко: И просто в следующий раз не делайте этого. Я думаю, это очень легко сделать.

С. Сорокина: Геннадий Григорьевич, вот Александр пишет: «Когда будет закуплена вакцина против гепатита В?»

Г. Онищенко: Молодец Александр.

С. Сорокина: «Задержка есть уже три месяца. Что будет со страной?» Видимо, проблема есть.

Г. Онищенко: Скорее всего, это мой коллега. На самом деле, в 2006 году, в 2007 году, благодаря национальному проекту, наша страна сделала беспрецедентный шаг – привила 25 миллионов человек. И когда мы в этом году докладывали это на…

С. Сорокина: Детям почти обязательная прививка.

Г. Онищенко: Детям – это в национальном календаре. Это уже, слава богу, обязательная прививка. Причем первую аппликацию делать в первые 24 часа с момента рождения.

С. Сорокина: Так а что сейчас-то с этим?

Г. Онищенко: Сейчас у нас закупается на 6 000 000 человек 18 000 000 доз впервые отечественной, изготовленной нашими производителями. Причем что для меня особенно приятно – что наш бизнес, не государство, а бизнес создал вакцину. Это говорит о том, что он начинает немножко приобретать…

С. Сорокина: А хорошая вакцина-то?

Г. Онищенко: Очень хорошая с точки зрения того, что она сделана из актуального штамма.

С. Сорокина: А почему такая задержка? Вот говорят, три месяца уже нет.

Г. Онищенко: Нет, такого нет. Детская вакцина у нас есть. Что касается взрослой, вот на 6 000 000 человек мы будем покупать на взрослое население, мы еще не завершили вакцинацию прошлого года, и вот где-то в июне мы будем подводить итоги. В прошлом году мы прививали 12,4 миллиона человека в возрасте от 18 до 35 лет. В этом году зачистка будет проходить – еще 6 000 000 человек. И если удастся нам и сэкономить деньги на вот этих вот торгах, то мы еще закупим, может быть, на несколько миллионов, потому что наша с вами задача как любой цивилизованной страны – ставить перед собой вопрос о ликвидации гепатита С. Сорокина:

С. Сорокина: А есть динамика? Положительная?

Г. Онищенко: Очень большая положительная динамика. Вот за эти три года мы с 10 на 100 000 свели на 4 на 100 000. Из 100 000 только 4 – острого гепатита. А половина субъектов РФ – это менее 3 на 100 000.

...

С. Сорокина: «Собираюсь в командировку в Мексику, - пишет нам Евгения. – Какие лекарства нужно взять и какие меры профилактики?»

Г. Онищенко: Первое. Евгения…

С. Сорокина: Отложите командировку.

Г. Онищенко: Отложите командировку – это просто почти обязательная вам рекомендация. Пока мы окончательно не разберемся… Отложите ее. А мы потом вам скажем, когда это можно будет сделать.

С. Сорокина: Да. И самое последнее спрашивают – а чеснок поможет?
Г. Онищенко: Помогает.

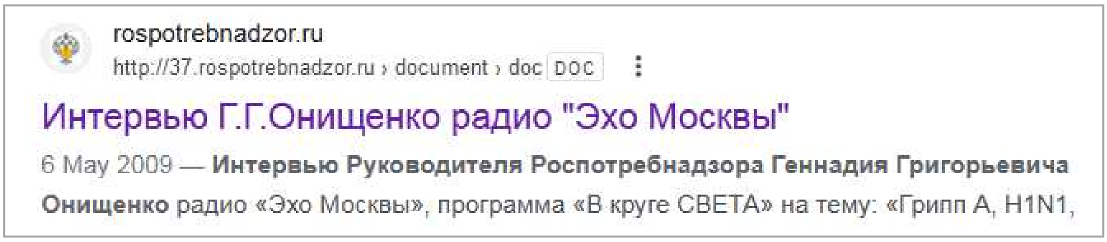
С. Сорокина: От гриппа в любом случае? От любого штамма?
Г. Онищенко: Нормально и от любого штамма, и не только от гриппа. Так что если отбросить эстетику…

С. Сорокина: То потребляйте, потом надевайте маску, и не так будет пахнуть этим чесноком.
Г. Онищенко: Нет, просто накормите своего близкого этим чесноком, и все. И будет баланс.

С. Сорокина: И все будет отлично. Все. Мы заканчиваем программу. Сегодня мы говорили о гриппе и не только о гриппе – о некоторых проблемах, в которых так или иначе разбирается Геннадий Онищенко, главный государственный санитарный врач РФ.
Г. Онищенко: Спасибо, это высокая оценка моего труда.

С. Сорокина: Да-да-да, спасибо вам. Спасибо большое. Это была программа «В круге СВЕТА». Встретимся через неделю. До свидания, всего доброго. Не болейте.

По материалам пресс-службы Роспотребнадзора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Интервью Г.Г.Онищенко радио "Эхо Москвы"

6 May 2009 — **Интервью Руководителя Роспотребнадзора Геннадия Григорьевича Онищенко** радио «Эхо Москвы», программа «В круге СВЕТА» на тему: «Грипп A, H1N1,

НОВАЯ ГАЗЕТА

Елена Рачева

Пандемия лоббизма:
На чем основаны обвинения Геннадия Онищенко в адрес Всемирной ассоциации здравоохранения и при чем тут бывший министр обороны США

Новая Газета, 8 мая 2009, 08:00
https://novayagazeta.ru/articles/2009/05/08/42921-pandemiya-lobbizma

Глобальный кризис забыт, рост цены на нефть не замечен: новости о распространении «свиного гриппа», для реабилитации свинины срочно переименованном в вирус H1N1, вышли на первые полосы газет. Всемирная ассоциация здравоохранения (ВОЗ) присвоила ему пятую (из шести) стадию угрозы, следующая – признание пандемии. Первой на угрозу пандемии откликнулась швейцарская компания F.Hoffman-La Roche.

Фирма передала Всемирной организации здравоохранения (ВОЗ) три миллиона упаковок антивирусного препарата «Тамифлю», который ВОЗ называет основным (а производитель – единственным) средством лечения «свиного гриппа». По сообщению компании La Roche, запасы препарата сделаны правительствами уже 85 стран мира и рассчитаны на 25–50% населения. Мир вздохнул облегченно, а котировки акций компании La Roche начали расти, явно опережая распространение самого гриппа.

И тут свое слово сказал главный санитарный врач России Геннадий Онищенко. Он заявил, что официальные представители ВОЗ не предоставили медицинским властям мира информацию о свойствах вируса H1N1, без которой нельзя создать вакцину против него, а вместо этого порекомендовали использовать препарат «Тамифлю», что, по словам Онищенко, «некорректно и противоречит уставу ВОЗ».

«Наша любимая Всемирная организация здравоохранения, которая является средоточием всего положительного, что есть у здравоохранения на этой планете, выступает в роли маркетингового отдела фирмы La Roche, которая совершенно случайно оказалась в той же стране – Швейцарии, в том же городе – Женеве. Разве так можно?» – заявил он в прямом эфире радио «Эхо Москвы» и добавил, что «Тамифлю», конечно, помогает, но кроме него существует «международная панель применяемых антиретровирусных препаратов».

Нельзя сказать, что мнению непримиримого борца с соседскими шпротами, боржоми и вином можно слепо доверять. Но, к сожалению, Онищенко не единственный, выдвигающий подобные упреки. Он просто пошел дальше, связав лоббистские усилия La Roche с деятельностью Всемирной ассоциации здравоохранения.

Вспомним историю препарата «Тамифлю». Это название стало широко известно в 2004 году, когда лекарство объявили эффективным против «птичьего гриппа». Заказы на него пришли из шестидесяти стран, в 2004-м доходы от продажи препарата увеличились почти в четыре раза и составили 44,6 млн долларов, а в 2005-м – 161,6 млн долларов. При этом информация, что вызвавший эпидемию неизвестный вирус аналогичен вирусу птиц, впервые прозвучала на пресс-конференции La Roche. Китайское «Бюро по контролю за оборотом

лекарственных средств» даже начало расследование ситуации, но ничего не добилось. Врачи подвергали сомнению действенность препарата, утверждая, что его принимали 70% умерших от «птичьего гриппа». Зато стоимость акций компании La Roche, продающей препарат, и его разработчика Gilead Sciences (получающего пятую часть средств от каждой проданной таблетки) резко выросла. А вот ценная информация для патриотов-сторонников теории заговоров: одним из акционеров Gilead Sciences был Дональд Рамсфелд, бывший министр обороны США. На пике угрозы эпидемии «птичьего гриппа» он, по данным налоговой декларации Рамсфелда за 2004 год, продал часть своих акций за 5 млн долларов и остался владельцем пакета еще на 25 млн.

Конечно, лоббизм «Тамифлю» – это скандальная версия. Понятно, ВОЗ важнее справиться с болезнью, чем оглядываться на предсказуемые обвинения в ангажированности, а фармацевтическая компания не может не воспользоваться угрозой пандемии для продвижения своего лекарства. И сделает это успешно: как сообщили «Новой» в сети аптек «36,6», препарат «Тамифлю» до недавнего времени не пользовался популярностью у покупателей, но за последние дни был полностью раскуплен.

В компании «Протек» (дистрибьюторе «Тамифлю») говорят об увеличении спроса на препарат со стороны аптек. Несмотря на цену в две тысячи рублей за 10 капсул, практически все запасы «Тамифлю» раскуплены. Как рассказывают в администрации сети аптек «Итек», паникующие люди скупают и другие противовирусные и профилактические средства, к примеру, арбидол и амиксин, а также марлевые маски для лица и дезинфицирующие средства для рук.

По словам Давида Мелик-Гусейнова, директора по маркетинговым исследованиям отраслевого агентства «Фармэксперт», до сих пор «Тамифлю» не считался ключевым продуктом компании, специализирующейся на дорогостоящих онкологических лекарствах. Но продажи антивирусного препарата выросли настолько, что он скоро может войти в пятерку самых продаваемых препаратов La Roche. «Проблема лоббизма фармацевтических средств встречается. Доказать его в случае La Roche сложно, но предсказать повышение прибыли компании можно уже сейчас», – говорит Давид Мелик-Гусейнов.

Светлана Кузина, Нигина Бероева, Мария Сарычева

Мир уже болел свиным гриппом
Недолго и дорого

Комсомольская Правда, 7 мая 2009, 6:00
https://www.kp.ru/daily/24290.3/484465/

Паника по поводу новой болячки напрасна?

Страшный «аттракцион»

Сводки ВОЗ тревожны: свиной грипп наступает. У людей, по словам медиков, отсутствует иммунитет к этому вирусу. И это может грозить возникновением эпидемии планетарного масштаба. Новое словосочетание «свиной грипп» уже внедрилось в мозг наряду со СПИДом, атипичной пневмонией, птичьим гриппом. Правда, по их поводу мы уже отпаниковали. Так что происходит сейчас? Кто-то устраивает новый «аттракцион»? Или в самом деле беда? С этими вопросами я обратилась к одному специалисту по информационным технологиям, который в свое время помог мне разоблачить миф об атипичной пневмонии («КП» от 25 апреля 2003-го, «Опасность «новой чумы XXI века» сильно преувеличена»). Он пожелал остаться неизвестным, но свой взгляд на ситуацию изложил.

- В 1976 году дирекция Центра контроля и профилактики заболеваний США (CDC) заявила, что появился новый вирус - свиной грипп, который скоро начнет косить американцев направо и налево, - рассказал мне Н. Н. - Поводом для подобного заявления послужил случай, произошедший среди новобранцев. Тогда на военной базе Форт-Дикс в Нью-Джерси заболели 14 солдат и один умер. Это и была вспышка свиного гриппа, вызванного вирусом A/H1N1. А центр в то время испытывал большие финансовые затруднения. И дирекция решила немного подзаработать, объявив о появлении нового, невероятно опасного вируса. Напугано общество. Напугано правительство. И президент Джеральд Форд выделил центру на создание и производство вакцины 135 млн. долларов. Начинается тотальная вакцинация. Но вдруг выясняется, что никакого вируса нет. А вот вакцина обладает мощным побочным эффектом, от которой тысячи людей получили тяжелые нервные расстройства и паралич...

Апокалипсис три раза

Позже свиным гриппом пугали аж целых три раза. В 1999 году медики предрекали не менее 35 млн. жертв! А последний раз сообщения об этой заразе приходили в августе 2005 года из Китая, где скончались 38 человек.

Сейчас специалисты штамм свиного гриппа H1N1 упоминают в качестве причины пандемии гриппа 1918 - 1919 годов - «испанки», унесшей жизни 50 млн. человек. Однако ученые до сих пор не могут с точностью утверждать, что пандемия «испанки» вызвана именно свиным, а не человеческим вирусом. По их словам, свиньи могли заражаться от людей, а вирус А (H1N1) был выделен гораздо позже - в 1931 году.

Пандемии нам больше не грозят?

На прощание мой информатор дал почитать статью 2002 года «Прошлое, настоящее и будущее пандемий гриппа. Взгляд эпидемиолога». Один из авторов - Павел Иванович

ОГАРКОВ - полковник медицинской службы, главный эпидемиолог Министерства обороны РФ, доктор медицинских наук, профессор. Вот что он пишет: «Многочисленные прогнозы грядущих пандемий гриппа, в том числе зоонозных (животного происхождения), так и не сбылись... Известно, что суммарная заболеваемость гриппом и ОРЗ за последние 15 лет имеет стойкую тенденцию к снижению, хотя доля гриппа А и В в ней, как и раньше, относительно стабильна (около 30%). При этом грипп А окончательно утратил пандемический характер распространения в человеческой популяции...»

«И далее до бесконечности...»

Кто-то из ученых, с которым мы обсуждали тему мифа о СПИДе, обронил: «За 20 лет рядовой гражданин смог убедиться, что, находясь в эпицентре «эпидемии», он не наблюдает той заболеваемости, которую ему обещали. Нет последствий, которыми запугивали. То же самое происходит и с другими «страшилками», забытыми и сошедшими на нет: птичий грипп, атипичная пневмония, холестерин, сальмонеллез, озоновая дыра, конец света, проблема 2000-го и далее до бесконечности».

Лишь бы эта игра не закончилась, как в старой байке про мальчика, который так часто кричал: «Волки съели стадо!» - что, когда действительно хищники напали на овец, никто не откликнулся на эти крики.

Цифры

Во время эпидемии гриппом только в России заболевали до 90 000 человек в сутки! А от свиного гриппа заболели за неделю меньше 2000 человек. С точки зрения эпидемиологии новая болезнь - это очень вялая инфекция

Мнение Специалиста

«Гриппозная истерия закончится через месяц»

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- Истерия со свиным гриппом создана искусственно. Видимо, Центру контроля и профилактики заболеваний США вновь потребовались деньги. Гриппом H1N1 болеют каждый год. Поэтому иммунитет к этому виду гриппа у людей есть. Свиной грипп похож на человеческий. В числе сегодняшних больных есть часть тех, кто заразился от свиньи, а другая часть болеет обычным человеческим гриппом. Произошла путаница. Или специально людей запутали, чтобы вызвать панику и заставить правительство дать денег. Свиной грипп потерпит фиаско, думаю, уже через месяц, максимум два.

Мировая экономика подхватила вирус

В первые дни эпидемии рынки просели, подешевела нефть. Появились пессимистические прогнозы, вплоть до краха экономики. Но уже на этой неделе нефть снова подорожала и фондовые рынки воспряли духом.

- Биржи уже отыграли эту новость и забыли, - комментирует Ксения АНОШИНА, аналитик компании «АТОН». - Спад на рынке был краткосрочной эмоциональной реакцией и игрой спекулянтов. Для сравнения: от птичьего гриппа наша экономика пострадала гораздо сильнее, чем от свиного. Ведь наши компании, производящие куриное мясо, несли тогда большие потери. Но в то время не было кризиса и люди могли отказаться от куриного мяса в пользу той же свинины. Сейчас же доходы сокращаются и люди и так вынуждены переходить от мяса красного к белому.

- Российские производители свинины пока не несут никакого ущерба, - комментирует Сергей ЮШИН, руководитель исполнительного комитета исполкома Национальной мясной ассоциации. - На потребление мяса негативная новость тоже никак не повлияла.

Ограничения по ввозу свинины пока тоже никак не влияют на стоимость мяса. Потому что из Мексики мы свинину не завозим. Были приостановлены поставки из некоторых регионов, импорт которых и так был незначителен.

Кое-кто на этой лихорадке заработал. Акции фармацевтических компаний взлетели. В аптеках на 15% увеличились продажи. И это несмотря на то, что вакцин от свиного гриппа пока еще не существует.

«Пандемия страха» опаснее самого заболевания

Вот, например, американцам вообще очень нравится бояться. В истории со свиным гриппом все усугубилось территориальной близостью очага заразы от границ Соединенных Штатов. Американский сектор Всемирной паутины был переполнен апокалиптическими воплями: «Надо спасать нацию! Мы на пороге самой страшной эпидемии в истории!» Сетевая паника распространяется гораздо быстрее самого заболевания.

На днях РИА «Новости» сообщало, что нью-йоркские больницы под завязку забиты мнимыми больными, которые, проснувшись утром с небольшим насморком, в ужасе бросились за медицинской помощью. Врачи сбились с ног, приводя в чувство сотни ипохондриков. В это время государство щедрой рукой «отсыпало» 1,5 млрд. баксов на борьбу с новой напастью, сам президент Обама рассказал электорату о том, как важно мыть руки, а производители свинины уже на грани самоубийства (по прогнозам Wall Street Journal, их убытки в ближайший месяц составят порядка 270 млн. долларов).

Но и в США находятся граждане, которых вся эта ситуация порядком достала. Эксперт-вирусолог Марк СИГЕЛ на страницах своего блога так откомментировал происходящее: «Нынешние страхи по поводу свиного гриппа изображают его смертельную опасность гораздо более преувеличенно в сравнении с реальностью».

Нас каким-то гриппом, пусть даже и свиным, так просто не напугаешь. Видали мы заразу и посерьезней (ГКЧП и дефолт, например). Рунет изощряется в остроумии: «Люди должны объединиться и скрепиться, чтобы отвести нависшее над ними свиное копыто. Свинья не пройдет!», «Возник термин «новый грипп». Я предлагаю также термины «новое сало» и «новое мясо» или просто - «новина» вместо «свинина». Для политкорректности...»

Тем временем в Египте убоявшиеся гриппа депутаты местного Народного собрания требуют закрыть все свинофермы в стране. То ли еще будет? Ждем-с...

Кому выгодна новая болезнь?

Самые популярные версии происхождения A/H1N1:

- заговор фармацевтических компаний: в коммерческих лабораториях якобы синтезировали нынешний штамм вируса путем скрещивания свиного и человеческого гриппа, а теперь фармкорпорации получат сверхприбыли за разработку и продажу противовирусных препаратов;

- заговор высоких государственных чиновников с целью отвлечь население от экономического кризиса;

- воровство и коррупция во власти: под борьбу с гриппом списываются миллиарды, оседая затем в карманах высокопоставленных негодяев;

- передел «мясного» рынка: борьба производителей между собой с применением жестких информационных технологий.

The New York Times

Andrew Pollack

Fear of a Swine Flu Epidemic in 1976 Offers Some Lessons, and Concerns, Today

The New York Times, 8 May 2009.
http://www.nytimes.com/2009/05/09/health/09vaccine.html?_r=1&partner=rss&emc=rss
https://web.archive.org/web/20150319212539/http://www.nytimes.com/2009/05/09/health/09vaccine.html?_r=1&partner=rss&emc=rss

With fears of swine flu engulfing the nation in 1976, Janet Kinney got vaccinated to make sure she would be able to take care of her children. Instead, her children ended up taking care of her.

About a week after getting the swine flu shot, she recalled, “I was so weak I couldn’t push down the toaster button.” She spent a month in the hospital, paralyzed from the neck down, before gradually recovering.

With health authorities now gearing up for what could be a huge vaccination campaign against a new strain of swine flu, the experience of 1976 is raising a note of caution.

The feared swine flu epidemic of 1976 never materialized. And several hundred people, including Ms. Kinney, who is now 68 and lives in Gig Harbor, Wash., developed Guillain-Barré syndrome, a rare neurological condition that causes temporary muscle weakness or paralysis. More than 30 of those people died.

Many experts say they do not think a vaccine for the new flu strain, called H1N1, would raise a similar risk for Guillain-Barré. But answering that question is difficult because to this day, no one has figured out why the 1976 vaccine caused the disease, in which the body’s immune system mistakenly attacks the nerves.

Indeed, some researchers still question whether the vaccine did cause Guillain-Barré, particularly since flu vaccines in other years have been linked to little or no risk of the disease.

“It doesn’t make sense that one flu strain would cause Guillain-Barré syndrome where none of the others have,” said Dr. Paul A. Offit, a vaccine expert at Children’s Hospital of Philadelphia.

Still, many experts consider the matter settled. The Institute of Medicine of the National Academy of Sciences concluded after an extensive review in 2003 that the “evidence favored acceptance of a causal relationship” between the 1976 vaccine and the syndrome. It stopped short, however, of saying the evidence “established” a causal relationship.

“It’s really not all that controversial anymore,” said Dr. Lawrence B. Schonberger, who as a young epidemiologist at the Centers for Disease Control and Prevention in 1976 gathered the initial evidence that led to the vaccination program being halted that December. Dr. Schonberger, who is still with the agency, found that for people who got vaccinated, the rate of getting a diagnosis of Guillain-Barré in the next six weeks was more than seven times as high as for those who did not get the vaccine.

In all, the vaccination resulted in nearly one extra case of Guillain-Barré for every 100,000 people immunized, which would translate into roughly 450 cases for the 45 million people who got the shot.

Some critics challenged the findings, arguing that some diagnoses were mistaken and that vaccinated people were more likely to self-report having Guillain-Barré than others because it was in the news.

But some studies canvassed health records for all diagnosed cases and had the diagnoses confirmed by experts. One of the leading critics worked on his own study, which confirmed the magnitude of the increased risk.

The more intriguing question is how the vaccine triggered the syndrome. One hypothesis was that the vaccine, rushed into production, was contaminated with Campylobacter, a type of bacterium that does cause Guillain-Barré. The Institute of Medicine said this was unlikely but could not be totally excluded.

A more likely explanation is that something in the vaccine resembled something in the nerve cells. When the body's immune system mounted an attack on that component of the vaccine, it also then attacked the lookalike in the nerves.

Irving Nachamkin, a professor of pathology and laboratory medicine at the University of Pennsylvania, examined some 1976 vaccine that had been saved by a scientist in Texas. In a paper published last year in The Journal of Infectious Diseases, he and colleagues reported that mice given the vaccine made antibodies that reacted with gangliosides, which are components of nerve cells. An antibody attack on gangliosides is part of the disease mechanism of Guillain-Barré.

But when Dr. Nachamkin tested two flu vaccines from other years which were not linked to the syndrome, the mice also made those antibodies. So the mystery remains about what was unique, if anything, about the 1976 vaccine.

In particular, the most important question now would be whether the unique factor was that it was a vaccine against a swine flu rather than a human flu. If so, that could raise concern about a vaccine for the new flu strain, which is made mostly of swine virus.

Dr. Nachamkin plays down such worries. "There's no evidence to suggest it's a swine-derived-virus problem," he said.

Others say there are lessons to be learned even without solving the mystery. One is that any medicine or vaccine given to tens of millions of people is likely to have side effects, so surveillance systems need to be in place.

Another is that risks have to be weighed against benefits. Had there been a swine flu epidemic in 1976, the number of lives saved by a vaccine would have dwarfed the small number of cases of Guillain-Barré. But in 1976, the vaccine was given even though the epidemic did not materialize.

"The math is overwhelmingly in favor of vaccine if there's an epidemic," said Dr. Harvey V. Fineberg, the president of the Institute of Medicine and co-author of "The Epidemic That Never Was," a book about the 1976 episode. "It's in the absence of disease that this rare effect looms large."

This time, officials say the decision to make the vaccine will be divorced from the decision to use it. The manufacturing decision is likely in the next couple of weeks and will probably be yes. But the decision on using the vaccine will probably not be made until the fall.

For her part, Ms. Kinney, who says the syndrome left her unable to run down stairs, said she would not take the vaccine if offered. "I'm just not willing to take that chance," she said.

Would she even need to? One intriguing idea is that if the new flu strain is similar to the 1976 strain, people who got vaccinated then might, possibly, have some protection now.

The C.D.C. says it will eventually study that question. Peter Palese, a flu expert at Mount Sinai School of Medicine, said he doubted that would be the case because the two viruses appear quite different.

Still, if it were the case, the oft-maligned 1976 vaccination campaign might end up having done some good after all.

КОМСОМОЛЬСКАЯ ПРАВДА

Евгений Черных

Нас будут кошмарить свиным гриппом до 2016 года
Обозреватель Евгений Черных пытается выяснить, кому выгодна вселенская паника

Комсомольская Правда, 4 июня 2009, 6:00
https://www.kp.ru/daily/24305.3/498468/

Каюсь, только сейчас я по достоинству оценил актуальность и гениальность фразы булгаковского профессора Преображенского: «Разруха в головах!» Еще недавно ее употребляли применительно к мировому финансовому кризису. Свинячья напасть задвинула кризис на задворки. В мозгах раздрай от бурного потока ежедневных кошмарных новостей. Поневоле голова заболит. А это первый признак новой опаснейшей хвори H1N1...

«Граждане с яйцами, срочно сдайте их в милицию!»

Запуганный Всемирной организацией здравоохранения (ВОЗ), грозящей пандемией типа печально знаменитой «испанки», унесшей 90 лет назад СТО миллионов жизней, главным санврачом Москвы Филатовым, стращавшим СЕМЬЮ миллионами инфицированных в мае, я кинулся за рецептом к авторитетному профессору. Тот прописал... «Роковые яйца». Все того же Булгакова.

...В заштатном городке Стекловске у гражданки Дроздовой все хохлатки откинули лапки. И пошла писать губерния! Дроздова попала в местную газету «Красный боец» в статью под заголовком «Неужели куриная чума?». Весть понеслась в Москву.

И вот уже в столице невероятнейшей величины заголовок через всю страницу центральной газеты - «Куриный мор в республике»!

«В сквере против Большого театра, где бил ночью разноцветный фонтан, толкалась и гудела толпа. А над Большим театром гигантский рупор завывал: «Антикуриные прививки в Лефортовском ветеринарном институте дали блестящие результаты. Количество куриных смертей за сегодняшнее число уменьшилось вдвое». Затем рупор менял тембр и жаловался басом: «Образована чрезвычайная комиссия по борьбе с куриной чумой в составе наркомздрава, наркомзема, заведующего животноводством Птахи-Поросюка (ну и фамилия, создатель! - Е. Ч.) и товарища Рабиновича!»

Толпы народа теснились у больших объявлений: «Под угрозой тягчайшей ответственности воспрещается населению употреблять в пищу куриное мясо и яйца. Частные торговцы при попытке продажи их на рынках подвергаются уголовной ответственности с конфискацией всего имущества. Все граждане, владеющие яйцами, должны в срочном порядке сдать их в районные отделения милиции».

На киноэкране грудой до самого неба лежали куры, и зеленоватые пожарные, дробясь и искрясь, из шлангов поливали их керосином».

Фантастическая повесть о яйцах написана в 1924-м. Действие происходит в 1928-м.

Ужас мчится на поросячьих рылах

Залежавшиеся с 1924 года «Роковые яйца» до боли напоминают свежую панику с куриным гриппом, охватившим в XXI веке всю планету. (Эпидемиология и клиническая картина вирусного заболевания птиц подана у врача Булгакова профессионально, объяснил мне профессор.) Радио, ТВ, прессу заполонили тогда кошмарные новости. На голубых экранах показывали массовое сжигание домашней птицы. Врезался в память заголовок «Ужас, летящий на крыльях кур!» Куры не летают. Разве что иногда низенько-низенько, на несколько метров, спасаясь от сексуальных домоганий петуха. Нелепый заголовок четко отражал ситуацию: ужас, как в повести Булгакова!

А дальше - еще ужаснее: «Птичий грипп загоняет человечество в тупик!», «Пандемия птичьего гриппа убьет треть человечества!» Кранты! Обжалованию не подлежит.

Журналисты не фантазировали, а лишь старательно выдавали на-гора сообщения ВОЗ и местных санитарно-эпидемиологических органов.

И где же та ужасная пандемия? По данным ВОЗ, с 2003 по 06.04.2009 гг. зафиксировано 256 летальных исходов. Это даже не эпидемия. (Булгаков в «Роковых яйцах» и то нафантазировал около тысячи людских смертей от куриного мора в одной советской республике.) Только в Штатах за сезон обычный грипп убивает 36 тысяч человек. По миру - 500 тысяч. И никакой тревоги со стороны ВОЗ, ООН...

Вновь летит ужас, но уже на рылах свиней. Хроника всепланетного кошмара повторяется, как под копирку. Точно так же каждый день фиксируется каждая новая страна, жертва. Помощник гендиректора ВОЗ Кеджи Фукуда заявил, что треть населения Земли может заразиться гриппом H1N1...

Пламенный привет от Птахи-Поросюка

Когда ужас первых недель улегся, обнаружилось: число жертв вируса-убийцы в Мексике, откуда и началась вселенская паника, было завышено раз в 5. Но и без того стало очевидно - объявленный мировой мор буксует. «Мы видим обнадеживающие признаки того, что пока этот вирус не выглядит более опасным, чем обычный штамм во время сезонной вспышки гриппа», - заявил глава федерального Центра по контролю и профилактике заболеваний США Ричард Бессер. И в Москве на конец мая вместо обещанных СЕМИ миллионов санитары зафиксировали лишь трех больных, да и те быстро пошли на поправку. Как выразился наш Главный санврач Онищенко, H1N1 рыльцем не вышел, чтобы вызвать пандемию. Пронесло.

Однако успокаиваться рано, это могла быть лишь первая волна грядущей пандемии свиного гриппа, намекнула глава ВОЗ М. Чен: «Возможно, вирус дает нам передышку, однако мы не знаем, как долго это продлится. Никто не знает, не является ли это затишьем перед бурей». И напугала второй, смертельной, волной. По аналогии с печально знаменитой «испанкой», у которой первая волна тоже была легкой.

Помню, точно так же госпожа Чен пугала пандемией птичьего гриппа! И с «испанкой» путаницы много. Прежде писали, что ее жертвами стали 20 миллионов. Потом повысили до 40 миллионов. Теперь фигурирует 100! Чему верить?

Ох, чует мое сердце, не случайно Булгаков обозвал члена чрезвычайки Птахой-Поросюком. Странная фамилия, символическая. Мистический привет нам в XXI век от автора «Мастера и Маргариты». Пташий H5N1 и поросючий H1N1 гриппы словно близнецы-братья, вылупившиеся из одного рокового яйца. Слишком многое их объединяет. Даже порядок пандемий, которыми нас пугают, повторяет фамилию члена чрезвычайки. Вернемся на минутку к «Роковым яйцам».

«Театр покойного Всеволода Мейерхольда, погибшего, как известно, в 1927 году при постановке пушкинского «Бориса Годунова», когда обрушились трапеции с голыми боярами, выбросил движущуюся разных цветов электрическую вывеску, возвещавшую пьесу писателя Эрендорга «Курий дох» в постановке ученика Мейерхольда, заслуженного режиссера республики Кухтермана».

Создается ощущение, что очередной гениальный ученик раздавленного голыми боярами Мейерхольда разыгрывает уже всепланетный спектакль под названием «Курий дох, пардон, свиний удох». И мы с вами не просто зрители, а статисты. Так и хочется крикнуть: «Браво! Режиссера на сцену!» Но кто он, этот новый Кухтерман-Свинерман?

Ищите женщину! (=> *Маргарет Чен*)

Таинственный режиссер никогда по своей воле не выйдет на сцену за цветами и аплодисментами. Ему публичность не нужна. Попробуем вычислить сами постановщика(ов) спектакля. Поставим вопрос ребром: кому выгодно подкладывать свинью всему человечеству, кошмарить нас до поросячьего визга старой напастью в новом обличье?

Первое, что приходит на ум в «разрушенную голову»: фармацевты воду мутят. Они, креста на них нет, наживаются на страхах, получая сверхприбыли от продажи лекарств. Главный государственный санитарный врач РФ Г. Онищенко даже конкретный адресок подсказал прямо в прямом эфире «Эха Москвы» (5 мая 2009: «Нам говорят: «Этот вирус не чувствителен ни к чему, только к одному тамифлю»). И наша любимая ВОЗ, которая является средоточием всего положительного, что есть у здравоохранения на этой планете, выступает в роли маркетингового отдела фирмы «Ля Рош», которая совершенно случайно оказалась в той же Швейцарии, в том же городе Женева. Ну разве так можно?»

Действительно, нельзя. Есть и другие препараты. В Мексике, принявшей первый удар поросячьей напасти, использовали 4 (четыре!) лекарства. И Онищенко назвал три отечественных.

Разговоры о том, что ВОЗ неровно дышит к «ля рошевскому» лекарству, пошли еще в дни «куриной паники». Известен и главный маркетолог – Маргарет Чен. В ту пору представитель гендиректора ВОЗ по пандемии гриппа, а ныне уже сама – глава уважаемой организации. На международных форумах по борьбе с *грядущей* птичьей пандемией она пропагандировала тамифлю и «Ля Рош».

Ноябрь 2005 г. В Женеве обсуждали вселенский план действий по борьбе с птичьим гриппом. Журналисты допытывались у Чен: почему ставка сделана именно на этот препарат? Ведь среди умерших от H5N1 были пациенты, принимавшие тамифлю. Чен ответила дипломатично. Дескать, в некоторых случаях, судя по всему, лечение началось поздно.

В январе 2006 года на очередной международной конференции по H5N1 в Пекине Чен призвала мировое сообщество увеличить бюджет на борьбу с грядущей пандемией. Запланированных $1,5 миллиарда может не хватить. Опять напомнила про запасы тамифлю. На форуме не обошлось без критики. Увеличивая расходы на птичий грипп, ВОЗ сокращала финансирование лечения ВИЧ, полиомиелита, туберкулеза. Чен отвергла эти инсинуации. «Я уверена, что наши усилия стоят того!» (В 2006-м, констатировала позже ВОЗ, на планете заболели чахоткой 9,2 миллиона человек. Умерли 1,5 миллиона «простых» туберкулезников и 200 тысяч, страдавших вдобавок СПИДом.)

В Пекине тогда на борьбу с птичьим гриппом собрали $1,9 млрд. $40 млн. выделила Россия.

Посмотрим же результат маркетинга ВОЗ (обратите внимание, слово «маркетинг» первым произнес официальный чин - товарищ Онищенко! Безответственный журналист лишь повторяет его).

По данным Datamonitor, в 2004 году, когда заварушка с птичьим гриппом начиналась, тамифлю продали на $266 млн. 2005 год - $1,3 млрд., 2006 г. - разгар паники и призывов ВОЗ - $2,1 млрд., 2007 г. - $1,7 млрд.

Спасаем просроченное лекарство!

По маркетологам плачет Нобелевская премия. Они придумали гениальную стратегию продвижения (Воланд нервно курит в углу, а Птаха-Поросюк просто выпал в осадок!). Ставка не на рядового потребителя, который дорогому лекарству может предпочесть дешевый аналог. Закупать препарат должны государства!

Хитроумный ход сработал. Почему? Ответ дает реклама тех птичьих времен. «По мнению экспертов ВОЗ, заблаговременное создание резервов противовирусных препаратов является единственным способом замедлить распространение инфекции на уровне стран и в международном масштабе, а также снизить заболеваемость, смертность и социальную нестабильность. Срок годности тамифлю - 5 лет, что позволяет сделать значительный запас препарата. На сегодняшний день более 80 государств создали запасы тамифлю. Уровень запасов в Европе достаточен для лечения 25% населения, США планирует закупить к 2008 году 81 млн. упаковок. За дополнительной информацией обращайтесь...»

Кстати, о сроке годности. В 2000 году он составлял 2 года. Строгая надпись предупреждала: «Препарат не следует использовать по истечении срока годности, указанного на упаковке». Вскоре добавили еще годок. Когда началась паника курячья, продлили еще на пару лет. Странно получается. Те же санитары стращают нас опасными для здоровья и жизни продуктами с просроченным сроком хранения, на которые нечистоплотные продавцы клеят новые этикетки. А новому лекарству, отпускаемому по рецепту, увеличивают срок годности в 2,5 раза. У детского тамифлю он по- прежнему 2 года.

Так вы поняли наконец, в чем ужас? В этом году заканчивается срок годности первых запасов, сделанных на случай обещанной ВОЗ пандемии. А может, уже и закончился. Это ж настоящая катастрофа! Угрохали миллиарды на лекарство, его хранение, а пандемия птичья показала кукиш. Теперь еще утилизировать просроченное надо. Тоже небесплатно. Ситуация, как говорится, курам на смех. Но 80 государствам не до смеха (России в списке нет!). Впору на ВОЗ в суд подавать.

Имела баба заботы, да выручил порося

И фирме «Ля Рош» несладко. Мощности раскрутили, лекарства навыпускали, а спрос падает. В 2008 году всего $564 млн. выручили. И перспективы нерадостные. ...

Но тут по весне мексиканцев начал валить новый грипп, свиной. ВОЗ оперативно забила тревогу - на пороге пандемия! Единственным средством от смертельной напасти, судя по словам информированного Геннадия Онищенко, ВОЗ вновь объявила тамифлю. Швейцарский сосед мгновенно отреагировал. «Недавняя вспышка гриппа A (H1N1) показывает, что опасный вирус может появиться совершенно неожиданно и быстро распространиться по всему миру, - заявил представитель компании Уильям М. Бернс. - Это подчеркивает важность пополнения Всемирной организацией здравоохранения и «Рош» запасов быстрого реагирования, а также необходимость пополнения правительственных запасов тамифлю; только так мы можем с готовностью встретить новые вспышки этого гриппа или гриппа, вызванного другими вновь появившимися штаммами вируса». Миру пообещали за 5 ближайших месяцев значительно нарастить выпуск лекарства. А в случае необходимости быстро достичь максимально возможного уровня производства - 400 миллионов курсовых доз (4 миллиарда капсул) в год.

На этом оптимистичном фоне незаметно промелькнуло сообщение: «В свете вспышки заболеваемости гриппом A (H1N1) Европейское агентство по лекарственным средствам рекомендовало, чтобы срок годности для тамифлю был увеличен с 5 до 7 лет». Это относится и к лекарству, у которого уже истекает пятилетний срок.

Получается осетрина даже не второй, а третьей свежести, вспомнил я незабвенного Булгакова. Впрочем, когда речь идет о спасении человечества, утвердят и 10, и 15 лет годности. И этикетки переклеят.

Все возвращается на круги своя!

Кто там сказал, что гусь, пардон, курица свинье не товарищ? Тамифлю накрепко связал их одной цепью, извиняюсь, капсулой. И не надо иронизировать, что новый вирус рыльцем не вышел. Маховик запущен. Первая волна схлынула? Так мы получим вторую волну и третью... Девятый свинячий вал. Или гусиный, крольчиный грипп.

Но я попросил бы вас не метать громы и молнии в адрес «Ля Рош». Компания делает благородное дело. Выполняет решения ВОЗ, пытается спасти человечество от грядущей пандемии! Сверхприбыли? Их не может быть по определению.

Вы что думаете, смогла бы ВОЗ так запросто стать маркетинговым отделом фармацевтических компаний, чтобы сообща пугать нас пандемией? Да кто просто так пустил бы их со свиным, извиняюсь, гриппом да в калашный ряд большой мировой политики?

Открою маленький секрет. От 10 до 20 процентов денежек за каждую проданную в мире капсулу тамифлю уходит за океан (точная цифра - коммерческая тайна). Кому? Компании «Гилеад». Не слыхали про такую? А вам это и ни к чему. «Гилеад» - владелец патента на тамифлю. До 2016 года. Вот закончится срок, тогда и другие смогут выпускать «дженерики» тамифлю - дешевые аналоги. Но к тому сроку нам выдадут новые пандемии и новые лекарства от них.

... Извините, я забыл сообщить, чем закончился куриный дох у Булгакова. Через две недели в смысле кур в Союзе республик было совершенно чисто. И тогда объявился загадочный человек Рокк с маузером на боку и секретной бумагой из самого Кремля от Птахи-Поросюка.

Продолжение расследования читайте в следующем номере еженедельника.
«Свиного гриппа нет! Мы его придумали, господин президент». (=> 10.06.09)

Улетная [игра] на злобу дня - боремся с эпидемией

Евгений Черных

«Свиного гриппа нет! Мы его придумали, господин президент!»

Комсомольская Правда, 11 июня 2009, 6:00
https://www.kp.ru/daily/24309.3/502296/

Мы уже разобрали популярную версию, кто пугает мир – заговор фармацевтов (см. «Нас будут кошмарить свиным гриппом до 2016 года» от 4 июня с. г.). Испугавшись птичьего гриппа, около сотни стран закупили лекарство тамифлю на миллиарды долларов на случай пандемии. России в том списке нет. Но пандемии не случилось. А у лекарства заканчивается срок годности. Катастрофа! Но тут появляется свиной грипп. ВОЗ вновь пугает нас смертоносной пандемией и объявляет тамифлю единственным средством от новой напасти. Рекомендовано продлить срок его годности с 5 до 7 лет, т. е. реанимировать просроченные запасы. Выяснилось, что за швейцарской фирмой, выпускающей панацею, стоит хозяин лекарства - заокеанский «Гилеад» (входит в первые 50 фармкомпаний мира). У него патент до 2016 года.

«Ястреб» заработал на курах миллионы

Знакомьтесь, Дональд Рамсфелд. Официально вошел в историю США как дважды хозяин Пентагона. В перерыве между делами военными занимался лекарствами. Возглавляемый им «Гилеад» и создал принципиально новый противогриппозный препарат из группы так называемых «ингибиторов нейраминидазы».

Вообще-то первооткрыватели - австралийские ученые. Они выдвинули теорию блокирования нейраминидазы - поверхностного белка вируса гриппа, отвечающего за способность вирусной частицы проникать в клетку человека и выходить из нее после размножения. Воплотить идею в конкретное лекарство взялась местная фирма «Биота». Подключив к работе английский «Глаксо Веллком» (входит в первую тройку мировых гигантов фармацевтики). В «Гилеаде» прослышали про идею и срочно занялись разработкой своего препарата. Началась гонка! Англо-австралийский тандем создал релензу в виде спрея. Американцы – аналогичную тамифлю в капсулах и тут же продали права швейцарской «Ля Рош». На рынке лекарства появились в 1999 году. Производством занимаются гиганты фармацевтики, а держатели патентов «Биота» и «Гилеад» получают проценты с продаж. ВОЗ считает оба препарата эффективными от гриппа, но пропагандирует тамифлю.

В 2001 году глава «Гилеада» вновь возглавил Пентагон. Но остался крупнейшим держателем акций фирмы. Когда началась мировая «птичья» паника и спрос на тамифлю рванул вверх, возник небольшой скандальчик. Вроде бы Рамсфелд продал акции на $5 млн., оставив у себя ценных бумаг еще на $25 млн. А крупному государственному мужу негоже зарабатывать на панике! Рамсфелд оправдывался, дескать, он советовался в высоких инстанциях, даже с президентом, криминала нет. Но осадочек остался.

Тогда же черная кошка пробежала между «Гилеадом» и «Ля Рош». Американцы собрались забрать назад лицензию на золотое яичко. Якобы швейцарцы слабо занимаются продвижением. Как утверждали злые языки, такие претензии обычно предъявляют, чтобы слупить с партнера большую долю с продаж. Грех не воспользоваться паникой! Поскольку все утряслось, похоже, «Гилеад» добился своего. По слухам, отчисления поднялись до 20%. Доходы Рамсфелда выросли. Да и с акций оставшихся капает.

Почему молчит Кудрин

Спасибо Геннадию Онищенко! Его заявление, что Всемирная организация здравоохранения (ВОЗ) стала отделом маркетинга одного лишь противогриппозного лекарства, хотя есть и другие, дало толчок расследованию. Я быстро вычислил, что следы ведут за океан. На этом все застопорилось. Ясно же, Рамсфелд не мог публично повлиять на раскрутку своего золотого яичка. Из-за акций и то скандал вспыхнул! Единственное, что смог шеф Пентагона, - купить тамифлю на $70 млн. для своей армии. Но ежу понятно: ВОЗ в одиночку не могла принудить глав государств делать стратегические закупки. Не тот масштаб!

Главный маркетолог М. Чен тогда была лишь помощником гендиректора ВОЗ. Требовалось орудие более мощного калибра! Я долго рылся в Интернете, ища недостающее звено. И вот, в который раз просматривая «поросячью» хронику, обратил внимание: Всемирный банк (ВБ) выделил Мексике на борьбу с болезнью свыше $200 млн. кредита, в том числе на закупку лекарств. «Так вот же оно, главное звено», – сверкнуло в голове. Вернулся в эпоху «птичью». Так и есть, рядом с ВОЗ на всех пандемийных мировых форумах фигурировал ВБ. Как, извиняюсь, шерочка с машерочкой. Госпожа Чен с главой ВБ Вулфовицем в унисон пугали планету. Китаянка – миллионами смертей, американец – миллиардами, триллионами убытков. Он настойчиво призывал собирать деньги на борьбу с грядущей заразой, минимум $1,2 млрд: «Пандемия птичьего гриппа опасна не только для здоровья и жизни людей, но и для глобальной экономики! Инвестируя в борьбу с птичьим гриппом, мы инвестируем в более безопасное будущее!»

Вулфовиц - действительно авторитет для президентов и премьеров. И сам, и его банк.

Деньги в нынешнем мире решают все! Как и банки. Жаль, Кудрин не последовал примеру Онищенко, не намекнул на отраслевое мировое ведомство. Он же лично обсуждал с Вулфовицем «птичью проблему», выделил от России свыше $40 млн. на общее дело борьбы за спасение человечества. Из-за молчания Кудрина мое расследование и затянулось.

Операция «Дырявый носок»

Рамсфелда, друзья, вы знать не обязаны. Разве что генералы. Но Вулфовица, я уверен, знают все.

Не напрягайте память! Это бедолага в дырявых носках из турецкой мечети. Вспомнили? Его конфуз освещало ТВ по всему миру! Наша пресса призывала олигархов и чиновников, прожигающих состояния в куршевелях, брать пример с этого скромного человека. Миллиардами ворочает, а на носках экономит! Капиталистический аналог ленинского наркома Цюрупы, который падал в голодный обморок, имея под рукой все продовольствие республики.

Представляю, как смеялись авторы пиар-акции «Дырявый носок» над околпаченной публикой. Над головой Вулфовица тогда сгустились тучи. Недруги прознали, что он положил своей любовнице в госдепе США очень большое жалованье за счет конторы. $193 тысячи в год. У самой главы госдепа К. Райс на $7 тысяч меньше. Дырявые носки, однако, не помогли щедрому любовнику. Пришлось уйти в отставку.

Нас в этой любовной истории интересует другое. До прихода во Всемирный банк Вулфовиц был замом министра обороны Рамсфелда.

Если уж он любовнице порадел, то как не подсобить начальнику, наставнику?!

С первых дней командования Всемирным банком в 2005 году борьба с птичьим гриппом стала одной из главных задач Вулфовица. Даже президента Буша подключил к операции. Тот трагично объявил, что надвигается страшнейшая угроза, пообещал $3 миллиарда, в том числе на лекарства. После такой грандиозной пиар-атаки не могли не дрогнуть сердца и души глав государств и правительств. Все кинулись закупать тамифлю.

Спросите: зачем Бушу это надо? Главными спонсорами обеих его президентских выборных кампаний были нефтяники и фармацевты. С первыми он рассчитался захватом Ирака, где расположены богатейшие запасы «черного золота» (сам Буш, К. Райс, вице-президент Р. Чейни и ряд других членов его команды пришли в Белый дом из нефтяного бизнеса, где командовали крупными компаниями). А с фармацевтами расплатился нагнетанием «птичьей паники». Тем более что вояки Рамсфелд с Вулфовицем и захватили для него Ирак.

Все вроде встало на свои места. Нас стращают пандемиями, чтобы дать заработать хорошим ребятам. Бизнес есть бизнес. Чего обижаться? Правда, за это полощут ВОЗ с «Ля Рош», оставив за кадром американских парней. Тоже понятно. Отвлекающий маневр, как дырявые носки экс-главы Всемирного банка. Можно ставить точку. Расследование закончено. Сколько ни возмущайтесь, друзья, ситуацию не изменить. Пока у «Гилеада» не закончится срок патента в 2016 году, нас будут кошмарить гриппозными пандемиями. Надо же куда-то сплавлять стратегические запасы. И создавать новые. Производство-то налажено! Курс лечения тамифлю (10 капсул) стоил 50 – 60 баксов. Теперь, говорят, к 80 приближается. Одна азиатская страна попыталась было выпустить дешевый аналог. Но министр здравоохранения США популярно объяснил, что Америка уважает интеллектуальную собственность. Попробуй возрази, когда за патентом на лекарство стоит Пентагон!

У орлов денег - куры не клюют!

Популярная версия - «заговор фармацевтов» - стопроцентно подходит для... обывателя с разрухой в голове. Подумайте, не слишком ли бросается в глаза, что рыльце в пушку у производителей лекарства. Думаю, на это и рассчитывали организаторы операции «Курий дох, свиной удох».

Но не зря в «Роковых яйцах» Булгакова после аналогичного куриного мора в Советской республике появляется странный персонаж с маузером и секретной бумагой из Кремля от загадочного Птахи-Поросюка.

Слишком высокого полета эти две птицы, Рамсфелд с Вулфовицем! Даже не ястребы, как их обзывают политические противники, – орлы! Подобные тому, что увековечен на гербе США. В одной лапе – стрелы для непокорных, в другой – ветвь оливы для покоренных!

Именно «фармацевт» Рамсфелд со своими воспитанниками Чейни, Вулфовицем еще в начале 90-х, после завершения «холодной войны», создал новую доктрину национальной безопасности США, утверждающую мировую гегемонию единственной сверхдержавы. Глава «Гилеада» разработал и программу реанимации «Звездных войн» (опасные для России планы размещения американских ПРО в Чехии и Польше родились в голове мирного фармацевта). Когда Буш-младший пришел в Белый дом, он сразу мобилизовал группу для претворения в жизнь их доктрины. Чейни стал вице-президентом, Рамсфелд - министром обороны, Вулфовиц - его замом. Эти ястребы развязали войну в Афганистане, Ираке. Кстати, министр Рамсфелд провел самые глубокие реформы в американской армии. В первый свой срок перевел ее на профессиональную основу, отказавшись от призыва. Во второй срок «архитектор» борьбы с мировым терроризмом сделал ее более мобильной. Под стать новым задачам мирового жандарма.

И после этого вы поверите, что такие орлы отдадут массу сил, энергии, времени для международной операции «Тамифлю» только ради того, чтобы заработать несколько лишних миллионов? У этих ребят и так, думаю, денег куры не клюют. Продал тот же Рамсфелд соседке по ранчо красотке Джулии Робертс лишнюю землицу – и положил в карман $3,5 миллиона.

Продвинутое биологическое оружие – в массы?

Так для чего же все затевалось? Подсказку поищем в организации «Проект нового американского века» (PNAC). Среди отцов-основателей - все та же троица ястребов. PNAC разработала документ «Восстановление американской обороноспособности». Там есть очень

любопытный пункт про использование биологического оружия массового поражения для целей политической сообразности. Вам страшно? Не пугайтесь, все сформулировано очень изящно. Оказывается, «продвинутые виды биологического оружия, способные воздействовать на конкретный генотип, могут перевести биооружие из сферы террора в область полезного политического инструментария».

Уж не являются ли курячье-поросячьи пандемии тем самым продвинутым биологическим оружием? Очень и очень похоже.

Вернемся, однако, к нашим свиньям.

... Белый дом. Старый президент сдает дела преемнику. В самом конце раскрывает самую главную тайну. «Помните программу прививок от свиного гриппа?» Новый президент медленно кивнул. «Как вы, видимо, понимаете, никакого свиного гриппа не существует. Мы придумали его специально, как предлог, чтобы привить всей стране вакцину от смертоносного яда».

Это не Буш с Обамой. Цитата из повести «Последний порог» У. Мэрфи и Р. Сэпира. Любители детективов знают этих авторов по знаменитой серии «Дестроер» о сверхсекретной организации при президенте США. По сюжету в Штатах умерли люди от неизвестной отравы. Чтобы спасти Америку, решили сделать прививки. Но чтоб не напугать народ, запустили байку про свиной грипп.

Повесть написана еще в 1977-м. По горячим следам реальной трагедии. В 1976-м на военной базе Форт-Дикс заболели 14 новобранцев, один умер. Официально объявили, что свирепствует свиной грипп. (Тот самый H1N1, которым нас вновь пугают сегодня.) Мол, он уничтожит полстраны. Паника! Президент Форд срочно выделил на создание вакцины $135 млн. Правда, эпидемия заглохла сама, так и не начавшись, но 40 миллионов американцев привили от свиного гриппа. Тысячи получили от побочных действий вакцины нервные расстройства, кого-то парализовало. 32 человека умерли. Авторы детектива намекнули на странности вакцинации и самого гриппа.

Меня больше в этой истории заинтересовала фамилия реального министра обороны, у которого заболели новобранцы. Рамсфелд.

Форд вскоре проиграл выборы Картеру. Передал дела (точь-в-точь как в детективе). Вместе с ним ушел и Рамсфелд. В фармацевты.

Уж не была ли то репетиция второго пришествия свиного гриппа в 2009-м, но уже в мировом масштабе? Только вместо поголовной вакцинации нам всем навязывают одно-единственное лекарство, разработанное фирмой Рамсфелда.

А знаете ли вы, как называется по науке нынешний свиной (он же мексиканский) грипп? «Калифорния 04/2009»! По месту, где его определили лабораторно.

В Калифорнии находится и штаб-квартира рамсфелдовского «Гилеада».

Продолжение расследования - в следующем номере еженедельника (18.06.23)

Los Angeles Times

Michael Fumento

WHO's flu

Los Angeles Times, 14 June 2009, 12 AM // 9, p. 21.
https://www.latimes.com/archives/la-xpm-2009-jun-14-oe-fumento14-story.html

How bizarre! The World Health Organization has declared swine flu a “pandemic,” signaling governments worldwide to launch emergency response plans.

The mildest pandemics of the 20th century killed at least a million people worldwide, according to the WHO’s data, while old-fashioned seasonal flu strikes every nation yearly and kills an estimated 250,000 to 500,000. As of Thursday, when the pandemic was declared, H1N1 swine flu had killed only 144 people total – fewer than succumb daily to seasonal flu annually. And in Mexico, where the outbreak began and where it has been the most severe, cases peaked quickly, in just four weeks.

A pandemic declaration will be costly when we can least afford it and could prompt severe restrictions on human activities (think China). Perhaps most important, such a declaration could render the term “flu pandemic” essentially meaningless – risking lethal public complacency if a bona fide one hits.

So how can the WHO say swine flu qualifies as a pandemic? And why?

The WHO definition for “influenza pandemic” once required “several, simultaneous epidemics worldwide with enormous numbers of deaths and illness.” But in 2005, it promulgated a definition that virtually ignores the number of cases and completely ignores deaths. Now it requires “sustained chains of human-to-human transmission leading to community-wide outbreaks” in two parts of the world, with this addition: The cause must be an animal or human-animal flu virus; the latter is known as genetic reassortment.

Thus, under this definition, “community-wide outbreaks” of swine flu in two South American countries and somewhere in China could qualify as a pandemic. No deaths required. And a pure human flu that killed 20 million people would not qualify.

The obvious presumption is that viruses with animal genes pose a greater threat. But that’s “a matter of faith more than science,” says James Chin, a UC Berkeley epidemiologist who was in charge of surveillance and control of communicable diseases at the WHO in the late 1980s.

Indeed, the science indicates the presumption is false. The WHO first warned of an H5N1 avian flu pandemic in 2004, projecting up to 150 million deaths. Yet a 2007 study found H5N1 – though detected in 1959 – was many mutations away from the ability to become readily transmissible among humans.

We’re also repeatedly warned that if H5N1 reassorted with human flu, it would produce a combination with the alleged severity of the bird virus and the infectiousness of the human one. Yet a 2006 Centers for Disease Control and Prevention study found the opposite: that a genetically engineered reassortment given to ferrets – the best animal models for human flu – produced milder and less infectious flu than did pure H5N1. Reassortment didn’t create a “super flu” but rather a 98-pound weakling.

As to human-pig hybrids, a 1976 New Jersey swine flu outbreak in the dead of winter, when flu is most contagious, infected just 230 soldiers, killing one, on a crowded Army base.

At some level, the WHO knows its definition is faulty. The online "WHO Handbook for Journalists" still states: "A pandemic virus can emerge" by adapting "during human infections." And the WHO has warned that one way avian flu could become pandemic is through a purely human mutation.

But it's also true that the worst influenza pandemic in history, the Spanish flu of 1918-19, did involve an animal-human hybrid virus; that episode has become a popular obsession. Never mind that "each subsequent novel flu that sweeps through the world has been milder," Chin observes. "The public health community keeps waiting for the second coming" of Spanish flu, he says.

So, in 2005, the WHO apparently redefined "flu pandemic" to reflect the popular angst as well as its own.

A less generous observation is that the WHO's "when, not if" avian flu pandemic failed to materialize, and it has now put swine flu in its stead. In her pandemic announcement Thursday, WHO's director-general, Margaret Chan, declared: "The world can now reap the benefits of investments over the last five years in pandemic preparedness." Not really. Swine flu, being no more contagious and far milder than seasonal flu, calls for absolutely no actions that wouldn't apply to seasonal varieties.

"I think they're going to have to go back to the drawing board," says Chin of the WHO definition. For now, we'll pay in told and untold ways because the WHO has cried "havoc" and let slip the dogs of pandemic.

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Michael Fumento. How mild swine flu became a 'pandemic'. – The Philadelphia Inquirer (Philadelphia, PA), 19 June 2009, 181st, N 19, p. A27.
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Michael Fumento. Who' worried about WHO's flu"? – Portland Press Herald (Portland, ME), 18 June 2009, V 147, N 313, p. 11.
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КОМСОМОЛЬСКАЯ ПРАВДА

Евгений Черных

Свинский грипп расчистит планету только для избранных?

Комсомольская Правда, 25 июня 2009, 6:00
https://www.kp.ru/daily/24316.3/508884/

Птичий грипп должен был отвлечь мир от войны в Ираке. А свиной - от кризиса. Обозреватель Евгений Черных ищет организаторов вселенской паники.

Что-то слишком часто в последние годы нас пугают смертоносными болезнями, грозящими выкосить планету. Коровье бешенство, атипичная пневмония, птичий грипп. Теперь вот свиной нагрянул. (Начало расследования см. в еженедельниках «КП» от 4, 11 и 18 июня с. г.).

- Каждая страшилка выполняет свою тактическую задачу, - считает профессор Сергей Кара-Мурза.

- Свежий свиной грипп явно отвлекает от мирового финансового кризиса, да и фармацевтам дает заработать. Но это цветочки! У «паникеров» наверняка имеется стратегическая цель. Так что ягодка впереди. И очень горькая.

Вспомнить не могу без слез нитраты и сальмонеллез

- Что же нам уготовано, Сергей Георгиевич? - спрашиваю известного философа.

- Помните в перестройку панику с сальмонеллезом?

- Конечно! Народ боялся есть сырые, вареные яйца. Даже яичницу жарили с двух сторон, изничтожая неведомую бактерию.

- А нитраты? - продолжает допытываться профессор.

- Ну как же! Сам покупал у кооператоров полоски, чтоб в свекле и морковке выявить азотный яд. Вся страна с ума сходила.

- Нитратную страшилку запустил в «Огоньке» поэт Вознесенский. Вся пресса ее подхватила. Мол, абсурдная плановая экономика заставляет колхозников заваливать поля удобрениями. Из удобрений в овощи переходят опаснейшие нитраты. Студенты в столовых едят нитратные винегреты. Советская власть их травит! Это при том, что в самом лучшем, 1988 году в СССР вносили 122 кг удобрений на 1 гектар, а в Голландии, которую нам выдавали за сельхозидеал, - 808 кг. Вот и считайте, в чьих овощах было больше нитратов. Но поток абсурда было не остановить. С овощебаз повезли на свалку лук, морковь. Пьяницы тот лук собирали и отвозили на рынок - хоть кто-то в народе не потерял здравый смысл.

Даже сероводородную страшилку запустили. Дескать, Черное море может вспыхнуть в любой момент. Сам Горбачев на международном экологическом форуме пугал мировое сообщество черноморским пожаром. Море по-прежнему мокрое, а где теперь Горбачев?

- Теперь-то ясно, Сергей Георгиевич, как ловко нас тогда облапошили. Из-за боязни сальмонеллеза в СССР перестали есть курятину. Птицепром рухнул! До сих пор обидно за Томилинскую фабрику, крупнейшую в Подмосковье. Там вместо выращивания кур стали разливать китайское вино. До сих пор льют. А страну завалили заокеанскими «ножками Буша». Когда появился птичий грипп, я сразу раскусил, что это очередной «сальмонеллез» уже мирового масштаба, передел куриных рынков!

- Вот и вам «ножки Буша» напрочь затуманили глаза, - вздохнул мудрый профессор. - Слона-то и не заметили!

- Какого еще слона?

- Однажды поутру все мы проснулись другим народом - неведомыми россиянами в другой, значительно уменьшившейся стране «РФ», с родным спивающимся президентом и чужими «зелеными» деньгами. А главное - с противоположным общественным строем.

Череда тех экологических страшилок преследовала одну цель - «искусственную шизофренизацию сознания». Такой термин ввели психологи, изучавшие эпоху перестройки.

«Шизофренизация» немало поспособствовала тому, что СССР рухнул без единого выстрела со стороны НАТО. Теперь эти опробованные технологии используют уже против всей планеты.

- Кто?

- Победители в «холодной войне».

- А конкретнее?

- Они себя не афишируют. Ходят разговоры про мировое правительство, влиятельные элитные общества банкиров и политиков типа «Бильдербергского клуба». Но разговоры к делу не пришьешь.

- И какая же у них главная цель, если социализм порушили?

- Сами организаторы никогда не скажут. Ну а исполнители - тем более. Потому что не знают. Как не догадывалось про грядущий развал СССР абсолютное большинство советских «зеленых», искренне воевавших за экологию. Кстати, не задумывались, куда после победы демократии подевались все наши «зеленые»? Сельское хозяйство разрушено, овощи, фрукты, прочие продукты везут из-за границы. И никто не меряет нитраты, ядохимикаты, не бьет тревогу, не сражается против превращения Сибири в могильник для мировых ядерных отходов. Разом исчезли «экологи», как ветром их сдуло. Свою задачу выполнили и больше не нужны.

Не буди лихо, пока оно тихо

Вот и замаячила она, тайная мировая закулиса! На душе кошки заскребли. Каюсь, я был бы даже рад, когда б всю свинскую шумиху затеяли для того, чтобы только отвлечь внимание от мирового кризиса, финансистов Уолл-стрит и самого Обамы. (Кстати, официально вирус, который в горячке едва не обозвали мексиканским, именуется «Калифорния 04.2009».) Новая зараза выпала аккурат к славной дате - исходу первых ста президентских дней, затмила провал Обамы. Уж лучше бы фармацевты воду мутили, зарабатывали на своих антивирусных лекарствах... Но, возможно, за ними стоит кто-то помогущественней...

В дни птичьей паники миллионы заработал подлинный хозяин тамифлю Д. Рамсфелд, главный американский ястреб, создатель новой оборонной доктрины США, - я про него уже писал в предыдущих материалах. Но рядом с ним в списочке обогатившихся на курином гриппе акционеров фирмы «Гилеад» - Э. Давиньон, почетный председатель «Бильдербергского клуба». Этот закрытый клуб многие на Западе считают теневым мировым правительством. Вот и Кара-Мурза на этот клуб намекал. Правда, сам господин Давиньон в редких интервью скромно просит не преувеличивать роль «Бильдерберга». Выходит, тайная закулиса открыла свое личико! Значит, жди событий.

Нынешняя тактика весьма схожа с экологической «шизофренизацией сознания» советского народа нитратами, сальмонеллезом, сероводородом и т. д. Союз развалили - принялись за планету. Сначала коровьим бешенством шандарахнули. Затем атипичной пневмонией грохнули по мозгам. Следом птичий грипп в атаку послали. Теперь свинючий громко хрюкает. Кошмарят без передышки.

И добровольные помощники-медики вовсю стараются, забыв про профессиональную этику.

Я присмотрелся внимательно к трем пандемиям XX века.

- 1918 год: «испанка» - 20 миллионов жертв.
- 1957-й: «азиатский грипп» - 2 млн.
- 1968-й: «гонконгский грипп» - 1 млн.

Ага, смертность-то постоянно сокращалась. И значительно. Достижения медицины повлияли, новые лекарства, изобретение антибиотиков, улучшение работы санитарных служб, повышение качества жизни.

От оспы вообще избавились. Радоваться надо успехам медиков, эпидемиологов. В XXI веке, согласно установившейся тенденции, и вовсе должны свести потери до минимума.

Не тут-то было! В 1998-м ВОЗ официально пересматривает масштабы «испанки» - действительно, прежде в число пострадавших от нее записывали и погибших от тифа, и от других болезней. Логично было бы эту цифру уменьшить. Но... по новым данным, число жертв повысилось вдвое, до 40 млн.! И с того момента нас начинают массированно стращать новой гриппозной пандемией покруче 1918 года. От 5 до 150 миллионов возможных жертв, потом вообще до трети человечества! Хотя к моменту перерасчета старых жертв на рынок уже запускали антивирусные лекарства нового поколения - тамифлю и релензу. Появились другие эффективные препараты. Не странно ли, почему ВОЗ вдруг расписывается в полной беспомощности? К чему бы такое целенаправленное запугивание?

Если хилый, сразу в гроб!

Терзаемый сомнениями, я пришел к профессору Владимиру Жданову.

- Владимир Георгиевич, что-то слишком часто нас стали пугать рецидивом «испанки». Уж не готовят ли к третьей мировой войне, неизбежности новых жертв? Два первых мировых кризиса заканчивались войнами.

- Это навряд ли. В третьей мировой победителей не будет, если вести ее обычными средствами. Скорее готовятся претворить в жизнь доктрину золотого миллиарда. Слышали про такую?

- Нет.

- Природные ресурсы, увы, ограничены. Для комфортного американского стандарта проживания в третьем тысячелетии на всех землян их не хватит. Только для 1 миллиарда избранных. Его и назвали золотым. Сюда входят США, Канада, Япония, Израиль, часть Западной Европы. А остальных если и сохранят, то лишь на положении рабов - обслуживать избранных. Вот и вся доктрина. В России оставят несколько миллионов для обслуживания Транссибирской железнодорожной магистрали, кратчайшего пути из Юго-Восточной Азии в Европу. Для работы на самых грязных химических, металлургических производствах. И мировых ядерных могильниках, в которые превратят позже Россию. Им нужны наши природные богатства и просторы, а не люди.

- А не слишком ли это круто? В голове не укладывается! Новая мировая война - понятно. А золотой миллиард?!

- Действительно, люди удивляются: такого быть не может! Почему не может? Кто бы мог представить еще лет 80 назад, что культурная немецкая нация породит фашизм? Этот зверь стал захватывать жизненное пространство, уничтожая «неполноценные народы», пока не сломал шею в России. А чем отличается от фашизма доктрина золотого миллиарда? То же самое, только в более изощренной форме. А кто бы мог представить, что США сбросят атомные бомбы на Хиросиму и Нагасаки?!

Советую всем посмотреть старенький фильм «Мертвый сезон». Там есть документальная хроника из нацистских концлагерей, где использовали биооружие, вакцины. Не только для убийства людей, но и чтобы превратить их в рабов с минимальными потребностями. Поучительный фильм. И нынешняя гриппозная паника может служить прикрытием не только для миллионов смертей. Но и изменения сознания путем навязываемых лекарств. Ведь мы не знаем, что в них на самом деле может входить.

- Что делать?

- Разумные люди страшилок бояться не должны. В основном умирают не от самого гриппа, а от осложнений, обострения уже имевшихся болячек. Значит, прежде всего надо укреплять свое здоровье. Физическое и психическое. Рецепт дан в популярной песне Высоцкого:

Очень вырос в целом мире
гриппа вирус, три-четыре!
Ширится, растет заболевание.
Если хилый - сразу в гроб!
Сохранить здоровье чтоб,
Применяйте, люди...

И дальше список мер: утренняя гимнастика, водные процедуры, приседания, вместо коньяка и кофе - спортпрофилактика.

Если бы Высоцкий сам придерживался этого рецепта, то до сих пор радовал бы нас своими песнями. И про свиной грипп непременно написал бы, как тогда про «гонконгский». Пьянство сгубило талантливого певца.

Мне 60. Я 26 лет назад бросил пить под воздействием лекций академика Федора Углова, занялся всерьез своим здоровьем. Зарядка ежедневная, обливания, правильное питание, никакого алкоголя, никотина. И все, забыл про болезни, врачей, лекарства. Хотя много мотаюсь по стране, миру. Собираю соратников, учу обретать здоровье. Здоровым, крепким людям легче построить в родной стране здоровую экономику, обустроить Россию. И не дать себя сломать пресловутому золотому миллиарду.

Не страшны дурные вести!

Право, не знаю, есть ли на самом деле такая тайная доктрина или золотым миллиардом называют группу богатых стран? Правит ли нами мировая закулиса или известные всем и каждому президенты, премьеры? Главное, что это лишь часть конспирологических версий появления свиного гриппа и связанных с ним загадок. Эти версии будут и дальше множиться, обрастать всякими подробностями. А все потому, что реальные размеры бедствия никак не соответствуют масштабам раздуваемой вокруг него паники. Скорее надуваемого пузыря. А все потому, что время на дворе такое. Время пузырей. Финансовых, рекламных, политических, эстрадных и т. д. Что далеко за примером ходить. Мировой кризис с чего начался? Стали лопаться ипотечные пузыри. А чем медики хуже других граждан? Вот и раздувают панику вокруг странных болезней. Бороться с обычным туберкулезом - работа неблагодарная. Бомжи, заключенные... Совсем другое дело - выявлять специальной аппаратурой на международных авиарейсах пассажиров с повышенной температурой. Публика вся солидная, интеллигентная. И денег на такую борьбу дают немерено. И позиция беспроигрышная. Не случилось птичьей пандемии - заслуга ВОЗ, подчиненных ей эпидемиологических, санитарных служб. Начнет грипп поросячий косить народ - ВОЗ предупреждала, пандемию объявляла. Много жертв, говорите? Мало денег выделили на создание вакцины. Есть еще вопросы?

А то, что находятся люди со стороны, желающие подзаработать на том же гриппе – свиноводы, птицеводы, политики, - ничего странного. Вокруг пузырей в других сферах тоже масса желающих срубить деньжат по-легкому. Время такое. Недаром и кризис возник. Долго еще он будет грохать пузыри.

А нам остается одно: следовать совету Высоцкого из песни про все тот же злополучный грипп:

Не страшны дурные вести,
Мы в ответ бежим на месте.
В выигрыше даже начинающий...
Так побежали за здоровьем!

The Bovine

Mass-murder-attempt charges filed against UN and WHO re A/H1N1 virus

The Bovine, 2 July 2009, 1:38 PM.
https://thebovine.wordpress.com/2009/07/02/mass-murder-attempt-charges-filed-against-un-and-who-re-ah1n1-virus/

Here's a story of the utmost consequence excerpted from Natural News.com. =>
https://web.archive.org/web/20090627093227/http://www.naturalnews.com/026503_pandemic_swine_flu_bioterrorism.html

But first, here's a corroborating report from Benjamin Fulford wondering whether the world's mass media are going to make themselves accessories to the crime by failing to report this threat to the future of humanity:

Benjamin Fulford: "A warning to the media barons about H1N1 and other bio-weapons – How can it be that when a well trained science journalist presents 173 pages of evidence of planned genocide and lays criminal charges against the UN, the WHO, major drug companies and world leaders the corporate media refuses to report it and instead reports things like "Obama interrupted by phone that quacks?"

Jane Burgermeister, who has written for Nature and other publications has proved that, for example, Baxter AG sent 72 kilograms of bird flu virus to 16 laboratories. She is not alone; the evidence is for planned genocide by use of bio-weapons is overwhelming. If the corporate media does not report this ASAP the owners of the major media corporations, including Rupert Murdoch, will be labeled as enemies of humanity."

And now an excerpt from the Natural News story on this case:

As the anticipated July release date for Baxter's A/H1N1 flu pandemic vaccine approaches, an Austrian investigative journalist is warning the world that the greatest crime in the history of humanity is underway. Jane Burgermeister has recently filed criminal charges with the FBI against the World Health Organization (WHO), the United Nations (UN), and several of the highest ranking government and corporate officials concerning bioterrorism and attempts to commit mass murder. She has also prepared an injunction against forced vaccination which is being filed in America. These actions follow her charges filed in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic.Summary of claims and allegations filed with FBI in Austria on June 10, 2009

In her charges, Burgermeister presents evidence of acts of bioterrorism that is in violation of U.S. law by a group operating within the U.S. under the direction of international bankers who control the Federal Reserve, as well as WHO, UN and NATO. This bioterrorism is for the purpose of carrying out a mass genocide against the U.S. population by use of a genetically engineered flu pandemic virus with the intent of causing death. This group has annexed high government offices in the U.S.

Specifically, evidence is presented that the defendants, Barack Obama, President of the U.S, David Nabarro, UN System Coordinator for Influenza, Margaret Chan, Director-General of WHO, Kathleen Sibelius, Secretary of Department of Health and Human Services, Janet Napolitano, Secretary of Department of Homeland Security, David de Rotschild, banker, David Rockefeller, banker, George Soros, banker, Werner Faymann, Chancellor of Austria, and Alois Stoger, Austrian Health Minister, among others, are part of this international corporate criminal syndicate which has developed,

produced, stockpiled and employed biological weapons to eliminate the population of the U.S. and other countries for financial and political gain.

The charges contend that these defendants conspired with each other and others to devise, fund and participate in the final phase of the implementation of a covert international bioweapons program involving the pharmaceutical companies Baxter and Novartis. They did this by bioengineering and then releasing lethal biological agents, specifically the "bird flu" virus and the "swine flu virus" in order to have a pretext to implement a forced mass vaccination program which would be the means of administering a toxic biological agent to cause death and injury to the people of the U.S. This action is in direct violation of the Biological Weapons Anti-terrorism Act.

Burgermeister's charges include evidence that Baxter AG, Austrian subsidiary of Baxter International, deliberately sent out 72 kilos of live bird flu virus, supplied by the WHO in the winter of 2009 to 16 laboratories in four counties. She claims this evidence offers clear proof that the pharmaceutical companies and international government agenciesthemselves are actively engaged in producing, developing, manufacturing and distributing biological agents classified as the most deadly bioweapons on earth in order to trigger a pandemic and cause mass death.

In her April charges, she noted that Baxter's lab in Austria, one of the supposedly most secure biosecurity labs in the world, did not adhere to the most basic and essential steps to keep 72 kilos of a pathogen classified as a bioweapon secure and separate from all other substances under stringent biosecurity level regulations, but it allowed it to be mixed with the ordinary human flu virus and sent from its facilities in Orth in the Donau.

In February, when a staff member at BioTest in the Czech Republic tested the material meant for candidate vaccines on ferrets, the ferrets died. This incident was not followed up by any investigation from the WHO, EU, or Austrian healthauthorities. There was no investigation of the content of the virus material, and there is no data on the genetic sequence of the virus released.

In answer to parliamentary questions on May 20th, the Austrian Health Minister, Alois Stoger, revealed that the incident had been handled not as a biosecurity lapse, as it should have been, but as an offence against the veterinary code. A veterinary doctor was sent to the lab for a brief inspection.

Burgermeister's dossier reveals that the release of the virus was to be an essential step for triggering a pandemic that would allow the WHO to declare a Level 6 Pandemic. She lists the laws and decrees that would allow the UN and WHO to take over the United States in the event of pandemic. In addition, legislation requiring compliance with mandatoryvaccinations would be put into force in the U.S. under conditions of pandemic declaration.

She charges that the entire "swine flu" pandemic business is premised on a massive lie that there is no natural virus out there that poses a threat to the population. She presents evidence leading to the belief that the bird flu and swine flu viruses have, in fact, been bioengineered in laboratories using funding supplied by the WHO and other government agencies, among others. This "swine flu" is a hybrid of part swine flu, part human flu and part bird flu, something that can only come from laboratories according to many experts.

WHO's claim that this "swine flu" is spreading and a pandemic must be declared ignores the fundamental causes. The viruses that were released were created and released with the help of WHO, and WHO is overwhelmingly responsible for the pandemic in the first place. In addition, the symptoms of the supposed "swine flu" are indistinguishable from regular flu or from the common cold. The "swine flu" does not cause death anymore often than the regular flu causes death.

Burgermeister notes that the figures for deaths reported for the "swine flu" are inconsistent and there is no clarity as to how the number of "deaths" has been documented.

There is no pandemic potential unless mass vaccinations are carried out to weaponize the flu under the guise of protecting the population. There are reasonable grounds for believing that the mandatory vaccines will be purposely contaminated with diseases that are specifically designed to cause death.

Reference is made to a licensed Novartis bird flu vaccine that killed 21 homeless people in Poland in the summer of 2008 and had as its “primary outcome measure” an “adverse events rate”, thereby meeting the U.S. government’s own definition of a bioweapon (a biological agent designed to cause an adverse events rate, i.e death or injury) with a delivery system (injection).

She alleges that the same complex of international pharmaceutical companies and international government agencies that have developed and released pandemic material have positioned themselves to profit from triggering the pandemic with contracts to supply vaccines. Media controlled by the group that is engineering the “swine flu” agenda is spreading misinformation to lull the people of the U.S. into taking the dangerous vaccine.

The people of the U.S. will suffer substantial and irreparable harm and injury if they are forced to take this unproven vaccine without their consent in accordance with the Model State Emergency Health Powers Act, National Emergency Act, National Security Presidential Directive/NSPD 51, Homeland Security Presidential Directive/HSPD-20, and the International Partnership on Avian and Pandemic Influenza.

In the U.S. since 2008, Burgermeister charges that those named in her allegations have implemented new and/or accelerated the implementation of laws and regulations designed to strip the citizens of the U.S. of their lawful constitutional rights to refuse an injection. These people have created or allowed provisions to remain in place that make it a criminal act to refuse to take an injection against pandemic viruses. They have imposed other excessive and cruel penalties such as imprisonment and/or quarantine in FEMA camps while barring the citizens of the U.S. from claiming compensation from injury or death from the forced injections. This is in violation of the laws governing federal corruption and the abuse of office as well as of the Constitution and Bill of Rights. Through these actions, the named defendants have laid the groundwork for mass genocide.

Using the “swine flu” as a pretext, the defendants have preplanned the mass murder of the U.S. population by means of forced vaccination. They have installed an extensive network of FEMA concentration camps and identified mass grave sites, and they have been involved in devising and implementing a scheme to hand power over the U.S. to an international crime syndicate that uses the UN and WHO as a front for illegal racketeering influenced organized crime activities, in violation of the laws that govern treason.

She further charges that the complex of pharmaceutical companies consisting of Baxter, Novartis and Sanofi Aventis are part of a foreign-based dual purpose bioweapons program, financed by this international criminal syndicate and designed to implement mass murder to reduce the world’s population by more than 5 billion people in the next ten years. Their plan is to spread terror to justify forcing people to give up their rights, and to force mass quarantine in FEMA camps. The houses, companies and farms and lands of those who are killed will be up for grabs by this syndicate.

By eliminating the population of North America, the international elite gain access to the region’s natural resources such as water and undeveloped oil lands. And by eliminating the U.S. and its democratic constitution by subsuming it under a North American Union, the international crime group will have total control over North America….”

=> read:

Barbara Minton. Journalist Files Charges against WHO and UN for Bioterrorism and Intent to Commit Mass Murder. – Natural Health, 25 June 2009.

https://web.archive.org/web/20090627093227/http://www.naturalnews.com/026503_pandemic_swine_flu_bioterrorism.html

ОГОНЁК

Владимир Тихомиров, Светлана Скарлош

Бизнес на пандемии.
Паника, вызванная вирусом свиного гриппа A/H1N1, обернулась колоссальными доходами для транснациональных фармацевтических гигантов

Огонек, 6-12 июля 2009, № 8, с. 44-46
Коммерсантъ, 6 июля 2009
https://magzdb.org/file/187766/dl // https://www.kommersant.ru/doc/1194576

С момента обнаружения в Мексике вируса свиного гриппа A/H1N1 прошло чуть больше двух месяцев, но вирус вместе с паникой распространились уже по всем странам и континентам. Всемирная организация здравоохранения (ВОЗ) объявила о высшей шестой степени угрозы пандемии, эпидемиологи пугают, что настоящий апокалипсис наступит осенью, когда ослабленное простудой человечество накроет третья волна пандемии гриппа ... Но чем больше пугают тем больше возникает вопросам. «Огонек» решил разобраться.

Болезнь, которой не было

... Все это уже было ровно 33 года назад. Весной 1976 года мир впервые узнал словосочетание «свиной грипп » (или «грипп A/H1N1 », когда американские газеты сообщили о вспышке нового заболевания среди солдат военной базы Форт Дюсс в Нью-Джерси. Когда трое пехотинцев скончалось, тогдашний глава Центра контроля и профилактики заболеваний (американская аббревиатура – CDC) Дэвид Сэнсэр заявил что над страной нависла смертельная угроза пандемии. Панику мигом подхватило телевидение, и уже через несколько дней было принято решение о поголовной вакцинации американцев новой вакциной которая содержала только штамм H1N1. Когда было сделано более 50 млн прививок, выяснилось два неприятных факта. Во-первых вся «угроза эпидемии с самого начала была пропагандистским трюком CDC. Во-вторых, новая вакцина имела крайне неприятные побочные эффекты, которые стали причиной смерти 30 человек. Еще несколько тысяч американцев стали инвалидами, получив тяжёлые нервные расстройства и паралич. Государство по судебным искам выплатило около 100 млн долларов, но это не о беспокоило руководителей CDC, ведь фармацевтические компании заработали на свином гриппе куда больше.

– Сегодня события вокруг пандемии свиного гриппа развиваются по похожему сценарию, уверен профессор Карви Файнберг директор Колумбийского института медицины и автор книги «Эпидемия, которой никогда не было».

– Правда, сейчас пропаганда ведется с куда большей изощренностью. Задействованы все возможности телевидения, интернета и даже электронных блогов, чтобы создать у людей ощущение паники и безысходности.

Разумеется, вирусологи возразят: дескать, да, мы немного сгущаем краски, но мы хотим проинформировать и предупредить. Директор одного из медицинских институтов, непосредственно занятых изучением гриппа, в интервью «Огоньку» так и заявил:

– Да, с шестой степенью угрозы пандемии действительно немного переборщили. Но лучше уж заранее трубить о возможности пандемии, чем оказаться к ней неготовыми.

Но в благие намерения верится с трудом. И не только потому что показатель смертности от пандемии свиного гриппа не превышает уровня смертности средней сезонной эпидемии гриппа. Но и по той причине, что за всякой эпидемией стоят огромные деньги и интересы фармацевтических корпораций.

«Лучшие пилюли»

И первая в этом списке – швейцарская фармацевтическая компания Roche Holding AG, производящая Tamiflu, препарат из группы ингибиторов, блокирующих размножение вируса гриппа и распространение его в организме. Препарат появился на рынке в 1999 году, и с этого времени Roche активно сотрудничает с ВОЗ, передавая капсулы Tamiflu в специальный фонд «Запасы быстрого реагирования). К примеру, еще в начале мая, когда из Мексики пришли первые новости об обнаружении вируса A/H1N1, компания безвозмездно передала в распоряжение ВОЗ более 3 млн упаковок Tamiflu. Потом – еще 2 млн упаковок. И тоже безвозмездно. Другое дело, что в результате своего сотрудничества с ВОЗ, компания, как заявил Дэвид Редди, руководитель группы Roche по подготовке к пандемии, получила заказы от правительств различных стран на 35 млн упаковок. Но и это еще не предел, согласно рекомендациям ВОЗ, правительства 85 стран мира должны создать стратегические запасы Tamiflu, чтобы обеспечить препаратом до 25-50 процентов население мира. Для выполнения этой программы компания даже сообщила, что готова предоставлять развивающимся странам препараты по сниженным ценам и в кредит на несколько лет. Согласитесь, конкурентам Roche, например британской компании G1axoSmithKline, производящей ингибитор Relenza, о таких оборотах остается лишь только мечтать (впрочем, справедливости ради стоит отметить, что и Relenza одобрена ВОЗ, но вот о необходимости создания статистических запасов этого препарата речь не идет).

Сотрудничество с ВОЗ дает фармацевтам не только самую эффективную рекламу, но и помощь в различных щекотливых ситуациях. Например, некоторое время назад (тогда еще мир боялся птичьего гриппа H5N1) вспыхнул скандал в Японии: врачи из японского Министерства здравоохранения утверждали, что применение Tamiflu, выпущенного компанией Chugai Pharmaceutical, дочерним предприятием Roche, якобы вызвали побочные эффекты в виде психических расстройств и галлюцинаций, из-за которых 54 подростка покончили жизнь самоубийством. Расследование, проведенное под контролем ВОЗ, погасило этот скандал, и уже в прошлом году президент Chugai Pharmaceutical Осаму Нагаяма заявил, что объемы продаж препарата выросли до 3,4 млрд долларов, что стало абсолютным рекордом за всю историю компании. В этом году ожидался 7-процентный рост продаж, но с учетом паники от свиного гриппа прибыль может вырасти до астрономических величин.

ВОЗ вступилась за Roche и после сообщения из Дании, где на прошлой неделе был зафиксирован первый случай устойчивости вируса H1N1 к Tamiflu. Датские врачи заявили, что вирус, похоже, мутировал и стал невосприимчивым к ингибитору, но эксперты ВОЗ утешили публику: дескать, все дело в индивидуальной невосприимчивости человека к лекарству.

Гонка за вакциной

Второй способ заработка фармацевтических компаний – это бурные мерприятия по созданию вакцины. Здесь в гонке лидируют компании из США – конгресс уже распорядился выделить более миллиарда долларов на разработку новой моновакцины с агентом A/H1N1. Скорее всего эта сумма будет поделена между гигантами фармацевтического рынка – корпорациями MedImmune Inc., DynPort Vaccine Co., Amgen, Wyeth, Abbot Laboratories. И конечно же Baxter Pharmaceuticals Inc., связанная с Минобороны США, которая пару лет назад уже разрабатывала вакцину против птичьего гриппа, в связи с чем получила эксклюзивное право на распространение вакцины в 18 странах мира, включая Европу. Результатом же опытов стал грандиозный скандал, когда в Австрию и Чехию для клинических испытаний пришли образцы вакцин от обычного гриппа, зараженные птичьим штаммом H5N1. Комбинация этих двух вирусов могла

бы привести к появлению нового "птичьего вируса, который мог бы передаваться от человека к человеку. И снова расследование этого инцидента было замято при помощи ВОЗ, а ответственность за загрязнение вакцины возложили на лабораторных техников, мол, они там что-то случайно напутали.

Разумеется, подобные факты рождают множество конспирологических теорий и о появлении нынешней эпидемии свиного гриппа. К примеру, профессор Ребекка Гартен из CDC опубликовала доклад, в котором утверждается, что комбинация 8 сегментов генома вируса H1N1 прежде никогда не встречалась ни среди свиных, ни человеческих вирусов, что может свидетельствовать о его лабораторном происхождении. Другие ученые вспомнили и про то, что впервые свиной грипп появился на базе Форт Дикс, вокруг которой расположены крупнейшие химико-фармацевтические лаборатории страны, включая научные центры Технологического института Нью-Джерси, Принстонского университета и Университета медицины. А в те годы биологи часто использовали новобранцев для испытаний новых препаратов.

Впрочем, медиков всего мира куда больше интересует не происхождение вируса, а возможность заработка на прививках. В гонку за вакциной включилась уже канадцы – на днях ученые из Национальной микробиологической лаборатории Канады заявили, что они первыми в мире завершили работу над определением генома вируса и готовы работать над вакциной.

О создании моновакцины заявил и швейцарский фармацевтический гигант Novartis, которому правительство США выделило 289 млн долларов на клинические испытания первой партии препарата. Свой образец вакцины для испытаний представила и французская компания Sanofi-Pasteur, а Национальный институт инфекционных болезней Японии пообещал выдать рецепт вакцины буквально уже на следующей неделе. А в конце июля начать ее производство в объемах, достаточных для вакцинации 20 млн человек.

Вместе с тем далеко не все фармацевты бросились изобретать моновакцину. По словам директора французской компании Sanofi-Aventis SA Криса Виебахера, паника вокруг свиного гриппа уже и так привела к тому, что доходы производителей обычных вакцин от сезонного гриппа выросли на 16 процентов за первый квартал текущего года. Но переход на производство моновакцины означал бы полную остановку и перезапуск конвейера, что чревато коммерческими убытками.

– Это очень трудный вопрос, поскольку многие производители вакцин не в состоянии производить средства против различных типов гриппа одновременно. И если мы перейдем на производство новой вакцины, то миллионы людей могут лишиться вакцины от сезонного гриппа.

Наш продукт

Своя политика и у России, где реализуется концепция фармацевтической импортонезависимости. Правительство уже выделило более 3 млрд рублей на изготовление вакцины против гриппа A/H1N1, правда, большая часть этих денег ушла на покупку образцов штамма вируса – ни одна фармацевтическая компания мира не хочет дешево отдавать биоматериал в руки конкурентов. Образцы штамма получили сразу три российских медицинских учреждения: Государственный научный центр вирусологии и биотехнологии «Вектор», Институт вирусологии РАМН и Институт гриппа РАМН. Пока обещано изготовить опытные образцы для вакцины к 2010 году, но нужны еще деньги. И можно не сомневаться, что средства будут выделены, ибо кто посмеет усомниться в благородной миссии медиков? «Но вы же понимаете, что в случае какой-либо эпидемии, например, французская вакцина пойдет в первую очередь к французам, – объясняют эпидемиологи. – И нам вакцины просто не хватит. Поэтому надо начинать производство своей вакцины, а это дело затратное... »

Потом потребуются деньги и для производства 30 млн доз вакцины, запланированных Минздравом.

– Конечно, пандемия открывает новые финансовые возможности для фармацевтов, но вы не забывайте, что каждая пандемия – это соцзаказ для науки и медицины, – говорит академик Феликс Ершов, руководителя отдела НИИ эпидемиологии и микробиологии им. Н. Ф Гамалеи. – Это стимул к совершенствованию методов, изобретению новых средств. Мы обречены изобретать новые и новые противовирусные препараты, ведь так же, как в случае с антибиотиками, противовирусные препараты со временем становятся неэффективными.

Но тут и возникает интересный вопрос: в чем же состоят эти принципиальные отличия новой моновакцины от старых, от тех, что были созданы для предупреждения сезонного гриппа?

– Принципиально нового ничего нет, по своему типу это такая же вакцина, – заявила в интервью «Огоньку» Людмила Цыбалова, заместитель директора по науке Института гриппа РАМН, где сейчас и работают над созданием вакцины. – Правда, в сезонную вакцину входит сразу три компонента против трех видов вируса гриппа, а это моновакцина, ее действие направлено непосредственно против нового штамма.

– Тогда какой же вакциной пользоваться? Вытеснит ли пандемический грипп сезонный или мы будем болеть сразу двумя видами гриппа?

– Раньше считалось, что новый штамм вытесняет предыдущий, но есть предположение, что в этот раз все будет иначе. Пока трудно прогнозировать, увидим, как будет развиваться ситуация.

А вот директор НИИ вирусологии РАМН академик Дмитрий Львов и вовсе посоветовал не поддаваться панике и массовому психозу по поводу нового вируса гриппа:

– Мой вам совет: сделайте прививку уже существующими вакцинами против гриппа. В том числе и импортными коммерческими прививками. Может быть, эти вакцины и не совсем адекватны, но в них тоже есть компонент H1N1, к которому чувствительны штаммы свиного гриппа. Возможно, обычные вакцины и не уберегут вас от заболевания и температуры, но вот от тяжелых осложнений и летального исхода вы точно застрахуетесь.

NWO Observer

Karmen Horvat

Charges for Conspiracy Against Mankind

NWO Observer, 16 July 2009
https://nwoobserver.wordpress.com/2009/07/16/the-austrian-reporter-claims-the-swine-flu-was-created-in-order-to-eliminate-huge-numbers-of-the-population-and-attain-global-control/

The Austrian reporter claims: the swine flu was created in order to eliminate huge numbers of the population and attain global control!

"I have filed criminal charges in Austria against Baxter and Avir Green Hills Biotechnology for producing and distributing contaminated bird flu vaccine material this winter, alleging that this was a deliberate act to cause a pandemic, and also to profit from that pandemic" – this is the beginning of the charges raised by Austrian reporter Jane Burgermeister on April 8 at the Vienna State Attorney`s Office.

...

Biggest crime in the history of mankind

Jane Burgermeister went a step further: warning that the biggest crime in history of mankind was on the verge, she has decided to file criminal charges at the American FBI against the World Health Organization (WHO), the United Nations and several high government and pharmaceutical responsible for vaccines, with charges of planning mass murder.

Furthermore, the reporter will request a court ban of mandatory vaccination against the swine flu.

According to Burgermeister, bioterrorism is promoted by a group of U.S. bankers who control Federal reserves, as well as WHO, UN and NATO. The group of conspirators has also infiltrated the very pinnacle of the American state.

WHO delivered bird flu to laboratories, which unleashed it

According to the reporter, the group has unleashed artificially created viruses – bird flu and swine flu in order to eliminate huge numbers of the population and subsequently profit from selling vaccine through Baxter and other companies, along with using mandatory vaccination in certain countries. Of course, with the goal of controlling the pandemic.

Her latest lawsuit refers to the one filed in April. At the time, Burgermeister submitted evidence that Baxter laboratories in Austria intentionally unleashed 72 kilos of active bird flu virus. The virus was supposedly delivered by the WHO to 16 laboratories in four countries. Even though security is tight with dangerous matters, especially those classified as bio weapons, the procedure was not honoured this time.

According to Burgemeister, the release of these viruses serves the WHO so that it can stat distributing vaccine once enough time passes for an epidemic to occur. Various lethal diseases would also be injected along with the vaccination, thus eliminating huge numbers of the population.

USA would be the first "cleansed" country

The reporter claims that the American government has systematically been introducing measures since 2008, intended for cutting back constitutional freedoms so that when the time comes, they can conduct mandatory vaccination. The media play a part as well, convincing people of the seriousness of the swine flu, announcing the vaccination.

Finally, what the group which has spurred a food of conspiracies, is trying to achieve, is control over North America in order to exploit its natural resources without any obstacles. Later on, the similar process will take place all over the world, according to prognosis.

Are statements of some of the accused men a month after Burgermeister`s initiative hints of her claims being true?

– The swine flu virus is now unstoppable. The world is moving into the early days of its first influenza pandemic in the 21st century – Margaret Chan, Director-General of WHO said on June 11.

With this statement, the media write, the WHO has given pharmaceutical companies the green light of finding a vaccine. What is more, "every country will need to vaccinate citizens against the A/flu virus and must choose who else would get priority after nurses, doctors and technicians", said Dr. Marie-Paule Kieny, WHO director of the Initiative for Vaccine Research.

– The committee recognized that the H1N1 pandemic … is unstoppable and therefore that all countries need access to vaccine – Kieny concluded. The British cabinet has now announced that it will vaccinate all of its citizens, due to the increasing number of persons who have contracted the virus and died of the swine flu.

SPIEGEL International

Interview conducted by Johann Grolle and Veronika Hackenbroch

A Whole Industry is Waiting for a Pandemic

Spiegel International, 21 July 2009
http://www.spiegel.de/international/world/0,1518,637119,00.html

SPIEGEL: Mr. Jefferson, the world is living in fear of swine flu. And some predict that, by next winter, one-third of the world's population might be infected. Are you personally worried? Are you and your family taking any precautions?

Tom Jefferson: I wash my hands very often -- and it's not all because of swine flu. That's probably the most effective precaution there is against all respiratory viruses, and the majority of gastrointestinal viruses and germs as well.

SPIEGEL: Do you consider the swine flu to be particularly worrisome?

Jefferson : It's true that influenza viruses are unpredictable, so it does call for a certain degree of caution. But one of the extraordinary features of this influenza – and the whole influenza saga – is that there are some people who make predictions year after year, and they get worse and worse. None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all? Nothing. But that doesn't stop these people from always making their predictions. Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur.

SPIEGEL: Who do you mean? The World Health Organization (WHO)?

Jefferson: The WHO and public health officials, virologists and the pharmaceutical companies. They've built this machine around the impending pandemic. And there's a lot of money involved, and influence, and careers, and entire institutions! And all it took was one of these influenza viruses to mutate to start the machine grinding.

SPIEGEL: On your Italian homepage, there is a "pandemic countdown" that expires on April 1. Don't you think the situation calls for just a bit more seriousness?

Jefferson: I'm just using it ironically to expose the false certainty that we are fed. Will one-third of the world's population get swine flu? Nobody can say for sure right now. For now, at least, I don't really see any fundamental difference, no difference in the definition between this and a normal flu epidemic. Swine flu could have even stayed unnoticed if it had been caused by some unknown virus rather than an influenza virus.

SPIEGEL: Do you think the WHO declared a pandemic prematurely?

Jefferson: Don't you think there's something noteworthy about the fact that the WHO has changed its definition of pandemic? The old definition was a new virus, which went around quickly, for which you didn't have immunity, and which created a high morbidity and mortality rate. Now the last two have been dropped, and that's how swine flu has been categorized as a pandemic.

SPIEGEL: But, year after year, 10,000-30,000 people in Germany alone die from influenza. In the Western world, influenza is the most deadly infectious disease there is.

Jefferson: Hold on! These figures are nothing more than estimates. More than anything, you have to distinguish between an influenza-like illness and a genuine flu, the real influenza. Both of them have the same symptoms: a sudden high fever, a sore throat, coughing, rheumatic pain in the back and legs, possible bronchitis and pneumonia. But real flues, real influenzas are only caused by influenza viruses, while there are more than 200 different viruses that cause influenza-like illness. When it comes to figures related to so-called flu deaths, you always get other causes of death caused by other viruses mixed in. Now, in the case of elderly people who die of pneumonia, nobody would do a postmortem to figure out if it was really an influenza virus that killed them. Approximately 7 percent of influenza-like illness cases are caused by influenza viruses. It's a very small percentage. What I know is that real influenza is systematically overestimated.

SPIEGEL: And what about the 200 other kinds of viruses?

Jefferson: They're not as popular as influenza. Researchers are just not as interested in that. Take rhinovirus, a horse-derived virus. It's the most commonly isolated agent in common colds. There are a hundred different types of these rhinoviruses. They usually only cause a normal runny nose, but they can be deadly, too. Or so-called RSV, the human respiratory syncytial virus, that is highly dangerous to infants and small children.

SPIEGEL: So why aren't researchers interested in it?

Jefferson: It's easy: They can't make money with it. With rhinoviruses, RSV and the majority of the other viruses, it's hard to make a lot of money or a career out of it. Against influenza, though, there are vaccines, and there are drugs you can sell. And that's where the big money from the pharmaceuticals industry is. It makes sure that research on influenza is published in the good journals. And that's why you have more attention being paid there, and the entire research field becomes interesting for ambitious scientists.

SPIEGEL: But is there any scientific reason to be interested in influenza viruses?

Jefferson: The strict focus on influenza is not only misguided; it's also dangerous. Do you remember something called SARS? That was a truly dangerous epidemic. It was like a meteor: It came and it went quickly, and it killed a lot of people. SARS took us by surprise because it was caused by a completely unknown coronavirus. Where did it come from? Where did it go? Or is it still here? We still don't know. There are lots of other strange things like that coming out. Every year, a new agent is identified. For example, there's something called bocavirus, which can cause bronchitis and pneumonia in small children. And there's something called metapneumovirus, which studies say is responsible for more than 5 percent of all flu-related illnesses. So, we should keep our eyes open in all directions!

SPIEGEL: But the great pandemic of 1918/1919 was caused by an influenza virus, and it killed up to 50 million people around the world. Or do scientists contest that?

Jefferson : It's very well possible that it was, but there are many aspects about the 1918/1919 pandemic that still puzzle us. It was only 12 years ago that we learned that the H1N1 virus caused it. But there was also a lot of bacterial activity going on at the time. And it's particularly unclear why the mortality rate for the flu dropped so dramatically after World War II. Today, you only get a fraction of what was standard before the war. When it comes to the later pandemics, such as the "Asian flu" of 1957 or the "Hong Kong flu" of 1968/69, you can barely detect them as exceptional figures when it comes to death statistics as a whole.

Contradictions between Scientific Findings and Practice

SPIEGEL: So why should we even speak of pandemics at all?

Jefferson: That's something you should ask the World Health Organization!

SPIEGEL: In your opinion, what do you think it takes to make a virus like the swine flu a global threat?

Jefferson: Unfortunately, we can only say that we don't know. I suspect that the whole issue is much more complex than we are even able to imagine it today. Given all the viruses that produce flu-like symptoms, perhaps Robert Koch's postulate that one particular pathogen causes one particular disease doesn't go far enough. Why, for example, do we not get influenza in the summertime? In the end, the pathogen is there all year long! Already in the 19th century, the German chemist and hygienist Max von Pettenkofer had developed a theory about how the pathogen's contact with the environment can alter the disease. I think that research in this direction would be worthwhile. Perhaps it would allow us to understand the pandemic of 1918/1919 better or to be able to assess the dangers of swine flu.

SPIEGEL: Humans have better defenses today than they did in 1918, and it probably won't be long before we have a swine flu vaccine. Last week, Germany's federal government announced that it wanted to buy enough for 30 percent of the population. How much do you think that will protect us?

Jefferson: When it comes to pandemic vaccination, as we say in English, the proof is in the pudding. The proof is in using it. We'll see. It does generate an antibody response, but will it really guard against the disease?

SPIEGEL: Are you pessimistic about that?

Jefferson: No, I'm just saying I think we're about to find out *(laughter)*. Let's have this conversation again in about a year's time, shall we?

SPIEGEL: For a number of years, as part of the Cochrane Collaboration, you have been systematically evaluating all the studies on immunization against seasonal influenza. How good does it work?

Jefferson: Not particularly good. An influenza vaccine is not working for the majority of influenza-like illnesses because it is only designed to combat influenza viruses. For that reason, the vaccine changes nothing when it comes to the heightened mortality rate during the winter months. And, even in the best of cases, the vaccine only works against influenza viruses to a limited degree. Among other things, there is always the danger that the flu virus in circulation will have changed by the time that the vaccine product is finished with the result that, in the worst case, the vaccine will be totally ineffectual. In the best of cases, the few decent studies that exist show that the vaccine mainly works with healthy young adults. With children and the elderly, it only helps a little, if at all.

SPIEGEL: But aren't those the exact groups that influenza immunization is recommended for?

Jefferson: Indeed. That's one of the contradictions between scientific findings and practice, between evidence and policy.

SPIEGEL: So, what's behind this contradiction?

Jefferson: Of course, that has something to do with the influence of the pharmaceutical industry. But it also has to do with the fact that the importance of influenza is completely overestimated. It has to do with research funds, power, influence and scientific reputations!

SPIEGEL: So, at the moment is it reasonable to keep vaccinating against seasonal influenza?

Jefferson: I can't see any reason for it, but I'm not a decision maker.

SPIEGEL: And what about Tamiflu and Relenza, two of the anti-flu medications that are being deployed against swine flu? How well do they really work?

Jefferson : If taken at the right time, on average, Tamiflu reduces the duration of a real influenza by one day. One study also found that it diminishes the risk of pneumonia.

SPIEGEL: Could these medications lower mortality rates associated with the flu?

Jefferson : That's possible, but it has yet to be scientifically proven.

SPIEGEL: And what about side effects?

Jefferson: Tamiflu can cause nausea. And there are things that point toward psychiatric side effects. There are reports coming out of Japan that young people who have taken Tamiflu have had acute psychotic reactions similar to those found in schizophrenics.

SPIEGEL: So, is it sensible to use such medications at all?

Jefferson : When it comes to severe disease, yes. But under no circumstances should Tamiflu be handed out to whole schools, as is currently sometimes being done. With that being the case, it doesn't surprise me at all that we're already hearing reports about resistant strains of swine flu.

SPIEGEL: In Germany, the government is supposed to stockpile flu medications for 20 percent of the population. Do you see that as being sensible?

Jefferson: Well, at least there are much cheaper ways to accomplish a lot more. For example, school children should be taught to wash their hands regularly -- preferrably after every class! And every airport should install a couple hundred wash basins. Whoever gets off a plane and doesn't wash their hands should be stopped by the border police. You could tell for example by putting an invisible, neutral dye in the water. And wearing masks can be sensible, as well.

SPIEGEL: Has it really been shown that these measures work?

Jefferson : There are several good studies on this that were done during the SARS epidemic. They are so-called case-control studies that examined individuals that had had close contact with the SARS virus. They compared the characteristics of those who had been infected with the virus through this contact with those of people who had not been infected. These studies resulted in very clear results.

SPIEGEL: You sound pretty impressed.

Jefferson: I am. What's great about these measures is not only that they are inexpensive, but also that they can help against more than just influenza viruses. This method can fight against the 200 pathogens that bring about flu symptoms as well as against gastrointestinal viruses and completely unknown germs. One study done in Pakistan has shown that hand washing can even save children's lives. Someone should get a Nobel Prize for that!

SPIEGEL: Mr. Jefferson, we thank you for this interview.

PAKISTAN OBSERVER

Khalid Saleem

Of swine flu!

Pakistan Observer, 23 July 2009, Rajab 28, 1430
https://web.archive.org/web/20091003172931/http://pakobserver.net/200907/23/Articles01.asp

Ominous reports emanating from the West are spreading quite a scare about the spreading of what has been called ‘swine flu’. The epidemic reportedly originated from Mexico and then permeated north into the United States where a dozen fatal cases have been reported. One of the hazards of the emergence of the ‘global village’ is that there is very little to prevent the spreading of such epidemics. It may be pertinent to point out that this is by no means the first scare, though one must record that this may be the first in which the accusing finger cannot be pointed at Asia or Africa.

The swine flu, let it be said is basically a Western phenomenon. Not so very long ago, two news items concerning public health had appeared in the media. One related to what was then termed as ‘bird flu’. It quoted an international vaccine expert as warning that it was only a matter of time before a “deadly flu pandemic” struck. The world, he warned, was ill prepared to cope with such a major outbreak of the disease. “We are talking about a killer influenza that would kill probably tens of millions of people,” stated Mr. John Clemens, director of the International Vaccine institute. “We are not talking about if, we are talking about when”, he ominously added.

Another earlier item was about AIDS and its devastating impact on health in the continent of Africa. The Kenyan lady minister, winner of the Nobel peace prize 2004, was quoted as having expressed the conviction that the AIDS virus was not a natural phenomenon but happened to be man-made. She went on to imply that the spreading of the AIDS virus over vast areas of the African continent, too, was a deliberate act (accident/conspiracy?). The powers that be and their spin doctors ensured that this point of view was instantly ‘killed’. The aforementioned news items provide serious food for thought. For one thing, they serve to shake one’s confidence in the role of the modern medical research establishment.

For another, they serve to add fuel to the already boiling conspiracy theory cauldron as regards the AIDS epidemic. Together they should be enough to spread panic in an already jittery world community. Some pertinent questions, thereby, crop up, begging for answers. Among them are:

a) Have our overall priorities undergone a drastic change to the detriment of the interests of mankind?

b) Is it logical to assume that the dedication and hard work that once characterized medical research is now a thing of the past? and

c) Is modern medical research today controlled by expediency rather than ethics and is, thus, in conflict with nature?

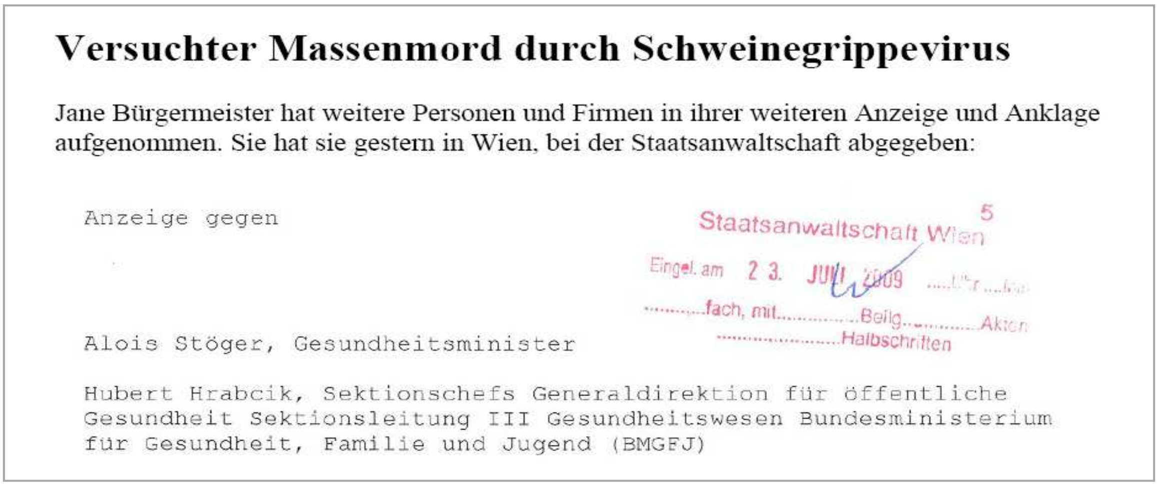
The history of medical research, one finds though, tells a different and touching story. The perspicacious reader may be interested in the following item reproduced by the International Herald Tribune from its pages, circa June 1899: “The Liverpool School for Tropical Diseases has decided to dispatch to the West Coast of Africa a special expedition for the purpose of investigating the

causes of malaria. The expedition will be headed by Major Ross and will start for Sierra-Leone early in August, when the malaria season is at its height and the conditions are most favorable for research. Major Ross hopes to prove his theory that malaria is caused by the bites of a mosquito."

The reader will undoubtedly have noted the profoundly touching sense of dedication of researchers of the likes of the said Major Ross. These pioneers surmounted fearful odds in their endeavors to discover the healing touch for humanity's ailments. Humanity benefited enormously from the hard work put in by such dedicated individuals. Regrettably, today the world has acquired a mercenary hue. In the days gone by, such research was carried out with extremely scarce resources and with what can only be described as 'missionary zeal'. Today it is pelf that rules the roost. The expedition of the aforementioned Major Ross and his dedicated team is a case in point. Over the years, medical research took enormous strides. Several ailments, many of them theretofore considered incurable, were successfully treated thanks to the selfless efforts of countless researchers who dedicated their lives to their work in the interest of humanity. Public memory is proverbially short. How many people even recall the time when such deadly diseases as pneumonia were considered incurable and fatal? And yet today hardly anyone gives a second thought to such ailments. Nonetheless, it would be imprudent to ignore the fact that it is nature that guides man's efforts. Cures to all man's ailments are to be found in nature. They are just waiting to be discovered. It is no coincidence that that all medicines were originally discovered in natural form usually in the flora and fauna. It was only after discovery in nature that various drugs were synthesized for mass production.

Nature, incidentally, has prescribed a certain regime for each species to be safe from disease. Out of all species, it is man alone who violates the regime prescribed by nature. As a result, humankind pays a terrible price. Each succeeding generation is prone to newer and newer ailments, not a few of them man-made. Nature does not take kindly to mankind's indiscretions.

While on this subject, one must take note of the rather intriguing fact that, despite the giant strides taken by the medical profession in the field of curative medicine, the cure for common cold still continues to elude them. It would appear that common cold is the symbol of the resolve of nature to stay a step ahead of man. This may well be nature's way of putting humankind in its place.



Versuchter Massenmord durch Schweinegrippevirus

Jane Bürgermeister hat weitere Personen und Firmen in ihrer weiteren Anzeige und Anklage aufgenommen. Sie hat sie gestern in Wien, bei der Staatsanwaltschaft abgegeben:

Anzeige gegen

Staatsanwaltschaft Wien 5
Eingel. am 23. JULI 2009
fach, mit ... Beilg. ... Akten
Halbschriften

Alois Stöger, Gesundheitsminister

Hubert Hrabcik, Sektionschefs Generaldirektion für öffentliche Gesundheit Sektionsleitung III Gesundheitswesen Bundesministerium für Gesundheit, Familie und Jugend (BMGFJ)

Jane Bürgermeister

Versuchter Massenmord durch Schweinegrippevirus

Wien, 23 July 2009

https://www.pdfprof.com/PDF_Image.php?idt=18733&t=32

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Jane Bürgermeister hat weitere Personen und Firmen in ihrer weiteren Anzeige und Anklage aufgenommen. Sie hat sie gestern in Wien, bei der Staatsanwaltschaft abgegeben:

Anzeige Gegen:

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- Ulrich Herzog, Obersten Veterinär und Leiter des Fachbereich IV/B Verbraucher-Gesundheit des Bundesministeriums für Gesundheit
- Maria Rauch-Kallat, Ex-Gesundheitsministerin
- Otfried Kistner, Direktor für Virologie der Firma Baxter
- Hartmut Ehrlich, Vorstand der Baxter AG
- Noel Barret, Vorstand der Baxter AG
- Harald Eisenmenger, Oberstaatsanwaltschaft Wien
- Oscar Bronner, Gründer des Nachrichtenmagazins profil
- Christian Rainer, Herausgeber und Chefredakteur des Nachrichtenmagazins profil
- Emil Bobi, Journalist des Nachrichtenmagazins profil
- Heinz-Christian Strache, FPÖ Bundesparteiobmann und Klubobmann
- Dagmar Belakowtisch-Jenewein, FPÖ Gesundheitssprecherin
- Karl Korinek, Ex-Präsident des VfGH
- Gerhart Holzinger, Präsident des VfGH
- Werner Faymann, Kanzler

Wegen dringenden Verdachts auf Entwicklung, Herstellung, Verbreitung und Einsatzes von Biologischen Massenvernichtungswaffen

mit der Absicht eine globale Pandemie auszulösen, Massenmord durch Zwangsimpfungen mit toxischen Substanzen durchzuführen und sich dadurch zu bereichern

mit Handlungen, die gegen Gesetze bezüglich international organisierter Kriminalität und Landesverrat verstossen.

Inhalt

A. Zusammenfassung der Anklagepunkte und deren Begründungen

B. Der Sachverhalt: Zeitleiste und Hintergrundinformation

C. Diskussion

=> See the entire Document at the website =>

https://www.pdfprof.com/PDF_Image.php?idt=18733&t=32

АРГУМЕНТЫ И ФАКТЫ AIF.RU ФЕДЕРАЛЬНЫЙ АИФ

Елена Федотова

Пандемия жадности: кому выгоден свиной грипп?

AIF.ru, 7 августа 2009, 17:03
https://aif.ru/society/law/12798

Фармкомпании и... политики

Естественно, больше всего прибыли от новой пандемии хлынуло на фармрынок. Услышав про новый грипп, люди побежали в аптеки, чтобы защититься заодно и от всех старых, причём сметать стали как микстуры, порошки и простые витамины, так и специальные вакцины против гриппа.

В результате одна из крупнейших мировых фармкомпаний «Рош» к концу года заработает около 2 миллиардов долларов всего на одном наименовании противогриппозных таблеток. А ведь «Рош» – лишь дистрибьютор препарата, тогда как разработчик – фирма «Галаад» – будет получать отчисления с каждой проданной упаковки. Что интересно, раньше совет директоров «Галаада» возглавлял бывший министр обороны США Дональд Рамсфельд. Не стоит пояснять, между какими лицами распределены акции этой компании.

Другой фарм-гигант, успевший подсуетиться к началу «гриппного» сезона, – вторая по величине в мире здравоохраниетльная компания «ГлаксоСмитКляйн» (GSK). Она не только разработала альтернативные противовирусные средства для беременных и детей, но и заполучила огромные заказы на поставки марлевых повязок в Европе и Америке.

– Свиной грипп определённо пойдёт нам на пользу, – открыто заявил исполнительный директор GSK Эндрю Уитти. Хотя потом рассудительно добавил: – Но прибыль нам обеспечена только потому, что мы сами потрудились ради этого. Долгое время мы сильно рисковали, инвестируя огромные деньги в исследования, которые никто больше не решался проводить (GSK действительно внесла огромный вклад в разработку противовирусных вакцин. – Прим. авт.), и теперь не собираемся извиняться за то, что компания получит свой заработок.

Не секрет, что продажа товара кормит не столько его производителя, сколько продавца. В России, например, торговые наценки в некоторых аптеках могут достигать и 70, и 150, и даже 200%! В последнее время, правда, аптекарей всё собираются утихомирить: в частности, скоро заработает закон, согласно которому максимальный размер наценки будет установлен государством. Однако, безусловно, полностью своей доли прибыли продавцы не лишатся.

Кстати, как ни странно, наряду с противогриппозными препаратами одним из самых популярных товаров в последнее время стали термометры. По данным The Times, их продажи в среднем выросли в 7 раз, так что даже при уменьшенных наценках аптекари возьмут своё на возросшем спросе. Впрочем, есть у их работы и обратная сторона: продавцы потенциально чаще общаются с больными людьми, а следовательно имеют больший риск заразиться. Хотя это, конечно, касается самих служащих, а не управляющих ими топ-менеджеров.

«Мыльные короли»

Начало XXI века можно условно назвать эпохой стерильности: с каждого угла нам кричат, что мир кишит бактериями, пугают смертельно-опасными грибками, которые выживают в

самых экстремальных условиях, и... с радостью предлагают избавиться от этих напастей с помощью антисептических средств. Тут вам и супер-мыло, и очень удобный гель в компактных бутылочках, и даже обеззараживающие салфетки, пригодные для ежедневного использования. За последние два месяца продажи подобных товаров по миру выросли на 16-20%, и тенденция, предрекают эксперты, будет продолжаться. Некоторые сообразительные фирмы уже позаботились о расширении продуктовой линейки специально под предстоящую эпидемию, выпустив «противовирусные» салфетки, маски и даже мази.

Правда, врачи, в свою очередь, такой пропаганде гигиены не очень-то рады. Конечно, мыть руки надо и как можно чаще, однако обилие антибактериальных средств совсем не обязательно. Как правило, с опасностью может справиться обычное мыло, зато регулярные «салфеточные» атаки на вирусы заставляют их мутировать и делают заразу устойчивой к лекарственным средствам. Возможно, уже через 5-10 лет чрезмерная осторожность приведёт человечество к реальной пандемии.

«Горячие линии»

Беременные и дети считаются двумя самыми рисковыми группами во время эпидемий гриппа. Не удивительно, что к началу гриппозных сезонов многие коммерческие клиники открывают «горячие линии» или онлайн-консультации для обеспокоенных родителей или тех, кто готовится ими стать.

Естественно, услуги советчиков далеко не бесплатные. Средняя цена такой консультации в Европе – 80 долларов. Предполагается, что именно столько человек готов заплатить за возможность получить рекомендацию специалиста, при этом не выходя из дома и не подвергая себя лишнему риску заражения. Другая набирающая популярность услуга – онлайн-скрининг, то есть буквально «слежка» за вашим здоровьем по Интернету. Регулярно пациент отправляет врачу сведения о своём самочувствии, температуре тела и т. п., а тот определяет у него риск заражения и советует лекарственные средства.

– Там где есть паника, есть и те, кто захочет на ней нажиться, – заявил в связи с развитием такой индустрии член Национально врачебного комитета Британии Эндрю Грин. – Я бы не стал доверять медицинским рекомендациям того, кто коммерчески заинтересован в вашем страхе перед болезнью.

Безработные экономисты и юристы

Около полутора тысяч человек получили работу в Национальной службе по надзору за эпидемией гриппа США без всяких собеседований и особых навыков. Когда в стране были зарегистрированы первые случаи заболевания, Службе пришлось в срочном порядке организовывать бесплатную «горячую линию» причём количество звонков поступало такое, что сотрудников набирали буквально в считанные минуты. Всё, что требовалось от претендента, – это пройти 6-часовой тренинг. Однако, вопреки ожиданиям, основную массу рабочих мест заняли не студенты и пенсионеры, а высококвалифицированные специалисты, оставшиеся невостребованными во время кризиса. Раньше ни один обладатель диплома по экономике или юриспруденции, конечно, ни за что не согласился бы работать за 8 долларов в час.

Кто на очереди

СМИ. Чего уж греха таить, любая «долгоиграющая» тема приносит журналистам определённый доход. Особенно летом, когда интерес к новостям традиционно убывает.

Экономные туристы. Хотите сгонять в Мексику или Китай? Сейчас самое время: на фоне плохих новостей о распространяющейся там заразе турагентствам придётся сбавлять цены, чтобы хоть как-то привлечь клиентов в эти страны. На самом деле, по данным Росстата, путёвки в страны Азии уже подешевели на несколько процентов.

Водители-частники. Европейские транспортные агентства ожидают оттока пассажиров в общественном транспорте. Метро и автобусы традиционно считаются главными рассадниками всяческих вирусов, поэтому всё больше людей стараются пользоваться другими средствами передвижения.

Птицефабрики. Земля, как известно, слухами полнится. Услышав о новом, свином гриппе, многие решительно выбросили из своего рациона свинину и перешли на другие сорта мяса. В Америке, например, любители гамбургеров начали переключаться на жареные куриные крылышки или котлеты из говядины.

Комментарий эксперта

Александр Саверский, председатель Общественного совета по защите прав пациентов, Президент «Лиги пациентов»:

– Ежегодно в России болеют гриппом несколько миллионов человек, умирают (от осложнений гриппа) не менее двух десятков тысяч. Можно ли сейчас всерьез говорить об эпидемии, когда во всем мире вирусом H1N1 заболели менее 9 тысяч человек и пара сотен (максимум) погибли? Эта тенденция панических настроений становится устойчивой, поскольку паника при «птичьем гриппе» у меня вызывала лишь грустную улыбку – тогда на миллиард китайцев заболело 5 тысяч (по памяти), а паника была мирового масштаба. А кому этого выгодно – очевидно: фармпроизводителям и чиновникам здравоохранения.

Так, совершенно не убедительными выглядят заявления ВОЗ о пятом уровне опасности нынешнего гриппа по шестибалльной шкале. По моим представлениям, перекладывая это на балльную систему оценки землетрясений, при таких баллах болеть должны бы уже пара десятков миллионов человек и сотни тысяч уже должны были бы умереть. Но этого, слава Богу, нет. Зато есть потери доходов мясной промышленности, туризма и т. п. В этой ситуации нужно требовать от ВОЗ пересмотра их оценочных шкал, можно даже было бы предъявить этой организации иски для возмещения тех потерь, которые понесены.

Ruch Obywatelski

Sarah Stone, Jim Stone, Russ Clarke

Skażony Koszmar

Ruch Obywatelski, 10 August 2009

Komentarz Redakcji: Tekst nie jest nowością, ukazał się 10.08.2009 r. w konsekwencji wydarzeń związanych z wybuchem epidemii ptasiej grypy. Autorzy starają się odsłonić w nim mechanizm umyślnego wywołania śmiercionośnej epidemii i stawiają tezę, że była to próba dokonania ludobójstwa.

Warto pomyśleć nad tym tekstem z kilku powodów:

1. Nie ma czegoś takiego jak "Polski" przemysł farmaceutyczny, bo szemrane towarzystwo opyliło go niemal w całości w lepkie łapki reszty koczowników,
2. Decyzje o tym, co wytwarzane jest w fabrykach leków w judeopolonii zapadają poza jej formalnymi granicami,
3. W każdej chwili może zostać wywołana panika łże-medialna o wybuchu kolejnej epidemii, nawet nie śmiem zgadywać, jak się ona będzie nazywać,
4. Wdrożony zostanie schemat powszechnych szczepień przeciw albo wyimaginowanemu zagrożeniu albo służący bezpośredniemu zabijaniu przy pomocy zastrzyków.

"Program szczepień przeciwko H1N1, gdy tylko zostaje wprowadzony w ten sam schemat, gdzie już zastosowano specjalnie stworzony wirus, staje się tym samym wyraźną próbą dokonania podziału ludzkości na dwie grupy: tych, którzy stracą moc intelektualną, zdrowie i zdolność płodzenia dzieci wskutek zakażonych szczepionek oraz tych, którzy tego nie stracą i dlatego staną się grupą o wyższych cechach".

Opowiastkę o świńskiej grypie przyjąłem z wielkim sceptycyzmem; rozgrywała się ona jak film klasy B – studenci mają przerwę i wyjeżdżają na wycieczkę zagraniczną. Tam łapią wirusa. Potem przytaszczają go do domu. Zaczyna się ogólnoświatowa pandemia. Scenariusz był zupełnie nie do wiary, dlatego od początku wiedziałem, że albo w ogóle nie ma żadnego wirusa i że to wszystko oznacza ściemnianie i szukanie tematu zastępczego, albo że mamy do czynienia z wyprodukowaną z premedytacją epidemią, która została puszczona na żywioł.

Niestety, okazuje się, że mamy do czynienia z tym drugim wypadkiem i że obecnie mamy zupełnie nowego wirusa w rękach. Wcześniej nie mieliśmy z nim do czynienia, a wirusologowie powtarzali "skąd do diabła się to wzięło, sami nie wiemy". Szczegółowe badania wirusa doprowadziły do odkrycia, że zawiera on geny pierwotnej grypy z 1918 roku, ptasiej grypy oraz dwóch nowych wirusów H3N2 pochodzących z Eurazji. Te odkrycia wskazują, że świńska grypa jest w rzeczywistości genetycznie zaprojektowanym wirusem.

Artykuł poniższy jest wynikiem pracy zespołowej w celu zbadania motywów, jakie stały za uwolnieniem go z laboratoriów w środowiska ludzkie, a może być także ostrzeżeniem na przyszłość przed kolejnymi takimi próbami.

Pierwsza próba

W lutym 2009 r., Baxter, czołowy producent szczepionek, wysłał sezonową szczepionkę na grypę do 18 państw zawierającą stężony szczep ptasiej grypy typu H5N1. Gdy rząd Czech wyznaczył czeską spółkę Biotest do przeprowadzenia testów na zwierzętach, okazało się, że coś jest nie tak, bowiem zwierzęta zaczęły padać. Podniesiono alarm i wysłano go wszędzie tam, gdzie wysłana była szczepionka, na szczęście odbyło się to na czas, zanim ją zaaplikowano. Wskutek rozpoczęcia badań nad szczepionką wirus wydostał się z laboratoriów, a w związku z tym, że nikt nie był w stanie przechwycić skażonej produkcji Baxtera, obecnie znaleźliśmy się w samym środku pandemii, która zabiła wiele osób.

Baxterowi nie wyrządzono za to najmniejszej szkody, chociaż nawet ich własny protokół bezpieczeństwa produkcji BSL3 (bio safety level 3) powinien był powstrzymać ewentualne zakażenie. Protokół bezpieczeństwa, zawierający kombinację czynników siły działania oraz zawartości wirusa w zastrzykach, wyraźnie daje dowód na to, że skażenie było celowe, i że w rzeczywistości próba uśmiercenia milionów ludzi została powstrzymana, ponieważ JEDEN kraj zwrócił uwagę na to, co to szczepionka za sobą niesie. Protokół powoduje, że technicznie niewykonalne jest, aby wirus znalazł jakąś ścieżkę, przez którą mógł się wymknąć z działu badawczego do działu produkcji szczepionek, a zatem H5N1 nie mógł się tutaj znaleźć w inny sposób, jak tylko wskutek działania umyślnego.

Można by pomyśleć, że Baxter za popełnienie takiego "błędu” zostanie wyrzucony z biznesu, a zatem…? A że tak się nie stało, rodzi tylko kolejny zestaw pytań, np.: jakim cudem żywy szczep ptasiej grypy wylądował w milionach dawek szczepionki? Dlaczego składniki szczepionki zostały zestawione w taki sposób, że umożliwiły przetrwanie wirusowi w drodze z fabryki do miejsca wykonania szczepienia? Dlaczego Baxter nigdy nie został oskarżony? Zamiast zbojkotowania firmy i skazania jej na niebyt w zgodzie z prawem, WHO nagrodziła Baxtera kontraktem na wykonanie wielkiej ilości szczepionek na "świńską grypę”, które będą rozprowadzane po świecie na jesieni tego roku. Jak u licha mogło do tego dojść?

Sprawa podstawowa

Przejdźmy do innego aspektu szczepionek, sprawy podstawowej tego artykułu, to jest ukazania planu zniszczenia naszych zdolności umysłowych, naszego zdrowia i naszej płodności poprzez zastosowanie masowej kampanii szczepień na całym świecie. Używając specjalnych domieszek zwanych adiuwantami, producenci potrafią zwiększyć ilość możliwych dawek, które da się zrobić na czas sezonu zapadalności na grypę. Jednakże, choć dostępnych jest wiele bezpiecznych adiuwantów, to oni jednak dodają tylko jeden – skwalen, który, jak udowodniono, wywołuje długotrwałą walkę obronną systemu immunologicznego przeciwko samemu skwalenowi, a co w rezultacie powoduje zmniejszenie zdolności płodzenia, obniżenie poziomu umysłowego i skrócenie długości życia.

Skwalen jest ważną cząsteczką naszego ciała. Jest on prekursorem wielu różnych substancji, w tym hormonów, i jest niezbędny dla właściwego funkcjonowania mózgu, płodności oraz odgrywa ważną rolę w chronieniu komórek przed starzeniem się i mutacjami. Wszelkie substancje, jakie mają wpływ na twój naturalny poziom skwalenu mogą mieć znaczący negatywny wpływ na stan twojego zdrowia.

Ponieważ skwalen zostanie wstrzyknięty w obecności patogenu przy szczepieniu na H1N1, spowoduje on reakcję immunologiczną nie tylko na patogen, lecz również przeciw samemu skwalenowi. Skwalen jest cząsteczką prekursora, jaka jest kluczowa dla wytwarzania wielu hormonów, włącznie z wszystkimi męskimi i żeńskimi hormonami popędu płciowego. Skwalen jest również prekursorem wielu receptorów neurochemicznych dominujących w systemie nerwowym, a ze względu na to, że system odpornościowy jest zaprogramowany na atakowanie skwalenu, powoduje to w rezultacie nieodwracalną szkodę o charakterze neuronalnym i neuromięśniowym, co z kolei skutkuje wywołaniem wielu nieodwracalnych zaburzeń, od utraty władz umysłowych i autyzm po znacznie poważniejsze zaburzenia, jak choroba Lou Gehriga i stałe choroby autoimmunologiczne, a nawet możliwe wystąpienie guzów mózgu.

W trakcie niezależnych badań klinicznych, gdy wstrzyknięto szczepionki zaprawione skwalenem zwierzętom doświadczalnym, w wyniku zaburzeń autoimmunologicznych zginęło 14 sztuk z 15 poddanych próbie. Ostatni test przeprowadzony celem weryfikacji wyników, dał ten sam rezultat.

Skwalen pierwszy raz wstrzyknięto z użyciem szczepionki na wąglik podczas I Wojny w Zatoce i wówczas spowodował on trwałą niezdolność do służby wielu żołnierzy, którzy przyjęli zastrzyk, co było skutkiem czegoś, co dzisiaj znamy jako Syndrom Wojny w Zatoce. 95 % żołnierzy, którzy dostali to szczepienie, okazało się tymi, którzy mieli antyciała na skwalen. Niektórzy po przyjęciu zastrzyku pozostali zdrowi i nie mieli antyciał albo nie mogli ich u siebie rozwinąć w naturalny sposób. Żaden z tych żołnierzy, którzy nie otrzymali szczepionki, nie miał antyciał, nawet wśród tych, którzy walczyli w Iraku. Antyciała na skwalen związane były ze śmiercią 6,5 % z grupy poddanej szczepieniu.

W przybliżeniu około rok zajmuje, aby skutki się uzewnętrzniły, gdyż tyle czasu potrzeba zanim system nerwowy i mózg wyczerpią rezerwy skwalenu, którego wtedy zacznie brakować systemowi immunologicznemu i dopiero wtedy również (gdy zabraknie rezerw) zaczyna się wywoływanie uszkodzeń na poziomie komórkowym. Ta zależność i zwłoka w czasie zdejmuje z producentów szczepionek wszelkie ograniczenia i mogą oni negować fakt, że popełniają nadużycia i przestępstwa. Natomiast Kongres idzie im w sukurs uchwalając prawo zapewniające immunitet każdej korporacji, która spowoduje szkody swoimi szczepionkami, a to sprawia, że perspektywa jest coraz gorsza.

Po zbadaniu komponentów szczepionki na grypę typu H1N1, możemy z całą odpowiedzialnością postawić tylko jeden wniosek, że nie jest ona w ogóle przeznaczona do leczenia grypy, lecz całkiem przeciwnie, jest przeznaczona, aby:

1. Obniżyć poziom umysłowy
2. Skrócić długość życia
3. Obniżyć zdolność płodzenia
4. Spowodować liczne zgony.

Bo gdyby wynaleziono ją w innym celu, niż wyżej wskazane, skwalen oraz inne adiuwanty, jakie pominięto przy redakcji tego artykułu, nie byłyby obecne w tej szczepionce. Ponadto, przedmiotem analizy w tym materiale jest tylko skwalen, a my uważamy, że skoro jest wiele innych sposobów, aby wywołać reakcje immunologiczne równie niszczycielskie dla organizmu wskutek zastosowania innych płynnych mieszanin do wstrzyknięcia, a co idzie w parze z niepodważalnym dowodem na celowe wywołanie pandemii przez Baxtera, cała ogólnie rozumiana wiarygodność szczepień jest raz na zawsze skazana na potępienie, zaś pojęcie zaufania do większej społeczności świata medycznego (nie tylko producentów szczepionek) zostało nieodwracalnie zburzone. Baxter winien być wyrzucony z biznesu, a że tak się nie stało, jest czymś absolutnie wartym napiętnowania.

Zaufanie szlag trafił

Poprzez wytworzenie sztuczną metodą pandemii i niszczycielskiej szczepionki, WHO wraz z głównymi producentami przemysłu farmaceutycznego dali nam wyraźny dowód na celową próbę zniszczenia całej ludzkości. W jakim to się stało celu, trudno powiedzieć, ale byłoby bezpiecznie poczynić założenie, że będzie grupa, o której mówiliśmy i która będzie wiedzieć o całym planie w odróżnieniu od tych, którzy zostaną skażeni szczepieniami. W dłuższej perspektywie skutkiem wykonania planu ta niezaszczepiona grupa będzie mieć większą inteligencję i lepsze zdrowie. Program szczepień na H1N1, z uwagi na to, że został wprowadzony w ten sam schemat, w jakim operuje specjalnie wytworzony wirus, okazuje się być wyraźną próbą dokonania podziału ludzkości na dwie grupy – tych, którzy stracą intelekt, zdrowie i sferę seksualną poprzez skażone szczepionki oraz tych, którzy ich nie stracą i staną się w konsekwencji wyższą klasą. Można zatem dojść do wniosku, że aktualnie nie jest bezpieczne przyjęcie JAKIEGOKOLWIEK szczepienia z byle powodu; należy strzec przed nimi szczególnie własne dzieci.

A jeśli uda wam się zobaczyć filmik, jak grube ryby przyjmują szczepienia, pamiętajcie, że nie wszystkie zastrzyki zrobiono jednakowo! ...

UPI

Kevin Dietsch

PETA Protests outside of the International Swine Flu Conference in Washington

UPI, 19 August 2009

https://www.upi.com/News_Photos/view/upi/9373c3833a7b7e2d2a8712172c5e1ef1/PETA-Protests-outside-of-the-International-Swine-Flu-Conference-in-Washington/
https://www.upi.com/News_Photos/view/upi/14097fb584bb781dea3cf568c9fbe66f/PETA-Protests-outside-of-the-International-Swine-Flu-Conference-in-Washington/

Michel Chossudovsky

The H1N1 Swine Flu Pandemic:
Manipulating the Data to Justify a Worldwide Public Health Emergency

Global Research, 25 August 2009
https://web.archive.org/web/20090827112125/http://www.globalresearch.ca/PrintArticle.php?articleID=14901

A Worldwide public health emergency is unfolding on an unprecedented scale. 4.9 billion doses of H1N1 swine flu vaccine are envisaged by the World Health Organization (WHO).

A report by President Obama's Council of Advisors on Science and Technology "considers the H1N1 pandemic 'a serious health threat; to the U.S. – not as serious as the 1918 Spanish flu pandemic but worse than the swine flu outbreak of 1976.":

"It's not that the new H1N1 pandemic strain is more deadly than previous flu threats, but that it is likely to infect more people than usual because so few people have immunity" (Get swine flu vaccine ready: U.S. advisers)

Responding to the guidelines set by the WHO, preparations for the inoculation of millions of people are ongoing, in the Americas, the European Union, in South East Asia and around the World. Priority has been given to health workers, pregnant women and children. In some countries, the H1N1 vaccination will be compulsory.

In the US, the state governments are responsible for these preparations, in coordination with federal agencies. In the State of Massachusetts, legislation has been introduced which envisages hefty fines and prison sentences for those who refuse to be vaccinated. (See VIDEO; Compulsory Vaccination in America?)

The US military is slated to assume an active role in the public health emergency Schools and colleges across North America are preparing for mass vaccinations. (See CDC H1N1 Flu | Resources for Schools, Childcare Providers, and Colleges)

In Britain, the Home Office has envisaged the construction of mass graves in response to a rising death toll. The British Home Office report calls for "increasing mortuary capacity" An atmosphere of panic and insecurity prevails. (See Michel Chossudovsky Fear, Intimidation & Media Disinformation: U.K Government is Planning Mass Graves in Case of H1N1 Swine Flu Pandemic)

Reliability of the Data

The spread of the disease is measured by country-level reports of confirmed and probable cases.

How reliable is this data. Does the data justify a Worldwide public health emergency, including a $40 billion dollar vaccination program which largely favors a handful of pharmaceutical companies? In the US alone, the costs of H1N1 preparedness are of the order of 7.5 billion dollars.(See Flu.gov: Vaccines, Vaccine Allocation and Vaccine Research)

Following the outbreak of the H1N1 swine flu in Mexico, the data collection was at the outset scanty and incomplete, as confirmed by official statements. (See Michel Chossudovsky, Is it the "Mexican Flu", the "Swine Flu" or the "Human Flu"? Michel Chossudovsky Political Lies and Media Disinformation regarding the Swine Flu Pandemic)

The Atlanta based Center for Disease Control (CDC) acknowledged that what was being collected in the US were figures of "confirmed and probable cases". There was, however, no breakdown between "confirmed" and "probable". In fact, only a small percentage of the reported cases were "confirmed" by a laboratory test.

On the basis of scanty country-level information, the WHO declared a level 4 pandemic on April 27. Two days later, a level 5 Pandemic was announced without corroborating evidence (April 29). A level 6 Pandemic was announced on June 11.

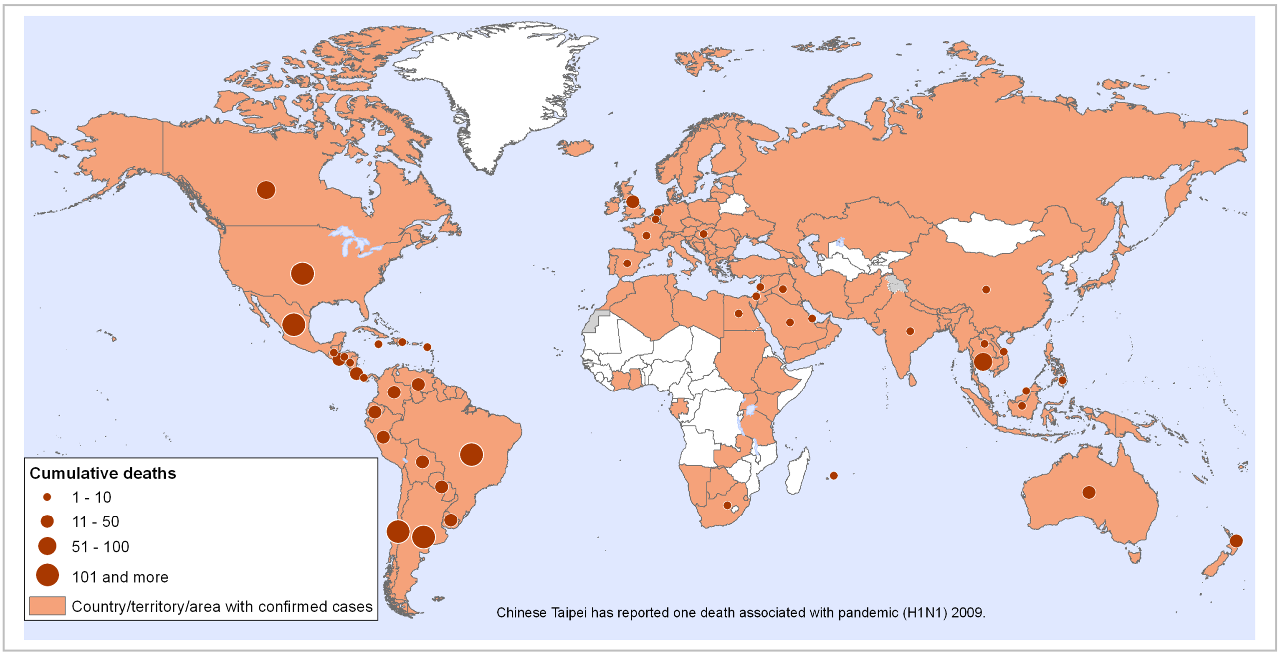
There was no attempt to improve the process of data collection in terms of lab. confirmation. In fact quite the opposite. Following the level 6 Pandemic announcement, both the WHO and the CDC decided that data collection of individual confirmed and probable cases was no longer necessary to ascertain the spread of swine flu. As of July 10, one month after the announcement of the level six pandemic, the WHO discontinued the collection of confirmed cases. It does not require member countries to send in figures pertaining to confirmed or probable cases.

WHO will no longer issue the global tables showing the numbers of confirmed cases for all countries. However, as part of continued efforts to document the global spread of the H1N1 pandemic, regular updates will be provided describing the situation in the newly affected countries. WHO will continue to request that these countries report the first confirmed cases and, as far as feasible, provide weekly aggregated case numbers and descriptive epidemiology of the early cases. (WHO, Briefing note, 2009)

Based on incomplete and scantly data, the WHO nonetheless predicts with authority that: "as many as 2 billion people could become infected over the next two years – nearly one-third of the world population." (World Health Organization as reported by the Western media, July 2009).

The statements of the WHO are notoriously contradictory. While creating an atmosphere of fear and insecurity, pointing to am impending global public health crisis, the WHO has also acknowledged that the underlying symptoms are moderate and that "most people will recover from swine flu within a week, just as they would from seasonal forms of influenza" (WHO statement, quoted in the Independent, August 22, 2009).

The WHO's July 10 guidelines have set the stage for a structure of scantiness and inadequacy with regard to data collection at the national level. National governments of member States of the WHO are not required to corroborate the spread of the A H1N1 swine flu, through laboratory tests.



https://web.archive.org/web/20090827183858/http://www.who.int/csr/don/GlobalSubnationalMasterGradcolour%5F20090813%5F20090819.png

The WHO table (19 Aug 2009, 13:38 GMT) provides the breakdown by geographical region. These figures, as acknowledged by the WHO are no longer based on corroborated cases, since the governments are not required since July 11 to "test and report individual cases". In an utterly twisted logic, the WHO posits that because the not required to test and report individual cases, which are the only means of ascertaining the spread of the virus, that "the number of cases reported actually understates the real number of cases" (See note at foot of Table). The question is: what is being reported by the countries? How do they ascertain that the cases are H1N1 as opposed to seasonal influenza.

The WHO confirms that the above data is based on qualitative indicators:

"The qualitative indicators monitor: the global geographic spread of influenza, trends in acute respiratory diseases, the intensity of respiratory disease activity, and the impact of the pandemic on health-care services."

These qualitative indicators are, according to the WHO, as follows:

See: https://web.archive.org/web/20090827183858/http://www.who.int/csr/don/GlobalSubnationalMasterGradcolour%5F20090813%5F20090819.png

Text Box 1 ...

The entire construct involves a non-sequitur.

In the text box below are the qualitative indicators used. What is being tabulated is 1. the spread of influenza, 2. the spread of respiratory diseases and 3. the impacts on health care services activity.

The spread of the H1N1 swine flu is not being evaluated through any concrete indicator.

An examination of the maps (click links on table below) does not suggest any particular pattern or trend, which might ascertain the spread of H1N1.

For many of the reporting countries the information is not available or indicates no particular trend.

The question is: how can this information reasonably be used to ascertain the spread of a very specific form of influenza, namely A H11N1

...

"Confirmed and Probable Cases" in the US

On July 24, following the WHO July 10 decision to shift from quantitative to qualitative assessments and not to require governments to ascertain the data through lab testing, the Atlanta based CDC also announced that it had discontinued the process of data collection pertaining to "confirmed and probable cases":

"How many cases of novel H1N1 flu infection have been reported in the United States? When the novel H1N1 flu outbreak was first detected in mid-April 2009, CDC began working with states to collect, compile and analyze information regarding the novel H1N1 flu outbreak, including the numbers of confirmed and probable cases of disease. From April 15, 2009 to July 24, 2009, states reported a total of 43,771 **confirmed and probable cases** of novel influenza A (H1N1) infection. Of these cases reported, 5,011 people were hospitalized and 302 people died. On July 24, 2009, confirmed and probable case counts were discontinued. Aggregate national reports of hospitalizations and deaths will continue at this time. (See CDC,CDC H1N1 Flu | Questions and Answers About CDC's Online Reporting)

Instead of collecting data – which would have provided empirical backing to its assessments on how the H1N1 virus was spreading – the CDC announced that it had developed a model "to try to determine the true number of novel H1N1 flu cases in the United States".

"The model took the number of cases reported by states and adjusted the figure to account for known sources of underestimation (for example; not all people with novel H1N1 flu seek medical care, and not all people who seek medical care have specimens collected by their health care provider). ...

Why did CDC discontinue reporting of individual cases? Individual case counts were used in the early stages of the outbreak to track the spread of disease. As novel H1N1 flu became more widespread, individual case counts became an increasingly inaccurate representation of the true burden of disease. This is because many people likely became mildly ill with novel H1N1 flu and never sought treatment; many people may have sought and received treatment but were never officially tested or diagnosed; and as the outbreak intensified, in some cases, testing was limited to only hospitalized patients. That

means that the official case count represented only a fraction of the true burden of novel H1N1 flu illness in the United States. CDC recognized early in the outbreak that once disease was widespread, it would be more valuable to transition to standard surveillance systems to monitor illness, hospitalizations and deaths. CDC discontinued official reporting of individual cases on July 24, 2009.

Biased Predictions

What is the precise nature of the data transmitted by the states to the CDC? The CDC calls for the transmission of "aggregate national reports of hospitalizations and deaths".

If the information is conceptually incorrect or incomplete at the outset, predictions and/or simulations will be inevitably be biased.

Without systematic lab confirmation, it is impossible to specify the nature of the virus because the symptoms of H1N1 are broadly similar to those of common influenza. In other words, do the data collected and transmitted by the states to the CDC confirm cases of H1N1 swine flu or do they indicate the prevalence of seasonal influenza?

The CDC posits that the data sent to them by the states is "underestimated". It then hikes up these figures of "unconfirmed" cases, many of which are cases of seasonal influenza. The "corrected figures" are then inserted into the model:

Using this approach [CDC model], it is estimated that more than one million people became ill with novel H1N1 flu between April and June 2009 in the United States. The details of this model and the modeling study will be submitted for publication in a peer reviewed journal. (Ibid)

The model is then used to predict the spread of swine flu and to justify a national health emergency. "Swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren't successful." (Official Statement of the US Administration, Associated Press, 24 July 2009).

Anybody who is familiar with model building and computer simulations, is acutely aware that if the data and assumptions which are fed into the model are incorrect at the outset, the results will inevitably be biased.

What we are dealing with is a process of statistical manipulation, which has far-reaching implications and which could potentially create an atmosphere of panic, particularly if it is coupled, as in the UK, with announcements that "mass graves are being set up to deal with a rising death toll.

Vaccination

The Atlanta based CDC's model's simulations and predictions as to the spread of H1N1 swine flu are then used to plan the implementation of a nationwide vaccination program.

Based on the model's "predictions", mass vaccination of half of the US population is required, with the possible provision for quarantines under civilian and/or military jurisdiction. In the case of the United Kingdom, confirmed by British press reports, the government has predicted a rising death toll requiring the provision of mass graves.

According to reports, the US government expects to have 85 million doses of the new vaccine by the end of October. In total, the US government has ordered 195 million doses from Big Pharma.

"Recommendation: Priority groups to receive the novel H1N1 vaccine

On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP) – an advisory committee to CDC – recommended that novel H1N1 flu vaccine be made available first to the following five groups (News Release)

Pregnant women Health care workers and emergency medical responders. People caring for infants under 6 months of age. Children and young adults from 6 months to 24 years. People aged 25 to 64 years with underlying medical conditions (e.g. asthma, diabetes). Combined, these groups would equal approximately 159 million individuals." (See Flu.gov: Tests, Vaccines, Medications, & Masks

According to the WHO, Western countries have already ordered one billion doses of the vaccine.

"Northern hemisphere countries have so far ordered more than one billion doses of swine flu vaccine, the World Health Organisation said Tuesday, sparking warnings over shortages," Agence

France-Presse reports. While some countries, including Greece, The Netherlands, Canada and Israel, have ordered enough vaccine to inoculate their citizens, "[o]thers, such as Germany, the United States, Britain and France, have put in orders that would cover between 30 and 78 percent of people," (AFP, August 19, 2009).

The WHO has made similar predictions: "Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario", Margaret Chan, Director-General, World Health Organization (WHO), quoted by Reuters, 21 July 2009)

The United Kingdom: "Suspected Cases" versus "Confirmed Cases"

Even prior to the WHO decision to suspend reporting and compilation of confirmed cases, the process of data collection in the UK revealed some highly unusual patterns.

"There are big gaps in UK data on swine flu, many of them because so few virological confirmations of H1N1 seem to be being undertaken anywhere. But virology matters - and if more tests had been done, we might begin to understand why the number of people in hospital for swine flu in England is so much greater than in Scotland." Where have all the virologists gone? | Straight Statistics

In Scotland, the collection of data was based on "confirmed cases" (lab testing), whereas in England it was based on "suspected cases" (no lab testing). In both cases, we are dealing with hospitalization. For the same time period, according to the study, England had 3,906 incident hospitalizations for "suspect swine-flu", compared with Scotland's 43 for "confirmed H1N1".

England has approximately ten times more population than Scotland. On a per capita basis, however, there are 9.1 times more people in England with "suspected H1N1" flu than in Scotland, based on "confirmed cases": 43 confirmed cases in Scotland, 3906 in England (suspected cases), a ratio of more than 1 to 9.

Has the H1N1 epidemic "evolved differently in Scotland and England, in extent and/or timing."? There is no evidence to this effect. Or is this discrepancy of 90 to 1, partially the result of bias in the data for England which is based on "suspected cases". Where have all the virologists gone? | Straight Statistics See also Call for more H1N1 data | Straight Statistics

It is on the basis of these "suspected cases" that unsubstantiated and irresponsible statements are being made by senior government health officials.

What this implies is that the hospital based data on "suspected cases" referred to above, which was already the source of bias is no longer being collected by health personnel.

Self-Categorization

In Britain, the collection of "suspected cases" (which is known to be biased) was abandoned in favor of a system which does not require a diagnosis by a health professional, nor the testing of a lab specimens.

Since the WHO ruling on July 10, establishing new guidelines for data collection, the British authorities no longer focus on hospital based "suspected cases", they are now collecting the data through "dedicated call centres".

They have launched a national service where if you have flu like symptoms, you can call up dedicated call centres or check online whether you have swine flu. So, you don't have to go to your GP, you can access antivirals quickly and don't infect others by travelling around. (Most rapid spread of H1N1 virus in UK)

In Britain, the transition has been from "confirmed cases" (lab confirmation) to "suspected cases" (established by health professional, not requiring testing) to "self categorization"

As the pandemic progresses, the process of data collection becomes increasingly loose and unprofessional. One would normally expect the opposite, that following the announcement of Worldwide level 6 pandemic, that the process of data collection would be developed and improved as means to formulating a public health action plan.

The process of data collection under the National Pandemic Flu Service is now based on "self-assessment" or self-categorization. Anybody who thinks he/she has flu-like symptoms can contact the National Pandemic Flu Service, by telephone ou through the internet, and can receive an antiviral prescription (e.g. Tamiflu) without the intermediation of a health professional and without even seeing a doctor. You can do it on the internet or by calling up the phone help line:

"The [British] National Pandemic Flu Service is a self-care service that will assess your symptoms and, if required, provide an authorisation number which can be used to collect antiviral medication from a local collection point. For those who do not have internet access, the same service can be accessed by telephone"

According to British health sources communicated to this author, persons who receive a prescription for Tamiflu through the National Pandemic Flu Service over the phone or through the National Health Service Telephone Call Service will be categorized and recorded as a "suspected case" of H1N1 swine flu.

Typical symptoms: sudden fever (38C or above) and sudden cough
1. Other symptoms include: Tiredness and chills
2. Headache, sore throat, runny nose and sneezing
3. Stomach upset, loss of appetite, diarrhoea
4. Aching muscles, limb or joint pain
Source: NHS and BBC.

The moment you enter your name into the system over the internet or by phone, which allows you to collect anti-viral medication (e.g. tamiflu), you may be categorized as a suspected or probable case of H1N1. (see the UK National Pandemic Flu Service guidelines in Annex 1 below)

As discussed in the England versus Scotland analysis, there is already a 9 to 1 discrepancy between "suspected" and "confirmed" cases, both of which are hospital based.

The system of data collection in the UK through "self-categorization" has no scientific basis whatsoever. It is totally meaningless, given the fact that the H1N1 has the same symptoms as seasonal influenza. (We have, however, not been able to ascertain at the stage the extent to which the self-assessment information is being tabulated and used to establish trends pertaining to the H1N1 flu pandemic)

The pattern in other countries differs from that outlined in relation to Britain. In the US, a system of testing at the state level still prevails.

Concluding Remarks

Reports from Britain by prominent physicians (to the author) suggest that doctors and epidemiologists in the UK are being threatened. They risk being fired by the National Health authorities if they speak out and reveal the falsehoods underlying the data as well as government statements.

It is essential that physicians, epidemiologists and health workers speak out through their respective associations and refute the statements of government health officials who are tacitly acting on behalf of Big Pharma, as well as denounce the manipulation of the data. It is also important to warn the public on the dangers of untested H1N1 flu vaccines.

What we are dealing with is a big lie. A process of generating fake data which is then used to justify a nationwide vaccination program.

The political and corporate interests behind this Worldwide public health emergency must be the target of citizens' actions.

This public health emergency is not intended to protect humanity.

The World is at the crossroads of a major economic and social crisis. The Worldwide public health emergency serves to divert public opinion from the real crisis which is affecting the World's people. This crisis is characterised by rising poverty and unemployment an the collapse in social services, not to mention a a US-NATO multitrillion dollar high tech "war without borders" which includes the preemptive "first strike" use of nuclear weapons.

The dramatic causes and consequences of the "real crisis" which in real sense threaten the future of humanity must remain unheralded. Both the Economic Crisis and the Middle East Central Asian war are the object of routine and persistent media distortion and camouflage. In contrast, the H1N1 swine flu – despite its relatively mild and benign impacts – is depicted as major "Save the World" endeavor.

PreventDISEASE.com
Aiming Towards Better Health

How to Orchestrate an Effective Pandemic Campaign for the Flu

Prevent Disease, 1 September 2009
https://web.archive.org/web/20090915185953/http://preventdisease.com/news/09/090109_flu_hype.shtml

From radio, internet, television, newspapers, magazines, outdoor posters, signage and promotions, you cannot escape the flu hype campaigns so diligently pursued by all the malicious agendas at play. How do governments and international agencies effectively orchestrate pandemic campaigns based on fear so that people will listen, believe and obey?

Manipulating data, promoting falsehoods, continually misinforming the public and using all forms of media to publicize "the deceptive plan", are all effective strategies currently being deployed to extend a massive psychological operation to world populations.

The CDC's Role

The use of the Centers for Disease Control and Prevention (CDC) as a front line operation to deceive the U.S. populace has been instrumental in communicating the flu hype. Tom Skinner, spokesman for the CDC stated "we're going to continue to stress that the vaccine is the most important thing that parents can do to protect their children. This H1N1 vaccine should be taken in addition to the seasonal flu vaccine, and not as a replacement for it."

The CDC has even gone to the extent of hosting a swine flu forums offering $50 stipends to those who preregister. Clinical trials are also being set up where human guinea pigs are paid about $500 each for allowing this foreign vaccine material to be injected into their bodies.

Public health expert, Dr. Horowitz has urged an investigation of Dr. James S. Robertson, England's leading bioengineer of flu viruses for the vaccine industry, and avid promoter of U.S. Government funding for lucrative biodefense contracts, along with collaborators at the US Centers for Disease Control & Prevention (CDC). These suspects helped Novavax, Inc., in Bethesda, Maryland, produce genetically-modified recombinants of the avian, swine, and Spanish flu viruses, H5N1 and H1N1, nearly identical to the unprecedented Mexican virus that is allegedly spreading to the United States at the time of this posting. The outbreak was precisely timed to promote the company's new research and huge vaccine stockpiling contracts.

Scientists at the U.S. Centers for Disease Control (CDC) are implicated through collaborations and publications involving private contracts with Novavax, a company that obtains its biosimilars through CDC Influenza Branch director, Ruben O. Donis, and Dr. Rick Bright, previously working with Donis at the CDC, now Novavax's Vice President of Global Influenza Programs.

"Descriptions of this virus is pathognomonic, or diagnostic, of a virus that came from Robertsons circle of friends," Dr. Horowitz charges. No other group in the world takes H5N1 Asian flu infected chickens, brings them to Europe, extracts their DNA, combines their proteins with H1N1 viruses from the 1918 Spanish flu isolate, additionally mixes in swine flu genes from pigs, and then reverse engineers them to infect humans. The end product could only have ended up in Mexico via the United States from Britain in care of the CDC. The CDC had to have sent them to Novavax, where Rick Bright's team is now implicated in a conspiracy to commit genocide - the mass killing of people for profit.

The Orchestrators Play the Same Cards Over and Over

The orchestrators of pandemics have historically used the same tactics to achieve their goals. Incrementalism plays a large part in priming the populace for vaccination programs so that administering them becomes a voluntary process rather than forced. The incremental approach gradually integrates all demographic and psychographic factors such as age, sex, family size, language, culture, education, job responsibilities, geography, religion, and how every company, product and service could affect response. It is inclusive of all scenarios that could detrimentally affect the operation. By experimenting through the decades, the orchestrators have learned the best psychological tactics through trial and error.

In 1976, another "Swine Flu" fiasco and fraud was perpetrated. A solitary soldier in New Jersey collapsed and died following a reaction to an "experimental" vaccine while completing an intense physical forced march exercise at Fort Dix. Immediately, the CDC swung into action, declaring the first nationwide Swine Flu Pandemic. Providentially, of course, the CDC just happened to have 200+ millions doses of swine flu vaccine already stockpiled, prepared with attenuated (live, yet weakened) viruses and experimental adjuvants.

President Gerald Ford, (with proven ties to Big Pharma and Nixon's covert viral weapons labs also a key member of the "Warren Commission's" obfuscation of the JFK murder) rolled up his sleeves on national TV and dutifully took the vaccine. 40 million vaccines were given to naïve American human guinea pigs. A rash of auto-immune disorders (Guillain-Barre Syndrome GBS, and lupus) as well as a large number of deaths were immediately attributed to the vaccine, and the mass vaccination campaign was halted. (What happened to the other 140 million vaccines, one may ask?)

In 1979, the television news magazine 60 Minutes did a documentary investigation on this travesty-for-money scandal. Against all odds and the threats of Big Pharma, the objectively fair 60 Minutes program aired one time. There was no follow-up story. No criminal indictments were ever issued. There was no mass-murder-for-hire trial. As a result, America has largely forgotten the 1976 swine flu scandal! 60 Minutes story – links do not work ...

The only way a modern "swine flu pandemic" can actually materialize is by injection of certain live viruses via vaccine needles. Make no mistake, the world is not experiencing a true pandemic explosion at this time but it most assuredly will when and if the planned mass influenza vaccinations are completed worldwide. The vaccine is and will always be the pandemic, not the flu.

=> https://web.archive.org/web/20090821070753/http://preventdisease.com/news/09/081809_swine_flu_hype.shtml

The deadly 1918 *Influenza Pandemic* was the direct result of live-virus-contaminated Typhus Fever Vaccines mandatorily given to U.S. and Allied military personnel during World War I. These deadly typhus fever vaccines were manufactured by John D. Rockefeller's research labs and Chinese pharma factories. The vaccine "seed stock" consisted of viruses harvested from human typhoid fever patients, cross-injected into swine herds to create increased "seed stock", and then injected into chicken and turkey eggs for further incubation of the pathogens. The final, harvested "vaccine material" then was injected into hundreds of millions of human veins. The result was a massive 'pandemic' that claimed the lives of as many as 50 million people worldwide.

Manipulate the Data to Suit the Objective

Following the outbreak of the H1N1 swine flu in Mexico, the data collection was at the outset scanty and incomplete, as confirmed by official statements.

=> https://web.archive.org/web/20090915185953/http://preventdisease.com/news/09/050409_flu_hype.shtml

The CDC acknowledged that what was being collected in the US were figures of "confirmed and probable cases". There was, however, no breakdown between "confirmed" and "probable". In fact, only a small percentage of the reported cases were "confirmed" by a laboratory test.

On the basis of scanty country-level information, the World Health Organization (WHO) declared a level 4 pandemic on April 27, 2009. Two days later, a level 5 Pandemic was announced without corroborating evidence (April 29, 2009). A level 6 Pandemic was announced on June 11, 2009.

There was no attempt to improve the process of data collection in terms of lab confirmation. In fact quite the opposite. Following the level 6 Pandemic announcement, both the WHO and the CDC decided *that data collection of individual confirmed and probable cases was no longer necessary to ascertain the spread of swine flu.* As of July 10, 2009, one month after the announcement of the level six pandemic, the WHO discontinued the collection of confirmed cases. It does not require member countries to send in figures pertaining to confirmed or probable cases. According to a WHO briefing note:

WHO will no longer issue the global tables showing the numbers of confirmed cases for all countries. However, as part of continued efforts to document the global spread of the H1N1 pandemic, regular updates will be provided describing the situation in the newly affected countries. WHO will continue to request that these countries report the first confirmed cases and, as far as feasible, provide weekly aggregated case numbers and descriptive epidemiology of the early cases. – July 10, 2009.

Based on incomplete and scantly data, the WHO nonetheless predicts with authority that: "as many as 2 billion people could become infected over the next two years – nearly one-third of the world population." (World Health Organization as reported by the Western media, July 2009).

The statements of the WHO are notoriously contradictory. While creating an atmosphere of fear and insecurity, pointing to an impending global public health crisis, the WHO has also acknowledged that the underlying symptoms are moderate and that "most people will recover from swine flu within a week, just as they would from seasonal forms of influenza" (WHO statement, quoted in the Independent, August 22, 2009).

The WHO's July 10 guidelines have set the stage for a structure of scantiness and inadequacy with regard to data collection. National governments of member states of the WHO are not required to corroborate the spread of the H1N1 swine flu, through laboratory tests. Thus, junk science is validating every flu and pandemic policy dictated by the WHO.

Malicious Recommendations by Those in-the-Know

Medical care professionals and front line emergency workers worldwide are being told to be the example and receive the vaccine first to demonstrate its assumed safety to the public. After all, how will the public ever be convinced to take the vaccine if the medical community has refused. The requirement is now part of emergency regulations in several countries such as the U.S., Canada and several countries of the EU such as France. The governments of these countries are coercing all front line workers to get the flu vaccine – and that it be a requirement for employment.

Modern medical practitioners, including some well-meaning osteopaths, would have the world believe the myth that vaccines containing attenuated (weakened) live viruses cannot cause the viral disease conditions they are targeting. The scientific premise for this misconception is non-existent.

The orchestrators of the pandemic, including the CDC, are now recommending that to maximize safety, a "duplex" vaccination will be necessary. A duplex vaccination basically involves a two-shot series. The first shot consists of a very weak, highly attenuated dose of the live virus.

This is intended to create an initial immune response patterning the specific virus injected. Within a couple of weeks of the 1st shot, a booster shot is given. The booster shot has only lightly attenuated, or even full strength viruses in the injection. This 2nd shot is then intended to create a full-strength immune system response in the human subject.

This is, at the very least, bad science and borders on insanity for self-evident and fairly obvious reasons. By their own admissions, the National Institutes of Health (NIH) scientists in their various writings have declared that the level of potency of these reversed engineered viruses show abnormal, almost random tendencies in their attenuated states. Nobody really knows what will happen over time as the inevitable "genetic drifts" occur. It is a literal crap shoot. It is highly probable that even the highly attenuated franken-viruses can swiftly regain their full potency even in the presence of

ether and formaldehyde. Secondly, the full-strength booster shot viruses could just as easily "drift" into something much more deadly than the "original' recombinant virus that it is targeting.

So you have the NIH, WHO, CDC and dozens of intergovernmental agencies who have at several levels contradicted themselves by downplaying the summations of "real science" by promoting the lies based on "junk science", even if it opposes relevant and credible conclusions by many of their own scientists.

Keep in mind that scientists responsible for this pandemic are not stupid. They know the facts, and therefore it can only be concluded that this entire affair is following the Modus Operandi of the medical elite since the 1920 engineered smallpox epidemics. It is all being orchestrated by eugenicists for money and the social and geographical restructuring of the "human herd".

The Philadelphia Inquirer philly.com

Michael Fumento

Flu forecast is based on suspect data
There is no solid evidence indicating that H1N1 will meet dire projections

The Philadelphia Inquirer (Philadelphia, PA), 2 September 2009, 181st, N 94, p. A15
https://www.newspapers.com/image/199514706/?terms=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22&match=1

The President's Council of Advisors on Science and Technology issued an alarming report on swine flu last week. A typical front-page article about it began, "Swine flu could infect half the U.S. population this fall and winter, hospitalizing up to 1.8 million people and causing as many as 90,000 deaths."

But the council's "plausible scenario" involving those alarming figures is based on three main assumptions, and all three are highly suspect.

First, the report says that "based on past pandemics," a sharp increase in infections "is likely ... starting in September and peaking in October." That's important, because the first shipments of vaccine aren't expected until mid-October.

The problem is that swine flu isn't comparable to those past pandemics. As I wrote in June, it's only called a pandemic because the World Health Organization changed its definition of the term so that "enormous numbers of deaths and illness" are no longer required.

Furthermore, true pandemics have been severe because the viruses involved were alien to our immune systems. But H1N1 virus, of which swine flu is a variety, "has been circulating every year since 1977," noted Peter Palese of Mount Sinai School of Medicine in New York, a member of the president's council. It's consistently part of the seasonal-flu vaccine. The swine flu variety is different in some ways, but this is "something our immune systems have seen before," Palese said.

In fact, older people seem especially protected, apparently from exposure to a strain that circulated before 1957. That helps explain why swine flu disproportionately afflicts younger people.

Palese, who is none too happy with the council's report, calls an October peak "highly hypothetical." James Chin, a professor at the University of California, Berkeley, and former WHO epidemiologist, is even more skeptical. "Just six weeks from now, about a quarter of the U.S. population will have to have been infected, or close to an average of two million infections per day," he noted. It took almost five months for the flu to reach an estimated two million infections.

Faulty figures

A second suspect assumption in the report is that, in the absence of a vaccine, swine flu will infect vastly more Americans – 30 to 50 percent of the population – than seasonal flu does. Why? "Because most of the population lacks significant immunity to a new pandemic strain," says the report. Once again, this overstates the newness of the virus.

The report's third dubious assumption is that the rate of death from swine flu "appears to be similar to that of seasonal flu. There's no source for this claim in the report, so I contacted Dr. Harold Varmus, president of Memorial Sloan-Kettering Cancer Center in New York and a co-chairman of the president's council. In an e-mail, he cited figures from the British government and two journals, BMJ and Eurosurveillance.

The U.K. figures were described as a worst-case scenario. The rates reported by BMJ came from the United States, Mexico, and three other areas; the high end was from Mexico, the U.S. rate was far lower, and those from the other areas were lower still. Portraying them as a range for the United States, as the council report did, is mislead-ing. Finally, the figures attributed to Eurosurveillance come from four different sets of data. Three of these have maximum death rates far below the council's minimum, and the fourth barely exceeds the council's minimum estimate.

Worried well

On the other hand, comparing current U.S. swine flu deaths (about 550) to the number of estimated infections (two million) suggests that the virus is far less lethal than seasonal flu. A new New York City estimate suggests seasonal flu is 10 to 40 times more deadly.

Chin noted that Australia is having its flu season now. But with swine flu cases having peaked in July, and with no swine-flu vaccine, the government is reporting a flu epidemic not discernibly worse than in recent years. Indeed, swine flu "appears to be replacing the current seasonal H1N1 virus," meaning there could be fewer deaths. Chin told me, "My bet is that the coming [U.S.] season will not be too severe – at or below that of a usual flu season."

The only realistic aspect of the scenario put forward by the council is that emergency facilities could be swamped. But rather than with truly sick people, it will be with the mildly ill and the worried well – as happened during the media fright fest last spring. This time, much of the panic will be due to the council's self-fulfilling prophecy.

thebmj

Peter Doshi

Calibrated response to emerging infections

BMJ, 3 September 2009; 9; 339: b3471-b3471
http://www.bmj.com/cgi/content/full/339/sep03_2/b3471

WHO has revised its definition of pandemic flu in response to current experience with A/H1N1. Peter Doshi argues that our plans for pandemics need to take into account more than the worst case scenarios.

The current flu pandemic raises a public health policy question that could have been asked after the emergence of severe acute respiratory syndrome (SARS): what is the proper response to clinically mild or epidemiologically limited (small number) outbreaks caused by new viruses? Over the past four years, pandemic preparations have focused on responding to worst case scenarios. As a result, officials responded to the H1N1 outbreak as an unfolding disaster. Measures were taken that in hindsight may be seen as alarmist, overly restrictive, or even unjustified. Assumptions about the nature of emerging infections along with advanced laboratory surveillance have changed the way we understand epidemics and we need a new framework for thinking about epidemic disease.

Predictions that missed the mark

Before the arrival of novel A/H1N1 virus, pandemics were said to occur when a new subtype of influenza virus to which humans have no immunity enters the population, begins spreading widely, and causes severe illness.[1, 2] Reference was often made to the catastrophic pandemic of 1918 and the ongoing threat of highly pathogenic avian influenza H5N1 that has killed over half of the 456 people with recorded infection since 1997. Without proper preparation, "The loss of human life even in a mild pandemic will be devastating, and the cost of a world economy in shambles for several years can only be imagined," one highly cited article concluded in 2005.[3] The large sums of public money spent on pandemic preparedness (over $7bn (£4bn; €5bn) in the US) underlined the seriousness of the threat, and often repeated phrases such as "not a question of IF a pandemic will happen, but WHEN"[4] characterised the next flu pandemic as a high probability, high consequence event.

But the 2009 pandemic, taken as a whole, bears little resemblance to the forecasted pandemic. Pandemic A/H1N1 virus is not a new subtype but the same subtype as seasonal A/H1N1 that has been circulating since 1977. Furthermore, a substantial portion of the population may have immunity. The US Centers for Disease Control and Prevention (CDC) found that 33% of those aged over 60 had cross reactive antibody to novel A/H1N1,[5] which may explain why cases have been rare in elderly people.

There is also far less certainty today regarding the severity of the threat of pandemic flu. Experts are unsure that the 2009 pandemic – which the World Health Organization presently characterises as moderate[6] – will be any worse than seasonal flu.[7,8,9] Since the emergence of novel A/H1N1, descriptions of pandemic flu (both its causes and its effect) have changed to such a degree that the difference between seasonal flu and pandemic flu is now unclear (table ⇓).[10] WHO, for example, for years defined pandemics as outbreaks causing "enormous numbers of deaths and illness",[10] but in early May, removed this phrase from the definition.[11]

Changing views of pandemic flu, before and after emergence of influenza A/H1N1 virus

Aspect	Before A/H1N1	Since A/H1N1
One line summary	WHO 2003-9: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness".[10]	WHO: "An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity".[10]
Virus and immunity	WHO 2005:"Most people will have no immunity to the pandemic virus".[1]	WHO: "The vulnerability of a population to a pandemic virus is related in part to the level of pre-existing immunity to the virus".[12]
	US CDC 1997: "When antigenic shift occurs, the population does not have antibody protection against the virus"[13]	US CDC: "Cross-reactive antibody [to A/H1N1] was detected in 6%-9% of those aged 18-64 years and in 33% of those aged >60 years".[5]
Impact (health, social, economic)	WHO 2005: "Large numbers of deaths will occur . . . WHO has used a relatively conservative estimate—from 2 million to 7.4 million deaths . . . Economic and social disruption will be great"[1]	WHO: "H5N1 has conditioned the public to equate an influenza pandemic with very severe disease and high mortality. Such a disease pattern is by no means inevitable during a pandemic. On the contrary, it is exceptional".[14]
	CDC 1997: "The hallmark of pandemic influenza is excess mortality"[13]	CDC: "There are some pandemics that look very much like a bad flu season"[8]
	Canada 2006: "An influenza pandemic results if many people around the world become ill and die from such a [new form of influenza] virus"[15]	Canada: "An influenza pandemic does not necessarily cause more severe illness than seasonal influenza"[9]

On 29 April 2009, one week after news of the outbreak first surfaced, WHO declared a phase 5 pandemic alert (the highest threat level short of global pandemic), urging all countries to "immediately activate their pandemic preparedness plans".[16] Epidemiological information at this time was mixed, suggesting a severe disease in Mexico but mild everywhere else. Actions were thus taken in an environment of high public attention and low scientific certainty.[17,18] Some countries erected port of entry quarantines. Others advised against non-essential travel to affected areas. Some closed schools and businesses. Many held daily press briefings. The wisdom of many of these actions, particularly in response to what has largely been a clinically mild illness, will undoubtedly be debated in the future. What these actions more clearly show, however, is that the public health response to, as well as impact and social experience of a pandemic, is heavily influenced by longstanding planning assumptions about the nature of pandemics as disaster scenarios.

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Junk Science and Contradictions Dominate WHO Pandemic Statements and Policies

Prevent Disease, 8 September 2009
https://web.archive.org/web/20090915190037/http://preventdisease.com/news/09/090809_swine_WHO_junk_science.shtml

The World Health Organization (WHO) claims that by employing their monitoring standards on outbreaks from different parts of the world, they are able to obtain sufficient information to make tentative conclusions about how the influenza pandemic might evolve in the coming months. Much of the clever phrasing on the WHO website is convincing enough to conceal the fact that all their pandemic policies on response and preparation recommendations are based on pure speculation and junk science.

More and more investigations on the flu pandemic hype are exposing the malicious intent by the agencies involved. The hype which has been so masterfully publicized by the WHO, CDC and other government agencies, is simply an evolving perpetual motor of deception.

Some of the myths propagated by the WHO are as follows:

WHO Claim: H1N1 is now the dominant virus strain

The WHO claims that the evidence from multiple outbreak sites demonstrates that the H1N1 pandemic virus has rapidly established itself and is now the dominant influenza strain in most parts of the world.

This is extremely deceptive of the WHO since they admit they are routinely re-categorizing a large number of cases of common influenza as H1N1 swine flu. The WHO stated in a briefing note that the "…increasing number of cases in many countries with sustained community transmission is making it extremely difficult, if not impossible, for countries to try and confirm them through laboratory testing. Moreover, the counting of individual cases is now no longer essential in such countries for monitoring either the level or nature of the risk posed by the pandemic virus or to guide implementation of the most appropriate response measures. ”

They also admit that:

- they will not collect data on the spread of H1N1 based on systematic lab confirmation.
- they will discourage national health officials to conduct detection and laboratory confirmation, while also pressuring the countries' public health authorities to duly deliver to the WHO on a weekly basis the data on H1N1 cases.
- they will only refer to "confirmed cases”. They do not distinguish between confirmed and non-confirmed case. It would appear that the "non-confirmed” cases are categorized as confirmed cases and the numbers are then used by the WHO to prove that the disease is spreading.

Reality: Since the swine flu has the same symptoms as seasonal influenza, the widespread incidence of the common flu is being used to generate the confirmed case H1N1/swine flu reports delivered to the WHO. Therefore, without laboratory evidence, it is impossible (scientifically or otherwise) for the WHO to ascertain any reliable evidence that H1N1 is the dominant virus strain. They routinely use such junk science in dealing with the body of pandemic facts and truths.

WHO Claim: Pandemic flu is not the same as seasonal influenza

They claim that there are differences between patterns of illness reported during the pandemic and those seen during seasonal epidemics of influenza. Specifically, they imply that age groups affected by the pandemic are generally younger than those of seasonal influenza.

The WHO is knowingly misleading the public with their claims. On their own website, they specify that "yearly influenza epidemics can seriously affect all age groups." Moreover, by insisting that "most of the severe cases and deaths have occurred in adults under the age of 50," they are specifically targeting populations with the largest demographic age group. Their intention is to endorse the greatest compliance for public administration of vaccines and the highest profits to the pharmaceutical industry. Without any scientific evidence, they promote these assumptions and advertise their fictitious data and opinions as facts.

The symptoms of seasonal influenza are known to be quite mild for the majority of the population. Coincidentally, the WHO continues to define the severity of the H1N1 virus as an illness requiring neither hospitalization nor even medical care. Most cases are having mild symptoms that clear up on their own, very much like seasonal influenza. These types of contradictory statements are littered throughout the WHO literature and their policies.

Reality: There is no substantive or credible nature to this claim since the WHO will not collect data on the spread of H1N1 for ANY age group based on systematic lab confirmation. The fact that they are not distinguishing between confirmed and non-confirmed cases strongly translates this claim into pure conjecture.

WHO Claim: Pregnant Women are a vulnerable group

According to the WHO, there is an increased risk of the pandemic flu during pregnancy which is well-documented across countries. They further state that this risk takes on added significance for this virus since it preferentially infects younger people.

Pregnant women have been identified as being at high risk of complications resulting from H1N1 flu, following publication of research in the Lancet medical journal in July. As a result, officials on both sides of the Atlantic have identified mothers-to-be as priority cases for the fast-tracked vaccine, despite the fact that relatively nothing is known about the possible side effects of the vaccine on unborn babies.

=> "Give pregnant women priority for swine flu vaccine, study urges". – The Guardian, 29 July 2009. https://www.theguardian.com/world/2009/jul/29/swine-flu-pregnant-woman-lancet

=> Jamieson D.J., et all. H1N1 2009 influenza virus infection during pregnancy in the USA. – The Lancet, 29 July 2009, 374(9688): 451–458 https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(09)61304-0.pdf

Just as there was no evidence of the avian flu virus mutating to cause a pandemic, there is also no evidence of any mutagenic process involved in the H1N1 swine flu virus. Talmage Holmes, a relationship manager for the Centers for Disease Control and Prevention (CDC) in Columbus, Ohio, states that pregnant women should not have any special worries. "Pregnant women are at no greater risk than others." says Dr. Holmes. "Until there has been mutation or re-assortment of the avian flu virus' genetic material, the risk to all humans is very low."

Reality: To date, there are NO well-documented case studies in any country that establish pregnant women as having an increased risk for pandemic flu. Globally, the effects of the H1N1 swine flu virus have been relatively mild and it has behaved no differently than any other influenza virus. The WHO is well aware of this fact despite its tireless effort to advocate the opposite by manipulating the data. By targeting pregnant women, the WHO is attempting to instigate fear which they hoped would activate the maternal protective reponse in women who would then opt for the vaccine. In reality, it has accomplished the opposite effect. According to the results of recent polls on mumsnet.com, just 6% of pregnant women say they definitely will take the swine flu vaccine to protect their children.

WHO Claim: Regulatory procedures for pandemic vaccines are rigorous and do not compromise safety.

According to the WHO, they attempt to shorten the time between the emergence of pandemic viruses and the availability of safe and effective vaccines.

For example, to fast-track vaccines, they only require minimal data from manufacturers who already have licensed influenza vaccines if they intend on using the same manufacturing process for pandemic vaccines.

One such method used in Europe is to conduct advance studies using a "mock-up" vaccine that contains an active ingredient for an influenza virus that has not circulated recently in human populations.

When testing these mock-up vaccines, it is very possible to release the novel influenza virus into the population, as its purpose is to "mimic the novelty of a pandemic virus" and "greatly expedite regulatory approval."

Why are the potential effects of releasing a viral strain to which humans have acquired NO immunity for? This alone is an extremely dangerous practice which leaves gaping holes in the safety protocols at the WHO.

They also claim that fast-tracked vaccines will require post-inoculation testing to validate vaccine safety. "Time constraints mean that clinical data at the time when pandemic vaccines are first administered will inevitably be limited. Further testing of safety and effectiveness will need to take place after administration of the vaccine has begun." In other words, the first groups or populations treated with the vaccine are human experiments.

Reality: This clearly demonstrates the irresponsible nature of WHO pandemic policy. The fast-tracked pandemic vaccines they attempt to regulate and approve are those with the least safety testing prior to being used. This potentially gives vaccine manufacturers the green light to develop medically approved poison with no regard to human health. They compromise safety in every respect.

WHO Claim: Influenza vaccines have been used for more than 60 years and have an established record of safety in all age groups.

Reality: For the last 60 years, influenza vaccines have contained combinations of the following: Ammonium sulfate, polysorbate 80, thimerosal, formaldehyde, egg or chicken protein, antibiotics and aluminum, among others. Each of the above ingredients are toxic and pose a scientifically established hazard when injected into the human body. The long-term adverse effects of vaccines and their additives are no longer questioned by hundreds of internationally recognized scientists. The facts are clear, the risk of vaccines outweigh any benefits to human health.

=> The risks of vaccines currently outweigh any benefits to human health. – Prevent Diseases, July 2007.
https://web.archive.org/web/20090909013004/http://preventdisease.com/home/tips78.shtml

Inoculations are the true weapons of mass destruction, and have absolutely no correlation to disease prevention. Vaccines have caused millions of chronic health ailments and deaths in the last 60 years. The statements made by the WHO claiming "an established record of safety in all age groups" is at the very least outlandish and criminal.

=> Inoculations are the true weapons of mass destruction. – Prevent Diseases, 29 June 2009.
https://web.archive.org/web/20090915185948/http://preventdisease.com/news/09/062909_wmds.shtml

Зачем разводят большое свинство вокруг свиного гриппа
Пятый месяц бродит по планете свиной грипп

Комсомольска Правда, 17 сентября 2009, 6:00
https://www.kp.ru/daily/24362.3/546587/

В этой пандемии по-прежнему много загадок. Что стоит за "новым ужасным" гриппом и есть ли от него спасение?

Я обратился к независимому эксперту, более четверти века занимающемуся проблемами биологической безопасности, Михаилу Супотницкому.

Не так страшна "испанка", как ее малюют?

- *Михаил Васильевич, в народе гуляет версия*, что "свинский" вирус - биологическое оружие. Что скажет военный ученый-микробиолог?

- Вирус гриппа никогда серьезно не рассматривался как потенциальный агентбиологического оружия.

- *А не кажется вам странным*, что первая вспышка напасти, которой нас всех запугали, случилась в 1976 году в США, на военной базе Форт-Нокс?

- Случайное сочетание событий. Там было подсобное хозяйство, свиньи, масса народа в казармах.

- *Н-да... Не такого ответа я ждал* от бывшего полковника Российской армии.

- Биологическое оружие ликвидировано в соответствии с "Конвенцией о запрещении разработки, производства и накопления запасов бактериологического (биологического) и токсинного оружия и об их уничтожении", подписанной США в 1972 году. Не там копаете, товарищ журналист!

- *Зато ваши коллеги*, военные вирусологи США, хорошо знали, где копать. В вечной мерзлоте откопали тела жертв ужасной "испанки" и реанимировали смертоносный вирус. Отрицать не будете, товарищ полковник?

- Да, специалисты Института патологии армии США "откопали" на Аляске генетическую информацию вируса, вызвавшего пандемию "испанки". В 1918 году смертность от гриппа в эскимосском поселке Бривиг-Миши была 85%(показатель чуть ниже смертности от легочной чумы!), вот поэтому они там и занялись поисками этого вируса. Согласен и с тем, что они искали нечто такое, что можно изучать в военных целях.

- *И использовать на войне*?

- Не только! Эти исследования расширяют представления о причинах смертоносных пандемий. Военные надеялись найти супервирус, гены которого можно использовать для конструирования других опасных вирусов. Они восстановили геном вируса "испанки" по тем фрагментам его РНК, что нашли в телах погибших. Это блестящая и дерзкая научная работа! Но результаты обескуражили их самих. Оказалось, что вирус "испанки" МЕНЕЕ ОПАСЕН, чем циркулирующие ныне на бытовом сленге называемые вирусами "сезонного гриппа"!!!

- *Когда они обнаружили*, что вирус не так страшен, как его малюют?

- В 1996 году!

- *Почему в 1998 году число жертв* "испанки" повысили с 20 миллионов до 40-60? А ныне говорят о 100 миллионах!!!

- Уже готовились к мировым информационным войнам XXI века. Информационная война - массированный вброс безграмотной лжи в общественное сознание. Кого сегодня удивят 20 миллионов? 100 миллионов жертв - совсем другое дело. А завтра назовут 200. И потребуют денег на вакцину, на миллиард доз.

"Испанка" погубила максимум 20 миллионов. И это не так много, если учесть, что тогда переболели гриппом 550 млн. - почти треть населения планеты.

- *Может, подсчеты в ту пору были необъективными*?

- Это сегодня цифры берут с потолка. Труды ученых, подсчитавших потери в начале 20-х годов, очень обстоятельны, основаны на большой и разнообразной статистике. Всего один пример. 1921 год. Гражданская война, холера, тиф, "испанка"... Ростовский эвакопункт: сотни вагонов и бараков для больных, которых снимают с поездов, вывозят с фронта, лечат, проводят профилактические, противоэпидемические мероприятия.

Врачи издают "Эпидемический сборник. Работы научной комиссии по изучению инфекционных болезней при Ростовском эвакопункте" с подробным описанием эпидемий по разным категориям населения. Уникальный документ врачей-подвижников той эпохи. Не для количества "научных работ" он был сделан, а для нас, потомков. Чтобы мы знали статистику, клинику, патанатомию, психиатрию свирепствовавших тогда болезней, успехи и неудачи врачей в борьбе с эпидемиями. Кстати, клиника и патанатомия "испанки" в ростовском сборнике хорошо описана. Где мы видим подобные труды сейчас? Сегодня статью на 8 страниц с двумя табличками по 30 человек подписывают, а у каждого титулов и званий на страницу! В начале XX столетия такое бы и в кошмарном сне никому не приснилось, так как показалось бы неприличным.

- *Но ведь в пересмотре числа жертв* "испанки" участвовала ВОЗ!

- Когда-то это действительно был авторитетный врачебный орган. Но в последние годы ВОЗ все больше вызывает у меня ассоциацию с какой-то сетевой структурой.

- *Главный санитарный врач* РФ Геннадий Онищенко и вовсе назвал ВОЗ маркетинговым отделом известной фармацевтической фирмы.

- Если бы она только рекламировала дорогое лекарство от свиного гриппа, было бы еще полбеды. Посмотрите, какие меры ВОЗ предложила нам для борьбы с ВИЧ-инфекцией. На момент принятия в 1995 г. закона "О предупреждении распространения в Российской Федерации заболевания, вызываемого вирусом иммунодефицита человека", ВИЧ/СПИД-пандемия уже 15 лет свирепствовала в мире. Ее опасность была совершенно очевидна, накопился и неудачный опыт борьбы. Логично было обобщить его и задуматься, что можно, а что нельзя перенести на российскую почву. Нет! Главное, что требовали чиновники ВОЗ - исключить из противоэпидемических мероприятий любое обязательное тестирование на ВИЧ-инфекцию. Якобы это нарушает "права человека".

Представляете: человек не предупрежден о своем статусе, не получает соответствующее лечение, его жизнь существенно сокращается, он, кстати, может невольно заразить близких, считая себя абсолютно здоровым. И это ВОЗ называет "правами человека"?! Если в 1995 году в России было около тысячи ВИЧ-инфицированных, то на сегодня инфекция поломала жизнь уже почти 500 тыс. россиян. Это цифра официальная, т. е. результат случайной выборки. Реальная цифра значительно больше. Заметьте, ВОЗ помалкивает.

- *Понимаю ваш гнев*, Михаил Васильевич, но мы отвлеклись от темы разговора.

- Вовсе нет! Когда спросите меня о спасительной вакцине против свиного гриппа, о которой ныне кричат на всех углах?

- *Обязательно, обязательно спрошу*!

- Я объясню, чем может быть чревата грядущая массовая вакцинация для сотен тысяч ВИЧ-инфицированных соотечественников.

Бизнес на эпидемиях

- *Еще совсем недавно ВОЗ*, наши академики пугали Ужасом "атипичной пневмонии", затем ужасом птичьего гриппа. Вирус, вызвавший и ту и другую болезнь, они объявляли потомком "испанки". Пронесло. Теперь свиной грипп объявлен ее родственником. Опять Ужас, ужас, ужас!

- Особенно старался академик Киселев, помню, как же .... А дальше следует: "Дайте денег, и мы создадим вакцину..." У них сегодня все вирусы - потомки "испанки". Даже коронаровирус, вызвавший атипичную пневмонию, и тот побывал в этой роли!

Не удивлюсь, если завтра корь объявят "потомком". Им ведь без разницы, кто чей потомок! В нашей науке нет такого понятия, как "научная репутация". "Испанка" - бизнес, а "вирус" (не важно, какой!) - бренд для этого бизнеса.

Возбудители пандемии "испанки" и нескольких сот случаев "птичьего гриппа" среди людей - это вообще разные ветви вирусов гриппа. И с чего вообще взяли, что он "потомок"? Академики всерьез заявляли, что вирус "испанки" якобы имеет происхождение от вируса птичьего гриппа на основании сходства нуклеотидных последовательностей. Это безграмотность и подлог одновременно. Гены древнего происхождения всегда имеют между собой сходства у разных видов. Вы же, например, не поверите, если я скажу, что человек произошел от гороха?

- *Конечно, не поверю!*

- Но гены гороха и человека, кодирующие белки, участвующие в расплетании цепей ДНК, идентичны. Однако, на этом основании не пересматривают эволюционное учение в части, касающейся происхождения человека. Повторяю еще раз, все "авторитетные" заявления, будто бы вирус, вызвавший "испанку", является производным от птичьего гриппа и что все пандемии на планете якобы были следствием распространения вируса птичьего гриппа - это чистейшей воды подлог, рассчитанный исключительно на широкую публику, не знакомую с научными исследованиями.

Руководители военных исследований в США по расшифровке генома вируса "испанки" Таунбенбергер и Рэйд никогда не писали, что их подопечный - производный от вируса птичьего гриппа. Они дорожат своей репутацией. Сравнив геном возбудителей пандемий XX века - "испанки", азиатского гриппа, гонконгского, русского, Таунбенбергер и Рэйд пришли к противоположному выводу - о наибольшем сходстве вирусов "испанки" и русского гриппа. Но русский грипп 1977 - 1978 годов не запомнился "деятелям науки" ничем, подо что можно шакалить деньги налогоплательщиков. Это была самая мягкая пандемия XX века.

Дезинформация в эпидемиологии уже превышает все разумные пределы. Ученый людна нижних ступенях научной иерархии обхохатывается над заявлениями "верхов" о новой "испанке". Я не знаю ни одного специалиста из тех, с кем обычно обсуждаю эпидемиологические проблемы, чтобы он не понимал недавней аферы с птичьим гриппом и нынешней со свиным. А у народа возникает недовериек эпидемиологии, вакцинам, к медицине вообще.

- Вот и помогите мне и читателям "Комсомолки" разобраться.

- Профанация проблемы гриппа, птичьего ли, свиного, - частный случай. Сегодня мы имеем дело с системой беспринципных научных профанаций, сменяющих одна другую, но постоянно поддерживающих источники наживы для связки "деятели науки" - чиновники-политики. Про Лысенковщину сталинского времени можно забыть, не тот масштаб. Это новое явление, которое еще станет предметом исследования историков науки.

Первая информационная война, с чего все и началось: так называемая борьба с биотерроризмом в 1990-х. Биотерроризм - дело опасное. Но как подавалась его "доступность"? В СМИ был вброшен домысел середины XIX века, что в 1347 г. хан Джанибек, вызвал чуму среди генуэзцев в Кафе (нынешняя Феодосия) путемзабрасывания трупов людей, умерших от чумы. И так, якобы, началась "черная смерть" в Европе. Эту неизвестную современникам "черной смерти" байку подали как применение биологического оружия в 14 столетии. Навязывали вывод, что биологическое оружие можно создать даже в школьной лаборатории, оно доступно любым террористам, бен Ладену, Саддаму Хусейну. Кто только не верещал тогда о "мощном оружии бедных", о ложке ботулинического токсина, которой можно убить человечество! Деньги на "исследования" доступности биотерра текли полноводными реками. Натовцы под эту сурдинку развязали войну в Ираке, убили десятки тысяч людей.

- *Согласен, та кампания действительно помогла "ястребам"* Буша решить геополитические задачи, утверждая США как единственную сверхдержаву. Но где тут источник наживы для чиновников, политиков?

- У Буша был любимый министр обороны Рамсфелд.

- Один из главных "ястребов", развязавший войну в Ираке. Он тесно связан сфармфирмой "Гилеад", которая держит патент на знаменитое лекарство от гриппа "тамифлю".

- О коммерческих интересах Рамсфельда давно пишет западная пресса. Перед войной в Ираке была осуществлена нелепая вакцинация солдат США от сибирской язвы. Почему Саддама обвиняли в подготовке войны с помощью сибирской язвы? Есть более страшные возбудители: чумы, сапа, мелиоидоза. И более эффективные для распространения в качестве агентов биооружия. Но о них - ни слова.

Причина проста - в коммерческой реализации в США имеется только одна лицензированная вакцина. От сибирской язвы. Ею и прививали 2 млн. солдат.

- Защитили армию! А если бы Саддам сибирскую язву запустил?

- Вся грязь аферы в том, что та вакцина предназначена для защиты ветеринаров, контактирующих со скотиной. От биооружия - аэрозоля спор сибирской язвы - она не защищает. О чем известно чуть ли не с 1960-х. Просто Рамсфелду было известно еще и то, что такого оружия у Саддама нет.

Зато стоимость ежегодной вакцинации личного состава ВС США - 650 млн. долларов! Удавшаяся афера по борьбе с биотеррором разожгла аппетиты политиков и "деятелей науки". Оказалось, что на эпидемии, как и на войне, можно нажить хорошие деньги.

Вторая эпидемиологическая профанация - так называемая ВИЧ-вакцина. Создание такой вакцины в принципе невозможно. Но и на это выделяют гигантские суммы. Интересно то, что нам выдается до сих пор с высоких кафедр по поводу ее применения, как будто она уже создана. Оказывается, все просто - создадим вакцину и покончим с ВИЧ, как с натуральной оспой.

-Дуркуют коллеги.

-Дуркуют! Что-то типа: "Мы - идиоты, дайте нам денег!" Подчеркнуто нет никакого понимания того, что ВИЧ/СПИД-пандемия чем-то все-таки отличается от вспышек натуральной

оспы. И нет ни малейшего осознания собственной ответственности за судьбы миллионов людей, которым ВИЧ-инфекция еще сломает жизнь. А ведь еще в 1967 году, когда не было массовой практики профанации эпидемиологии, ВОЗ официально признала, что борьба с натуральной оспой не может вестись только сплошной вакцинацией населения. В Индии и Индонезии болезнь продолжала распространяться, несмотря на массовые прививки. Поэтому с 1967 года вакцинацию дополнили эпиднадзором. Выявляли больных натуральной оспой, изолировали их на 5 суток. За это время больной перестает быть заразным для окружающих. А всех, кто был с ними в контакте, вакцинировали. Только таким образом удалось поставить под контроль распространение этой опасной болезни. Но ведь невозможно изолировать по всему миру почти 50 миллионов человек с ВИЧ-инфекцией до конца их жизни. Так и нечего болтать столько лет про вакцину, которая якобы "покончит с ВИЧ, как с натуральной оспой".

Куда "мутируют" деньги

- *Следующая информационная война, догадываюсь, - птичий грипп.* Я писал, как зарабатывали Рамсфелд и его компаньоны-политики на лекарстве от этого гриппа, которое навязывала мировому сообществу ВОЗ. Ведь фирма "Гилеад" держит патент на это чудо-средство до 2016 года. (Подробнее см. "КП" от 11 и 18 июня и на нашем сайте).

- ВОЗ причастна к мистификации пандемии птичьего гриппа. Были весьма знаковые и одновременно безграмотные заявления ее чиновников, обещавших до 150 млн. погибших, "если в результате мутации вирус птичьего гриппа H5N1 сможет передаваться от человека к человеку".

- *Российские "деятели науки" говорили нам то же самое.*

- Это сообщающиеся сосуды. Помню сюжет по ТВ, когда группа "заинтересованных товарищей" сидела вокруг тогдашнего первого вице-премьера России и "впаривала" ему, что вирус птичьего гриппа с минуты на минуту смешается неизвестно с кем, и тогда грядет новая "испанка"! Сейчас та сцена вызывает у меня ассоциацию с сомалийскими пиратами, делящими выкуп за судно, сброшенный с вертолета. Каждый должен отплыть к родным берегам хотя бы со 100 долларами в кармане.

Вот так убивали отечественную эпидемиологию.

- *А в чем был подлог?*

- То, что пандемический вирус гриппа не может появиться в результате реассортации (смешения геномов) вирусов разного происхождения, было известно еще в 1970-х. В мире не зарегистрировано ни одной крупной вспышки гриппа, которая была бы вызвана штаммами-реассортантами.

- *То бишь мутантами?*

- Можно назвать и так. Все известные пандемии на планете вызывали уже циркулировавшие ранее штаммы вирусов гриппа. Об этом до начала нынешней профанации эпидемиологии гриппа знали ВСЕ! Монографии были написаны! И вдруг эти знания утратили разом. И ни один крупный российский эпидемиолог (даже в ранге академика РАМН) не выступил в те годы против профанации проблемы гриппа. Не объяснил руководству страны ее суть. Ну не странно ли?

- *А ведь на глазах у всей страны* под этим предлогом уничтожалась птица, ценные породы птиц. А Академия наук ни слова...

- Совершенно верно! Мы платим налоги, мы содержим Академию наук, а что взамен? Общество с 2004 года пугали мифическим мутантом, стращали пандемией. А умерло во всем

мире за эти годы менее трехсот человек. В России ни одного. Ясно же, что была афера. Но куда мутировали деньги на борьбу с птичьим гриппом? Миллиарды долларов! В чьи карманы? Вопрос не праздный. В апреле лавочку закрыли. Пугальщики разом забыли про птичий грипп и с таким же энтузиазмом взялись за свиной.

- *Он свалился как снег на голову.* Ощущение, что надо срочно закамуфлировать провал птичьей аферы.

- Как снег на голову - это вы зря. Его более полугода тупо не замечали в упор!

Первые вспышки начались осенью 2008 года в Испании. Внимания к ним никакого. До субботы 24 апреля 2009 года. Утром мы включаем телевизор, а там! Бегут люди в респираторах! Звучат невероятные цифры гибели мексиканцев от новой "испанки". За два выходных дня мозги людей СМИ превратили в фарш. А в понедельник началось обрушение бирж, падение котировок одних акций, рост других. Тот, кто это организовал, неплохо заработал.

- *Думаю, хорошо заработали экс-министр Рамсфелд* и другие высокие держатели акций фирмы, владеющей патентом на тамифлю. Народ сразу кинулся за лекарством, которое рекламировал ВОЗ. Не зря же заговорили о заговоре фармацевтов.

- Были и другие игроки с большими деньгами, но это были крупные игроки. Самое худшее началось теперь - в теле умершей эпидемиологии завелись трупные черви. Начавшаяся пандемия гриппа никого не интересует в принципе, но интересы аферистов всех мастей совпали в глобальном масштабе. Нам предлагают играть роль безмолвных статистов, а потом заплатить из своего кармана за их праздник, да еще и стать жертвами той самой "испанки", причины которой так и не были установлены. Вам это надо? ТОЛЬКО ЦИФРЫ

По данным ВОЗ, за 5 месяцев свиным гриппом в мире заболели 285 138 человек. Умерли 3635. Ежегодно в мире сезонным гриппом заболевает около миллиарда человек. Умирает 3 миллиона.

В США за год с сезонным гриппом госпитализируют 226 тысяч человек. Умирает 36 тысяч. И никакой паники! КТО ЕСТЬ КТО

Михаил Супотницкий, 53 года. Микробиолог, кандидат биологических наук, старший научный сотрудник. С 1979 г. по 2006 г. работал на разных должностях в научно-исследовательских учреждениях Министерства обороны России (СССР), полковник запаса. Ныне эксперт одной из федеральных организаций, Москва. Автор книг "Микроорганизмы, токсины и эпидемии", "Очерки истории чумы", "Словарь генетических терминов", "Эволюционная патология" (о СПИДе). Область научных интересов: эволюционная и молекулярная генетика микроорганизмов; механизмы возвращения "забытых" и появление "новых" инфекционных болезней.

NATURAL NEWS
Defending Health, Life and Liberty

Mike Adams

Ten Swine Flu Lies Told by the Mainstream Media

NaturalNews, 18 September 2009
https://www.naturalnews.com/027055_vaccine_flu_swine.html

The mainstream media is engaged in what we Americans call "bald faced lies" about swine flu. It seems to be true with this issue more than any other, and it became apparent to me recently when a colleague of mine -- a nationally-syndicated newspaper columnist – told me their column on natural defenses for swine flu was rejected by newspapers all across the country. Many newspapers refused to run the column and, instead, ran an ad for "free vaccine clinics" in the same space.

The media, it seems, is so deeply in bed with the culture of vaccinations that they will do almost anything to keep the public misinformed. And that includes lying about swine flu vaccines.

There are ten key lies that continue to be told by the mainstream media (MSM) about swine flu and swine flu vaccines.

Lie #1 - There are no adjuvants used in the vaccines

I was recently being interviewed by a major U.S. news network when the reporter interviewing me came up with this humdinger: There are *no adjuvants* being used in the swine flu vaccines, he said!

I assured him that adjuvants were, indeed, a crucial part of the vaccine recipe, and they were being widely used by drug companies to "stretch" the vaccine supply. It's no secret. But he insisted he had been directly told by a drug company rep that no adjuvants were being used at all. And he believed them! So everything being published by this large news network about swine flu vaccines now assumes there are no adjuvants in the vaccines at all.

Lie #2 - The swine flu is more dangerous than seasonal flu

This lie is finally starting to unravel. I admit that in the early days of this pandemic, even I was concerned this could be a global killer. But after observing the very mild impact the virus was having on people in the real world, it became obvious that this was a mild flu, no more dangerous than a seasonal flu.

The MSM, however, continues to promote H1N1 swine flu as being super dangerous, driving fear into the minds of people and encouraging them to rush out and get a vaccine shot for a flu that's really no more likely to kill them than the regular winter sniffles. Sure, the virus could still mutate into something far worse, but if it does that, the current vaccine could be rendered obsolete anyway!

Lie #3 - Vaccines protect you from swine flu

This is the biggest lie of all, and the media pushes it hard. Getting a vaccine, they insist, will protect you from the swine flu. But it's just flat-out false. Even if the vaccine produces antibodies, that's not the same thing as real-world immunity from a live virus, especially if the virus mutates (as they often do).

As I pointed out in a recent article, statistically speaking the average American is *40 times more likely to be struck by lightning* than to have their life saved by a swine flu vaccine.
=> https://web.archive.org/web/20090903165113/https://www.naturalnews.com/026955_swine_flu_vaccines_flu_vaccines.html

Lie #4 - Vaccines are safe
And how would any journalists actually know this? None of the vaccines have been subjected to real-world testing for any meaningful duration. The "safety" of these vaccines is nothing more than wishful thinking.

The MSM also doesn't want you to know what's in the vaccines. Some vaccines are made from viral fragments grown in diseased African monkeys. If that sounds incredible, read the true story here:
=> https://web.archive.org/web/20090807020451/https://www.naturalnews.com/026779_swine_flu_patents_vaccines.html

Lie #5 - The vaccine isn't mandatory
You hear this lie all the time: The swine flu vaccine shot is voluntary, they say. But it's not true if you're an employee at a place where vaccines are being mandated. Millions of Americans are now being told by their employers that if they don't get vaccine shots, they will be effectively fired from their jobs. It's especially true with health care workers, day care employees and school teachers.

Lie #6 - Getting a vaccine shot is a good bet on your health
In reality, a vaccine shot is far more likely to harm you than help you. According to one viral expert, the actual mortality rate of the swine flu virus is estimated to be as low as .007 percent That means H1N1 swine flu kills less than *one person in 100,000*. Even if the vaccine works, let's say, 10 percent of the time, you'd have to vaccine *one million people* to prevent one death from swine flu.
=> https://www.reuters.com/article/healthNews/idUSTRE58E6NZ20090916/
And in vaccinating one million people, you would inevitably harm or kill several people, simply from the vaccine side effects! Your net risk of death is *increased* by getting a swine flu vaccine.

Lie #7 - The vaccine isn't made with "attenuated live virus"
When the swine flu vaccines were first being announced several months ago, they were described as being made with "attenuated live virus." This was directly mentioned in CDC documents, among other places.
This term apparently freaked out the American news consumer, and it has since been all but erased from any discussion about vaccines. Now, journalists will actually argue with you and insist the vaccines contain no attenuated live viruses whatsoever.
Except they're wrong. The vaccines are, indeed, made with "attenuated live viruses." That's how you make a vaccine: You take live viruses, then you weaken them ("attenuate") and inject them into people.

Lie #8 - Wash, wash, wash your hands (to avoid exposure)
This idea of washing your hands a hundred times a day is all based on the assumption that you can *avoid exposure* to the swine flu virus. But that's impractical. The virus is now so widespread that virtually everyone is certain to be exposed to it through the air if not other means. This whole idea of avoiding exposure to the swine flu virus is nonsense. The conversation should shift to ways to *survive exposure* via a healthy immune system.

Of course, hand washing is a very good idea in a hospital setting. Recent news reveals that doctors are too busy to wash their own hands, resulting in the rampant spread of superbugs throughout most large hospitals in first world nations.

Lie #9 - Children are more vulnerable to swine flu than adults
This is just a flat-out lie, but it makes for good vaccine sales. Vaccines are right now being targeted primarily to schoolchildren.

But the truth is that swine flu is extremely mild in children. "It's mildest in kids," says Dr Marc Lipsitch of Harvard University. "That's one of the really good pieces of news in this pandemic."

Reuters actually had the guts to report this story, but most of the larger media outlets are still reporting that children are the most vulnerable.

Lie #10 - There is nothing else you can do beyond a vaccine and Tamiflu

This is where the media lies by omission. The mainstream media absolutely refuses to print just about any story that talks about using vitamin D, anti-viral herbs or natural remedies to protect yourself from swine flu. In the MSM, there are two options and only two: Vaccines and Tamiflu. That's it. No other options exist in their fictional reality.

Why is the mainstream media so afraid to print the truth these days? Why can't reporting on swine flu see the light of day... literally, with a mention of sunlight and vitamin D? Apparently, Big Pharma has such a tight grip on mainstream newspapers that no true story on swine flu can ever make it past the editor's desk.

Killing stories, deceiving the public

It must really be depressing to work for the mainstream media. Even the reporters I know can't stand it. The truth, they admit, rarely makes it into print.

Over the last few years, I've had a couple of job offers from large media outlets. They want to pay me a six-figure salary and stick me behind a desk where they can control what I report. Needless to say, I routinely reject those offers. If I can't write the truth like I do here on NaturalNews.com, there's no point writing at all. In too many ways, the mainstream media has become little more than a corporate mouthpiece, whoring itself out to the highest bidder / advertiser.

It's no fault of the frontline reporters who actually work there. For the most part, they agree with what I'm saying. It's the fault of the profit-oriented corporate mindset where news is about selling newspapers rather than actually informing the public.

Important news stories get killed every day in the newsrooms across America. They get killed not because they are poorly investigated or poorly written, but because they upset advertisers and corporate string pullers who shape the news and reject any stories that threaten their own financial interests.

Here in 2009, the distorted reporting on the swine flu vaccine has been one of the greatest media frauds ever perpetrated. The media has in every way contributed to the widespread ignorance of the American people on the subject of vitamin D and natural immune-boosting defenses that could reduce swine flu fatalities. Rather than informing readers, the MSM has made it a point to keep the people stupid, and in doing so, the media has failed its only mission and betrayed the very audience is claims to serve.

Teresa Forcades

Campanas por la Gripe A
Monasterio de Sant Benet; Montserrat Barcelona
23 September 2009

1/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=A0JqQyl09zQ

2/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=jAmbOrVxMBo
https://web.archive.org/web/20091215162611/http://www.youtube.com/watch?v=jAmbOrVxMBo&feature=related

3/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=TqOqo-Zo6Ao
https://web.archive.org/web/20191005202425/https://www.youtube.com/watch?v=TqOqo-Zo6Ao&feature=related

4/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=K-Ea_yCuL34

5/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=sMgH27Jly7k
https://web.archive.org/web/20191005202425/http://www.youtube.com/watch?v=sMgH27Jly7k&feature=related

6/6 Bell Tolling for the Swine Flu (CAMPANAS por la gripe A) subtitled
https://www.youtube.com/watch?v=A9_A588mqH0
https://web.archive.org/web/20191005202421/https://www.youtube.com/watch?v=A9_A588mqH0&feature=related

LIVEJOURNAL

(Frau Перец)

Кому и зачем нужна глобальная пандемия?

Live Journal, 2 ноября 2009, 8:42
https://frau-perez.livejournal.com/183735.html

26 сентября в мировой сети появилось видеообращение испанской монахини Тересы Форкадес, в котором доктор медицины, бывший врач, озвучивая точку зрения многих медиков, приводит научные факты и аномальные события, имевшие место быть за последние несколько месяцев и относящиеся к текущему вирусу A/H1N1 и делает выводы, которые заставляют взглянуть на текущую мировую ситуацию с пандемией с новой точки зрения.

Мы постарались привести кратко основные пункты данного видеообращения . По каждому приведенному факту или событию Тереса ссылается на официальные источники как престижных научных сообществ, так и международных организаций, таких как Всемирная Организация Здравоохранения, где все цитируемые ею факты и события можно перепроверить.

I. Факты

Факт 1. Текущий вирус A/H1N1 оказывается совсем не новый, ученым он известен уже 70 лет и его проявления зафиксированы два раза в 20 веке.

Факт 2. Настоящий вирус имеет незначительную смертность. Со дня первых зафиксированных случаев заражения вирусом текущей пандемии, а именно, за период 17.04.09– 5.09.2009 зафиксировано 137 смертельных случаев в Европе. Для сравнения: смертность от ежегодного сезонного гриппа составляет от 40 тыс до 220 тыс случаев в год по всему миру.

II. Аномальные события

1. *Компания Baxter*.
В феврале 2009 года американский фармацевтический гигант Baxter, его австрийская штаб-квартира, рассылает в 16 лабораторий четырех европейских стран 62 кг субстанции для производства вакцины от сезонного гриппа. Совершенно случайным образом, техником одной из лабораторий Чехии, открывается, что субстанция заражена двумя живыми вирусами гриппа. Один вирус – сезонный обычный, имеющий своими характеристиками очень низкую смертность (менее 1%), но очень высокую распространяемость (заражаемость), и другой вирус гриппа с очень низкой распространяемостью, но сильно высокой смертностью (около 60%). Понятно, что поместив эти два вируса вместе, существует высокая вероятность их объединения, что даст вирус, обладающий обоими ключевыми характеристиками: высокой распространяемостью и смертностью. Если бы совершенно случайным образом не был открыт факт заражения субстанции, сейчас бы мир действительно находился в ситуации опаснейшей пандемии. 62 кг субстанции – это тысячи доз вакцины.

Австрийская журналистка Jane Burgermeister, опубликовавшая свое расследование по данному факту, направила публичный иск в ВОЗ, ООН и в правительства ряда стран, выдвинув обвинения в «биотерроризме и попытке массового убийства».

Факт заражения субстанции был официально подтвержден и самой компанией Baxter. Дело до сих пор находится на расследовании в ВОЗ. Официальных результатов о том как такое могло случиться все еще нет.

Практически невероятно, говорит доктор медицины, что такой могло произойти случайно. Подобного рода лаборатории имеют максимальный биоуровень защиты - третий уровень. Помимо этого, против того, что это чистая оплошность говорит тот факт, что живые вирусы, которые находились в субстанции, не были подвержены обязательной процедуре радиации. Живой вирус в вакцине – это не новость, но вот сильный, не ослабленный радиацией живой вирус – это вряд ли чья-то забывчивость. А здесь их было целых два.

Не смотря на то, что Baxter официально подтвердили данный факт, а так же, что расследование до сих пор не завершено, данная компания – одна из тех, кому доверено создание вакцины от текущего гриппа А.

2. *Объявление пандемии*.

17 апреля 2009 зафиксированы первые 2 случая гриппа А. Всего 12 дней спустя, 29 апреля, Margaret Chan, генеральный директор ВОЗ, в своем официальном обращении объявила чрезвычайную санитарную ситуацию "Уровень пять". И всего 1,5 месяца после первых случаев заражения, 11 июня, – ВОЗ официально объявила о "шестом уровне" чрезвычайной санитарной ситуации, о пандемии гриппа А.

Как директор ВОЗ могла объявить пандемию, если у текущего гриппа смертность значительно ниже ежегодного сезонного гриппа? Ответ банально прост: накануне официального объявления пандемии, в мае, ВОЗ поменяла официальное определение пандемии, изъяв из определения критерий значительного уровня смертности. С новым определением пандемии ежегодные сезонные вирусы гриппа - это уже пандемия, не упоминая другие болезни.

III. Политические последствия.

Известно, что ВОЗ – это мировая организация, которая разрабатывает рекомендации для стран участниц. Но в ее уставе с 2005 года есть пункт, по которому в период пандемии ВОЗ дает не рекомендации, а прямые указания, или приказы.

Что такого страшного может приказать ВОЗ своим странам? Например, обязательную вакцинацию. Пока разработанная вакцина – это дело добровольное. Но если по определению станет пандемия – это серьезная угроза жизни популяции, то такая мера, как обязательная вакцинация, может быть оправдана.

Многие прививаются от сезонного гриппа каждый год и ничего страшного в этом не видят. Тереса объясняет, что есть три отличия новой вакцины от привычных ежегодных вакцин.

Во-первых, эта вакцина состоит из двух доз. С обычной прививкой от гриппа – получается уже три дозы. Человек получит три вакцины с тремя живыми вирусами разных типов. Пока еще никто не знает, как отреагирует на это человеческий организм, но вероятность побочных эффектов, а такую вероятность имеют все вакцины, увеличивается в три раза.

Во-вторых, из–за огромного количества доз, которые надо произвести, в этой вакцине используются адъюванты, которые еще не были ни разу опробованы. Адъювант – это часть вакцины, которая отвечает за «возбуждение» иммунной системы, чтобы спровоцировать превосходящий иммунитет. Новый адъювант – в 10 раз эффективнее известных. А это несёт возможность поражения центральной нервной системы, а также таких побочных эффектов как паралич и артрит (зафиксировано в истории).

Третья новость заключается в том, что фармацевтические компании запросили снять с них всякую ответственность за возможные негативные побочные эффекты от вакцины, аргументируя это тем, что работа, которую они на себя взяли, – экстраординарная по своим масштабам, требующая сверхусилий: создание ТАКОГО количество доз за такое рекордно короткое время (всего должно быть произведено 4,6 миллиарда доз).

В США уже подписан акт, по которому ни фармацевтические компании, ни политики, вовлеченные в тему, не отвечают за возможные последствия вакцинации. Таким образом, потребитель лишается хоть какой-то гарантии.

Таким образом, имея все это ввиду, а также то, что серьезная пандемия действительно существовала бы сегодня, если бы случайным образом не открылся тот случай с заражением материала компании Baxter, Тереса считает важным заявить об опасности. Опасность состоит в том что:

1. Новые вакцины от гриппа А заражены.
2. Новые вакцины от гриппа А могут быть заражены.
3. Все это на фоне вероятности применения закона об обязательной вакцинации.

Если этот вирус начнет давать большую смертность, значимую смертность, значит одно из двух: или вирус мутировал (во что трудно поверить) или, что это другой вирус, не тот, от которого произведена вакцина. В обоих случаях, эта вакцина уже не будет действовать. Более того, непосредственно сама вакцина может быть средством заражения новым вирусом.

Основная рекомендация, которой заканчивает свое обращение Тереса Форкадес: не прививаться в этом году. Многие медики присоединяются к этим рекомендациям, но, находясь в системе, бояться делать заявления открыто.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

The Drug Cartel and pandemic H1N1 Swine Flu viruses and vaccines

Infowars, 29 September 2009
https://web.archive.org/web/20091226230946/http://www.infowars.com/the-drug-cartel-and-pandemic-h1n1-swine-flu-viruses-and-vaccines/

Los Angeles, CA – World leading drug-industry investigators have uncovered stunning documents proving an international drug ring, operating from New York City, is behind the H1N1 swine flu fright and vaccination preparations.

Dr. Leonard G. Horowitz, America's leading consumer health expert, and Sherri Kane, an investigative journalist, have released shocking proof in legal affidavits that leaders of a private global biotechnology "trust" are behind everything you ever heard about pandemic flu, including its origin and alleged prevention via vaccination. Their documents, being sent through attorneys to the FBI today, evidence powerful industrialists operating a crime ring within "Partnership for New York City" are behind the pandemic's creation, media persuasions, vaccination preparations, and health official promotions seen everywhere from supermarkets to health clinics.

"David Rockefeller's trust, that engages several powerful partners on Wall Street, including media moguls Rupert Murdock, Morton Zuckerman, Thomas Glocer, and former Chairman of the Board of Directors of the Federal Reserve Bank of New York, Jerry Speyer," are implicated in advancing global genocide," Dr. Horowitz wrote to FBI directors, through a team of attorneys assembled to stop the swine flu vaccines from being given.

"This 'partnership' controls biotechnology research and development globally. Health commerce internationally is also controlled virtually entirely by this trust that exercises near complete control over mainstream media to promote/propagandize its products and services for the drug cartel's organized crime. This trust, in essence, makes or breaks medical and natural healing markets, primarily through the mass media companies and propaganda it wields for social engineering and market building," Dr. Horowitz wrote.

Among the most stunning revelations from the Horowitz-Kane research are those linking Larry Silverstein of Silverstein Properties, Inc., and the 9-11 terrorist attacks, to the drug cartel's geopolitical, economic, and population reduction activities. Mr. Silverstein, leaser of the World Trade Center who authorized to have building 7 "pulled," meaning detonated, is a chief suspect in the "9-11 truth" investigation. Silverstein is currently landlord and co-partner in the biotechnology trust founded by David Rockefeller and implicated by these new discoveries.

"If these people can get away with killing more than 3,000 people in 8 seconds on 9-11, they are completely capable of murdering millions, even billions, of people worldwide this flu season," Dr. Horowitz commented. "I pray these revelations will save millions of lives and help activists call upon President Barack Obama to demand legitimate inquiries into these genocidal atrocities."

Given the unprecedented nature and urgency of these findings, Dr. Horowitz has posted his affidavit for public review on FLUscam.com, praying other activist will spread the information in order to prompt governments worldwide to cease mass vaccination preparations to avoid becoming accessories to the crime of genocide.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Affidavit of Leonard G. Horowitz

Infowars, 29 September 2009
https://web.archive.org/web/20091226230946/http://www.infowars.com/the-drug-cartel-and-pandemic-h1n1-swine-flu-viruses-and-vaccines/

1. This Affidavit is based on my personal knowledge, except where otherwise stated, and, if called upon to do so, I could and would competently testify to the matters herein stated.

2. I am a Harvard University trained certified expert in the fields of behavioral science, health education/health promotion, media persuasion, medical sociology, public health, and emerging diseases. I have additional expertise in natural healing methods and materials, including genetics and electro-genetics, by reason of my academic training, scientific publications, and internationally recognized authority and celebrity in these fields.

3. I openly disclose my bias and conflicting interests as a leading author, personal health care educator, consumer protector, alternative and complementary health care specialist, and formulator of natural remedies for public protection and remediation of diseases. I hold trademarks covering several products that compete directly with the drug industry's monopolization of medicine as described herein. This competitive vantage enables me to critically assess elements and actions within "BigPharma" that few people perceive. My sponsorships by natural products companies, including those that manufacture and distribute OxySilver and Liquid Dentist, helps pay for my expenses in serving as I have for thirty years without grants or academic/institutional restraints providing the freedom to simply "tell it like it is" based on science and researched evidence. Without sponsors, radio and television networks would cease operations, and so would I. The critical difference between BigPharma, and its products, versus the natural health products industry, and my endorsements, is the former is criminally operating and killing people as evidenced herein, whereas my colleagues and I are persecuted by the powers exposed herein, and continue helping people heal naturally nonetheless.

4. I further disclose that I am a Levite priest by virtue of my bloodline, spiritual direction, and ecclesiastical commitments. I am the body corporate and Overseer of The Royal Bloodline of David, an omni-denominational healing ministry established in the State of Washington and certified by the Secretary of State therein in 2000; and was the pro se counsel in Horowitz vs. The State of Hawaii, Department of Health, et al. (Civ. No. 06-1-0296).

5. Compelled by God and my responsibilities in these positions I have sought on several occasions, by whatever lawful means, to protect the U.S. Constitutional right of every American to exempt from risky vaccinations for religious, philosophical, and medical reasons; and protect Americans' bodies as absolute personal properties for which compensation must be paid if and when taken, according to the 5th Amendment of the Constitution.

6. I understand that substantial historical evidence exists proving unequivocally the Rockefeller family's monopolistic influence over American medicine and public health that is material to this affidavit and related complaint. David Rockefeller's powerful influence over the Council on Foreign Relations, geopolitics, and global economics is solidly established.

...

=> etc. https://studylib.net/doc/8449646/affidavit---supreme-law-firm
https://web.archive.org/web/20091226230946/http://www.infowars.com/the-drug-cartel-and-pandemic-h1n1-swine-flu-viruses-and-vaccines/

GlobalResearch.ca
Centre for Research on Globalization
Italian español srpski português العربية Deutsch

F. William Engdahl

Flying Pigs Saga Continued:
WHO admits no deadly mutation of H1N1 Swine Flu

Global Research, 29 September 2009
https://web.archive.org/web/20091002225746/http://www.globalresearch.ca/index.php?context=va&aid=15447

The World Health Organization, the UN agency (ir-)responsible for declaring a Phase 6 "Pandemic" global alert over what it calls H1N1 Influenza A or Swine Flu, whose chief Dr Margaret Chan has repeatedly warned that while Swine Flu to date had been rather mild, that the emergency declaration was necessary because it "could mutate" aggressively into a deadly pandemic killing millions, now admits well into the flu season in the Northern Hemisphere that H1N1 has apparently not mutated.

Margaret Chan, the head of the World Health Organization, at a meeting with health officials in her native Hong Kong, has just stated that the swine flu virus has not yet mutated into a more deadly strain. WHO Director of the Initiative for Vaccine Research, Dr Marie-Paule Kieny, reinforced that statement in a press conference September 24 in Geneva when she stated, "we are lucky that the pandemic is moderate in severity that most people experience a mild illness and recover spontaneously." That means recovery with no vaccination, no Tamiflu or other dangerous "antiviral" drugs. Just with letting nature take its course.

Last summer, when the WHO decided to declare a global "pandemic emergency" over what it called the H1N1 Influenza A global spread, it also announced in a notice buried among its press releases that most countries had stopped testing ill populations for H1N1, and that the WHO therefore simply arbitrarily "assumed" all patients with a stated set of symptoms were automatically H1N1 victims. So the H1N1 pandemic case counts, to quote the WHO, "no longer reflect actual disease activity."

The symptoms the WHO listed as indication that a patient has H1N1? A fever, cough, sore throat, headache... in short, all the symptoms of a common cold. The pandemic declaration by the agency entrusted by the UN with monitoring and guarding the world's health came anyway, on recommendation of the WHO's "experts," the Strategic Advisory Group of Experts, or SAGE.

However, even though the WHO admits it is not testing patients for H1N1 around the world, they also state that the H1N1 "pandemic virus" is becoming more common than the common seasonal flu virus. A simple question in the interest of accuracy: How in hell's blazes do they know that if they stopped testing around the world? Gut feeling? WHO's "intuition" that everyone who has a fever, cough, headache and or sore throat around the world automatically must have H1N1? The alarming aspect of this entire charade is that it will likely have severe health consequences for millions or tens of millions of some three billion people around the world targeted to get injections of largely untested so-called H1N1 Swine Flu vaccines.

Vaccines for South nations?

Equally bizarre is the fact that in her latest comments, the WHO's Chan seemed preoccupied with how to get vaccines to poorer countries mainly in the Southern Hemisphere. Yet the same WHO Strategic Advisory Group of Experts, SAGE, states on the WHO official website that H1N1 does not pose a major risk to the Southern Hemisphere.

The number of swine flu cases is now expected to rise as the Northern Hemisphere moves into winter, WHO Director-General Margaret Chan says. But she claims that the biggest challenge in combatting the pandemic would be ensuring enough vaccines got to the world's poorest countries. Three billion doses could be produced worldwide annually, enough to cover almost half the world's population, Chan said.

The WHO is working to raise a billion dollars to help buy vaccines for developing countries that cannot produce them themselves. The United States and several other countries have stated they plan to make 10 percent of their vaccine supply available to others in need. The vehicle to raise funds for the apparently not-threatened countries of the south is a public-private partnership of the WHO established in 2000, called GAVI.

Tricks with WHO death data

Another little known fact about the WHO pandemic operation which gives their dire warnings about H1N1 the necessary gravitas to scare the dickens out of pregnant women, parents and just about anybody, are the death statistics constantly cited when data on purported H1N1 cases are mentioned. As of the last report at end September 2009 the WHO claimed 3917 deaths due to H1N1 Influenza A or Swine Flu.

In most cases, even the WHO and the Atlanta US Government's CDC has been forced to admit, deaths were in patients who already had some severe respiratory disorder or grave illness when they contracted what was named H1N1 Influenza A. They never to date have offered the slightest proof that it was not those grave prior illnesses which caused death and that the flu symptoms were merely a coincident event, what epidemiologists term an "opportunistic infection."

But it gets even more interesting. The WHO, it turns out, lumps its statistics for flu deaths together with those from pneumonia, a completely separate and far more common illness and a far larger cause of death, in a disease classification it calls "Influenza and Pneumonia (J09-J18)."

So in 2007 the WHO recorded 21883 deaths attributed to "flu and pneumonia" without dividing each as to direct cause. But of those WHO classifications, flu itself only goes for symptoms in categories J09-J11. The entire rest of the categories deal with pneumonia and related lung infectious manifestations. Yet far and away the largest group of deaths from infectious diseases comes from pneumonia, not from influenza. The number of certified deaths from "influenza virus", with or without pneumonia complications was a far less alarming 14 persons in 2007. This clever trick allows pharmaceutical manufacturers like GlaxoSmithKline or Baxter Labs to promote their "flu" vaccines.

If we are dealing with an illness whose symptoms in the vast majority of cases are mild and disappear from itself with no medication after five or more days, and whose mortality rate is at worst infinitesimally small, there would be no need for panic, no need to line up in queues to get jabbed with untested vaccines whose contents including various adjuvants like aluminum hydroxide and nanoparticles are potentially nerve crippling or even death-causing. But then that would not be "good" for Bill Gates, David Rockefeller and other members of the Good Club, would it?

NWO Observer

The "Deadly second wave of Swine Flu" Scaremongering or Sequel of Vaccinations?

NWO Observer, 5 October 2009, 19:11 // Euro-med.dk, 1 October 2009
https://web.archive.org/web/20091010053419/https://nwoobserver.wordpress.com/2009/10/05/the-%E2%80%9Cdeadly-second-wave-of-swine-flu%E2%80%9D-scaremongering-or-sequel-of-vaccinations/

Summary: The governments of Britain and the U.S. have gone very far in terms of spreading horror of swine flu this autumn. Indeed, there now is a 2nd wave in the U.S. – just as mild as the first. Death and disease figures are far, far lower than that predicted without any background. But now they promise us millions of deaths this autumn.

Governments in the U.S. and Canada distribute body bags and show us enormous stocks of coffins – in England even open mass graves that await us. Why? Will they divert our attention from something else? Has the mass vaccination throughout a lethal surprise, a new virus, in addition to the dangerous squalene, in store for us?

Now the CNN tells us, that Baxter´s live bird flu virus last winter in seasonal flu vaccine was not accidental and would have killed even billions – had it not been accidentally discovered!! Without mass vaccination, the pandemic is safe – except for the chronically ill.

Officials act with religious zeal to scare us. The United States is preparing for up to 6 months of imprisonment or a fine of $ 1000 a day – till people are willing to obey orders of isolation and / or vaccination. Furthermore,the US is preparing to put the military in action under long-term martial law.

Odd. Isolation of the few infected in Mexico in the beginning of the pandemic could have been efficient but the WHO strictly refused to isolate the infected. They have something in store for us, since they are squanderimg their credibility completely.

We are in the middle of the most peaceful flu ever seen. Nevertheless, the New World Order (NWO) gangsters are scenting big money and world government, using this scam. Well, of course the mass vaccinations now underway may spread Baxter´s bird flu virus or bring about viral mutations. Maybe that is what the NWO gangsters are staking on – since ***they are so sure of a deadly second wave*** this autumn– *which normally no one can predict*, as little as their mendacious climate prognostications. This remains of the climate-doomsday speech by the UN Secretary General. In the US a mild second wave has begun

Now, the NWO also has lucrative pharmaceutical corporations to satisfy – pumping money into Rothschild´s and Rockefeller´s pockets – maybe in particular into Rockefeller´s pockets: Novartis has roots back to IG Farben where the Rockefellers were large shareholders. So even today, a member of the board of the Rockefeller Foundation, Ms Ann Fudge, is also on the board of Novartis. The vaccines and here are very fit for scaremongering, considering their poisonous contents.

The Guardian 20 Sept. 2009: "The swine flu pandemic could kill millions and cause anarchy in the world's poorest nations unless £900m can be raised from rich countries to pay for vaccines and antiviral medicines**,** says a UN report leaked to the Observer. This reminds of UN Secretary General Ban Ki-moon´s communist climate doomsday scaremongering.

"If we are not careful, the virus could destroy a burgeoning economy or democracy." On Wednesday, health officials told one website that the African continent had recorded 8,187 confirmed cases of swine flu and 41 deaths. Pandemic experts believe that the western world, including Britain, is facing a second wave of the virus."

Comment: And so what? This is heartily little considering Africa´s total population of 1 bn. The Africans are lucky, if they escape the NWO´s poisonous vaccines – which the NWO will by no means allow, having previously run covert sterilisation vaccinations there! The New World Order henchmen are threatening us deaths far beyond the capacities of our cemetaries – for they know that a deadly pandemic will follow!!! – or do they?

Global Research An official UK government report – quoted extensively in Britain's tabloid media– is warning the British public that there will be countless deaths in the case of a swine flu pandemic. According to the WHO, a Worlwide public health emergency situation will take place in the Fall. A high death toll is predicted without corroborating evidence. The chilling proposals (mass graves) are spelled out in a Home Office document discussed at a meeting of Whitehall officials and council leaders last month.

The mass graves, according to the report, "are being planned to deal with the rising death toll from swine flu if the pandemic escalates": The grim revelation will see the mass burial sites dug in advance to cope with any potential crisis. The Government is planning to create a series of communal graves to cope with the second outbreak expected in the autumn and through the winter. A Home Office document published earlier this year sets out plans for how local councils should deal with a high death toll – estimates of the number of deaths range from 55,000 to as high as 750,000 from the H1N1 killer virus?? – including setting up temporary mortuaries.

Comment: How could the British government know that long before the first case of swine flu was seen?

So far, 44 people in England have been confirmed as dying after contracting swine flu and another five have died in Scotland. The document says that while most cemeteries have sufficient burial capacity for a number of years, this could be put to the test at the peak of a pandemic. (Daily Express, August 19, 2009). Global research, Michel Chossudovsky: An atmosphere of insecurity and fear is being created simultaneously in several countries in a global public health initiative under the auspices of the WHO. We are summarising selected reports on body bags, mass graves and quarantine orders. Swine flu is acknowledged to be milder than seasonal influenza. So what is the purpose of these initiatives? These reports raise serious questions as to the public health objectives of our governments, not to mention the WHO. The entire construct is politically motivated and corrupt. It serves the financial interests of the pharmaceutical industry. It justifies the militarization of public health and violates fundamental civil liberties.

According to CNN, the Pentagon is "to establish regional teams of military personnel to assist civilian authorities …according Swine-flu-fema-transportto Defense Department officials." "The proposal is awaiting final approval from Defense Secretary Robert Gates. The plan calls for military task forces to work in conjunction with the Federal Emergency Management Agency. …. it would likely include personnel from all branches of the military.

As a first step, Gates is being asked to sign a so-called "execution order" that would authorize the military to begin to conduct the detailed planning to execute the proposed plan. The implications are far-reaching. The decision points towards the militarization of civilian institutions, including law enforcement and public health.

There is evidence of international cooperation on unheard-of scaremongering.

International Swine Flu Conference: Workshop: August 21, 2009: Wahington DC Top leaders and key decision-makers of major companies representing a broad range of industries will meet with distinguished scientists, public health officials, law enforcers, first responders, and other experts to discuss pandemic prevention, preparedness, response and recovery at the 1st International Swine Flu Summit.

... => see:
https://web.archive.org/web/20091010053419/https://nwoobserver.wordpress.com/2009/10/05/the-%E2%80%9Cdeadly-second-wave-of-swine-flu%E2%80%9D-scaremongering-or-sequel-of-vaccinations/

НОВАЯ ГАЗЕТА

Людмила Рыбина

Свиной грипп: возможны случаи впаривания

Новая Газета, 7 октября 2009 (08:00), № 111
https://novayagazeta.ru/articles/2009/10/07/41016-svinoy-gripp-vozmozhny-sluchai-vparivaniya

Угроза эпидемии – лучшая маркетинговая стратегия для близких к чиновникам производителей лекарств и вакцин.

В сентябре разгорелся спор отечественных специалистов и чиновников о том, как у нас обстоят дела со свиным гриппом. Поводом стала первая в России смерть от этой болезни. В ночь на 21 сентября в авторской телепрограмме Александра Рогаткина...

В сентябре разгорелся спор отечественных специалистов и чиновников о том, как у нас обстоят дела со свиным гриппом. Поводом стала первая в России смерть от этой болезни. В ночь на 21 сентября в авторской телепрограмме Александра Рогаткина «Специальный корреспондент» академик РАМН Дмитрий Львов, директор Института вирусологии им. Ивановского, сообщил, что в Москве от этого заболевания скончалась женщина, а всего в России гриппом A/H1N1 заражены десятки тысяч человек. Уже 21 сентября Минздравсоцразвития экстренно организовало брифинг для журналистов, и заместитель министра Вероника Скворцова опровергла утверждения академика Львова: «По официальным данным на 18 сентября, в России был зарегистрирован 381 больной, а свиной грипп у покойной, скорее всего, все-таки был, но скончалась она не от него»… Но именно так и умирают в эпидемию: от осложнений и обострений хронических заболеваний, которые грипп провоцирует. По крайней мере специалистам это хорошо известно.

Впрочем, как всегда, победили чиновники. Академик Львов больше недоступен для журналистов – давать интервью отказывается. И неудивительно: в Трудовом кодексе есть злополучная ст. 278, которая позволяет учредителю уволить руководителя учреждения «без объяснения причин» – просто потому, что он, например, говорит не то, что велели. А медики – от академиков до рядовых врачей – нынешним летом насмотрелись, как Минздравсоцразвития пытается закатать в асфальт этой статьей ректора Московской медицинской академии Михаила Пальцева. Тут уж не до научных дискуссий.

Чиновники Всемирной организации здравоохранения (ВОЗ) недоумевают, зачем России скрывать смертельные случаи или занижать число заболевших гриппом вируса A/H1N1, никаких санкций для стран высокая заболеваемость не влечет, но во время пандемии важно располагать достоверными фактами по всему миру. Однако страны с авторитарными режимами нередко скрывают эпидемии. Так, в 2003 г. Китай скрывал масштабную эпидемию атипичной пневмонии. Видимо, и нашим чиновникам просто привычно доказывать, что на «родине слонов» свиному гриппу не место. Но об истинном положении дел узнать невозможно даже не потому, что ученым заткнут рты. Данные и чиновников, и ученых – это только экспертные оценки. Депутат Госдумы, академик РАМН Сергей Колесников заявил, что в нашей стране всего две лаборатории имеют право проводить анализ на наличие вируса A/H1N1. Одна – в НИИ вирусологии имени Д.И. Ивановского, другая – в Государственном научном

центре вирусологии и биотехнологии «Вектор». Как считает академик Колесников, в нашей стране их должно быть минимум 80, чтобы с подтверждением диагнозов не возникало проблем.

Минздрав всячески накачивает атмосферу напряженного ожидания страшного заболевания и оптимистической веры в то, что у ведомства есть эффективнейшие средства борьбы с ним. Видимо, чтобы напуганное до ужаса общество в нужный момент проглотило подготовленную пилюлю. Сумеют ли специалисты донести до населения, что это на деле – пустышка? В условиях, когда Минздравсоцразвития заинтересовано в продвижении продукции дружественных отечественных предприятий, – вряд ли.

А что за рубежом?

Сначала на сайте международной некоммерческой организации врачей «Здоровый скептицизм», выступающих за ответственное распространение медицинской информации и уменьшение вреда от продвижения лекарств (http://www.healthyscepticism.org/global/news/int/hsin2009-10/), а через некоторое время и в российской сети Е-ЛЕК (http://list.healthnet.org/mailman/listinfo/e-lek), появилась статья испанского врача общей практики профессора Хуана Херваса (Juan Gervas) «Перед лицом свиного гриппа: здравый смысл и наука». Профессор Хервас анализирует, как развивалась пандемия зимой в Южном полушарии, пока в России было лето. По этим данным можно судить о том, чего нам ждать в сезон холодов.

«Эпидемия свиного гриппа, которая началась в Мехико в 2009-м, менее тяжелая, чем эпидемия сезонного гриппа, – пишет профессор Хервас. – В Великобритании, например, зарегистрированы сотни тысяч случаев заболевания – и только 30 смертей, в США зарегистрировано около миллиона случаев – и только 302 смерти. Во время зимы в Южном полушарии (лето в Северном полушарии) 132 человека умерли в Австралии, 128 – в Чили и 16 – в Новой Зеландии. Когда в Южном полушарии зима закончилась, общее число смертей в мире составило 2501. Чтобы было понятно, много это или мало, приведу только один пример: во время обычной зимы в Испании (44 миллиона населения) 1500 – 3000 человек умирают от сезонного гриппа. На основании опыта Южного полушария можно предсказать, что в Испании, где система общественного здоровья охватывает все население, зимой 2009-2010-го случится около 500 смертей от свиного гриппа».

Хуан Хервас в своей статье, которую сейчас читают врачи всего мира, приводит хорошо знакомую поговорку: «Грипп продолжается семь дней без лечения и одну неделю – при лечении». «Грипп – в целом легкое заболевание, с такими симптомами, как лихорадка, головная и мышечная боль, тошнота, диарея и общая слабость, которые требуют нескольких дней отдыха. Не рекомендуется снижать температуру (даже у детей) и только облегчать боль и общее недомогание».

На основании анализа мировых исследований доктор Хервас утверждает: «Не существует лекарств для профилактики свиного гриппа. Противовирусное средство осельтамивир (oseltamivir-Tamiflu) или занамивир (zanamivir-Relenza) не предотвращает заболевание. Даже для сезонного гриппа эти лекарства почти бесполезны (они укорачивают продолжительность заболевания на полдня). В случае свиного гриппа нет доказательств, что они работают. Но противовирусные лекарства имеют серьезные побочные эффекты. Лондонское исследование показало, что половина детей, принимавших Tamiflu, страдали от таких эффектов».

Что же делать?

«Необходимо относиться к свиному гриппу так же, как к обычному сезонному: оберегать себя и свою семью спокойно и со здравым смыслом, – советует профессор Хервас. – Обращаться к врачу следует только при появлении тяжелых симптомов, таких как кровохарканье или тяжелые нарушения дыхания (одышка). Прикрывайте рот, когда кашляете или чихаете. Не трогайте свой нос и мойте руки: перед едой, после туалета и сморкания. Вирус исчезает в выделениях из носа по истечении примерно первых пяти дней заболевания».

Примерно то же, только с поправками на отечественные реалии, советует профессор Василий Власов, вице-президент Общества специалистов доказательной медицины, член формулярного комитета: «Если у вас простуда/грипп, то первая задача – не заразить окружающих. Для этого надо остаться дома. Если работодатель у вас садист (такое бывает), то придется тащиться в поликлинику за больничным. Помните, что в период эпидемии гриппа вам могут его дать по закону на срок до 10 дней.

Вторая задача – расслабиться и получить от болезни удовольствие, на которое способен простуженный человек, сидя дома. Не пренебрегайте симптоматическими средствами типа колдакта, хотрема и прочих подобных – они не лечат грипп, но облегчают симптомы. Но даже если станет легче – не ходите на работу, не заражайте людей.

Начальники! Если у вас есть подчиненные-герои, которые приходят на работу с насморком и температурой, жестко гоните их прочь, чтобы у вас не заболели все остальные. Потом тщательно вымойте руки.

Если болезнь стала тяжелой – у вас одышка, температура, сильная слабость, – вызывайте врача или идите в поликлинику. Помните, что изредка грипп протекает тяжело, в том числе и у молодых здоровых людей, и вот тогда-то и нужна врачебная помощь.

Но пожалейте себя, не затоваривайтесь лекарствами, в особенности бесполезными, которые проталкивает Минздрав. Нормальные люди должны понимать: как угроза голода – возможность обогатиться для торговцев едой, так и угроза гриппа – возможность обогатиться для производителей лекарств. Включайте голову!»

Кстати, профессор Хервас прямо упрекает ВОЗ за то, что она выступает с заявлениями, которые нагнетают страх вокруг свиного гриппа. Это профессор называет впариванием болезни.

«В 2005 году ВОЗ прогнозировала, что до 150 миллионов человек могут умереть от птичьего гриппа, это вызвало всемирную панику.Прогноз был категорически неверным. Были зафиксированы 262 смерти. Перед лицом свиного гриппа в 2009 – 2010 гг. мы не должны повторить ту же ошибку. Важно избежать паники».

В России свои представления о том, как лечить. Министерство здравоохранения и социального развития направило руководителям региональных управлений здравоохранения для использования в работе временные методические рекомендации – «Схемы лечения и профилактики гриппа, вызванного вирусом типа А/ H1N1 для взрослых». Лечить свиной грипп ведомство рекомендует арбидолом в комбинации с кагоцелом или интерферонами.

Профессор Василий Власов проанализировал имеющиеся доказательства полезности средств, рекомендованных Минздравом: «Ни кагоцел, ни арбидол, ни другие интерферонстимуляторы принимать не нужно, потому что это средства, эффективность которых при гриппе сомнительна, а применительно к этому (свиному) гриппу ее вообще никто не оценивал. Но опасность побочных эффектов несет любое средство. В министерских же рекомендациях все – или глупость, или обман, кроме разве что заключительной части про лечение пневмонии».

Но тогда, может быть, привиться? Пока идет вакцинация против сезонного гриппа, Роспотребнадзор рапортует, что всего будет привито 27 млн человек за счет средств федерального бюджета. Зачем, если, по данным ВОЗ, в большинстве стран мира, в том числе и в Европе, преобладает пандемический штамм свиного гриппа? Да потому, что из российского бюджета уже заплачено отечественным производителям за эти 27 млн. доз.

Вакцина против свиного гриппа еще у нас не готова, хотя на ее разработку Россия уже потратила 4 млрд руб.

Хуан Хервас утверждает: «Вакцина против свиного гриппа – экспериментальная. Никто не знает, насколько она эффективна и насколько безопасна. Свиной грипп может мутировать точно так же, как и сезонный грипп, тогда разработанная вакцина окажется совершенно

бесполезной. Вакцина, разработанная для профилактики сезонного гриппа, не обеспечит защиты от свиного. Вакцина против сезонного гриппа относительно неэффективна у детей и подростков (успешная профилактика – 33%) и абсолютно бесполезна у детей до 2 лет. Есть сомнения в эффективности вакцины в профилактике гриппа у взрослых и пожилых людей. Мы ничего не знаем об эффективности и безопасности вакцины против свиного гриппа, которая готова к маркетингу. Однако известно, что в 1976 году США разработали подобную вакцину – результатом стала эпидемия тяжелых побочных эффектов (синдром Гийена-Барре, неврологические заболевания, тяжело пострадали десятки человек). Программа вакцинации была остановлена. Ускоренная разработка таких вакцин не приносит пользы, и пользы просто не может быть в отношении свиного гриппа, смертность от которого столь низка».

Василий Власов согласен с коллегой: «В принципе прививка против обычного гриппа сейчас имеет очень небольшой смысл, ибо и в прошлые годы старые вирусы гриппа поражали лишь небольшую долю от общего числа заболевших. В шлейфе сезонного гриппа идет масса других вирусов, которые вызывают похожие заболевания, но от которых не поможет гриппозная вакцина. В этом году, можно прогнозировать, что вирусы сезонного гриппа частично вытеснит еще и новый свиной грипп, соответственно, польза от прививки будет еще меньше. Какая будет эффективность у новых вакцин против свиного гриппа – неведомо».

Öppet brev till Sveriges samtliga journalister
Open Letter to all Corporate Media Journalists

Word m Word, 11 October 2009 .. 21 November 2009
https://web.archive.org/web/20091115110020/http://www.wordmworld.net/bubble-words/oppet-brev-journalister
https://web.archive.org/web/20091121071611/http://www.wordmworld.net/uncategorized/open-letter-journalists

This is a translated version of a letter that, on the 11th of October 2009, was sent out to journalists working for the corporate media in Sweden and has since then been widely distributed among a very rapidly growing grassroot anti-vaccine/anti NWO movement in Sweden.

Feel free to use this letter as a template for an open letter that can be sent out to journalists and distributed among people in your country as well. The revolution will be global.

To all journalists working in Sweden: The truth is out. Your employers have been revealed. Your employers have been revealed. The truth is out. I repeat: The truth is out.

The biggest crime against humanity in modern time is taking place right in front of our eyes - and you, all Swedish journalists, are quiet. I repeat: The biggest crime against humanity in modern time is right now taking place in front of our eyes - and you are quiet.

To all journalists working in Sweden: with this letter I want to tell you that you have a choice. Either you immediately, and I do mean immediately, start reporting what is really going on in this country and all over the world - or else, as of today, you will be regarded as accomplices in this close to unimaginably horrendous criminal act against the people of Sweden and against the people of the entire planet.

I repeat: To all journalists working in Sweden, either you immediately start reporting what is actually going on in the world, or else you are considered enemies to the people of Sweden.

Passivity is no longer an option. Silence is no longer an option. Propaganda is no longer an option. Disinformation is no longer an option. As of today, Wednesday, the 11th October 2009, you will start to write, tell and show us the truth.

Your employers, the corporate media in Sweden and around the world, are right now under the control of the most evil international crime syndicate that has ever existed. We know that they have seized your base of operation.

Aftonbladet, Expressen, Svenska Dagbladet, Dagens Nyheter, Metro, The Swedish Radio, The Swedish Television, TV4, and all you other lackeys of evil - we know that right now, you are all being used as the central unit of propaganda, in Sweden, for the most cynical conspiracy that humanity has ever seen.

We know that this conspiracy stretches all the way from Wall Street, to the White House, to the World "Health" Organization, to the UN, to the European Union, to the world's leading pharmaceutical companies, to the upcoming meeting in Copenhagen, to media moguls, to the world's leading bankers, to top politicians, to the Swedish government, to Swedish banking, to the Swedish press, to the Swedish drug agency, and to corresponding institutions all across the world.

I understand if this sounds unpleasant, but this is nothing compared to how unpleasant things will become if we all don't take this absolutely seriously. Right now. Today. Absolutely seriously.

This is nothing to smile about. Nothing to dismiss. Nothing to ignore. The crime that is right now taking place in front of our eyes is a part of the most hideous, and sophisticated, conspiracy that can - unless you and we take immediate action - bring more pain and suffering to both us and coming generations than we ever could have imagined.

In the case you choose to call this crazy conspiracy theories without even informing yourselves about what is actually going on in the world: stop this nonsense right away.

The truth is out. We know what is going on. The majority of the people in Sweden and around the world are not aware of the things that are taking place, but there are enough people who are aware for me to, once again, repeat this ultimatum: Starting today, the 11th of November 2009, you will start working with conveying the truth about the swine flu, the vaccine and the ongoing mass vaccinations to all people in Sweden.

If you refuse to meet this demand, then I, and all others who are aware of what is going on, and all of those that within a near future will start to understand, will - for the rest of your careers, for the rest of your lives - hold you responsible for just standing on the side and doing nothing but observe, while this disgusting crime was taking place.

All of you Swedish journalists, it is your job to scrutinize those in power. It is your job to report to us when they abuse their power. It is your job to inform the Swedish people about current events. Right now, you are not doing your job. This will result in fatal consequences, unless you immediately start doing what you are supposed to do and what you have to do.

Even though I do hope that you come to your senses, it is not something that I neither expect nor rely on. For this reason, I’ve started the page "Vaccination News". This news reporting is not as fancy as the thug papers for which you work, but it deals with something that the Swedish people need more than anything else right now - the truth about the swine flu, the vaccine and the mass vaccinations. The link to this daily news reporting about the swine flu, the vaccine and the mass vaccinations is: http://www.wordmworld.net/bubble-words/vaccinationsnyheterna (in Swedish)

In case you journalists want to write real articles but have them refused by your scoundrel employers, then you are very welcome to send them to the "Vaccination News", and I will publish them on this site.

The same goes for the Swedish people. The most dangerous thing we can do right now is wait for someone else to take action. We have to start taking matters in our hands. You have to take matters in your own hands.

Right now, we dispose over a fantastic means of communication, the Internet. We have to start take advantage of this. Thanks to the Internet, we can communicate with each other directly, by sending links, video clips, documents and articles. It is very important that we do not take our current communicative freedoms for granted. It is equally important that we spread this information that governments, mainstream media and all those in power want to keep away from us, as much as possible and as quickly as possible.

Communicate with the people around you, both in everyday life and on the Internet. Talk to each other, discuss, ask questions, think critically, exchange ideas, send links, post information on Facebook, twitter, blogs, in different forums, and spread the word that our future is right now at stake and do it in every way possible.

For every day that passes, our freedoms are being taken away from us, both on the web and in our communities, without most of us even noticing it. If we want to come out of this fight victoriously, then we need to exercise our rights and use all our means of communication to the fullest. Now, right now, right away.

Forbes

Michael Fumento

The Pandemic is Political

Forbes, 16 October 2009, 7:15 pm EDT
https://www.forbes.com/2009/10/16/swine-flu-world-health-organization-pandemic-opinions-contributors-michael-fumento.html?sh=474767ae6899

As evidence continues to mount that swine flu is more of a piglet than a raging razorback, why isn't curiosity mounting as to why the World Health Organization declared it a pandemic? And definitions aside, why does the agency continue to insist we're going to get hammered? The answers have far less to do with world health than with redistribution of world wealth.

Medically, the pandemic moniker is unjustifiable. When the sacrosanct World Health Organization (WHO) made its official declaration in June, we were 11 weeks into the outbreak, and swine flu had only killed 144 people worldwide--the same number who die of seasonal flu worldwide every few hours. The mildest pandemics of the 20th century killed at least a million people worldwide. And even after six months, swine flu has killed about as many people as the seasonal flu does every six days.

So how could WHO make such an outrageous claim?

Simple. It rewrote the definition of "pandemic."

A previous official definition (and widely used unofficial one) required "simultaneous epidemics worldwide with enormous numbers of deaths and illness." Severity – that is, the number – is crucial, because seasonal flu *always* causes worldwide simultaneous epidemics. But one promulgated in April just days before the announcement of the swine flu outbreak simply eliminated severity as a factor.

That's also how we can have a "pandemic" when six months of epidemiological data show swine flu to be far milder than the seasonal variety. New York City statistics show it to be perhaps a 10th as lethal.

In Australia and New Zealand, flu season has ended, and almost all cases have been swine flu. Yet even without a vaccine, these countries are reporting fewer flu deaths than normal. (In New Zealand, that's just 18 confirmed deaths compared with 400 normally.) Swine flu is causing negative deaths! The best explanation is that infection with the milder strain (swine flu) is inoculating against the more severe strain (seasonal flu) it has displaced.

This all makes sense once you realize that swine flu isn't some sort of alien from outer space as we've been led to believe, but rather "the same subtype as seasonal A/H1N1 that has been circulating since 1977," as the BMJ (formerly the British Medical Journal) observes. It's "something our immune systems have seen before," echoes Peter Palese of New York's Mount Sinai School of Medicine.

The older you are, the more you've been exposed and the higher your immunity level – hence the need to give two swine flu vaccinations to those under age 10.

Nevertheless, because WHO dubbed this a "pandemic," vaccination plans, emergency response measures and frightening predictions have been based on comparisons with true pandemics that by

definition were especially severe. That includes the August report from the President's Council of Advisors on Science and Technology with its "plausible scenario" of "30,000 - 90,000 deaths" peaking in "mid-October."

Check your calendar.

So, then, why did WHO do it?

In part, it was CYA for the WHO. It was losing credibility over the refusal of avian flu H5N1 to go pandemic and kill as many as 150 million people worldwide, as its "flu czar" had predicted in 2005. Around the world, nations stockpiled antiviral medicines and H5N1 vaccine.

So when pig flu conveniently appeared, the WHO essentially crossed out "avian," inserted "swine," and WHO Director-General Margaret Chan could boast: "The world can now reap the benefits of investments over the last five years in pandemic preparedness."

Yet this doesn't explain why the agency hyped avian flu in the first place, nor why it exaggerated HIV infections by more than 10 times, or why it spread hysteria over Severe Acute Respiratory Syndrome (SARS). That disease ultimately killed a day's worth of seasonal flu victims before vanishing.

But the SARS scare was enough, leading to a broad expansion of WHO powers, including a degree of direct authority over national health agencies. It's now using that to leverage more authority and a bigger budget. No shocker there.

What may be surprising is that it wants to use that power to help bring about a global economic and social revolution – and that Director-General Chan was so blunt about it in a speech in Copenhagen last month.

She said "ministers of health" should take advantage of the "devastating impact" swine flu will have on poorer nations to tell "heads of state and ministers of finance, tourism and trade" that:

– The belief that "living conditions and health status of the poor would somehow automatically improve as countries modernized, liberalized their trade and improved their economies" is false. Wealth doesn't equal health.

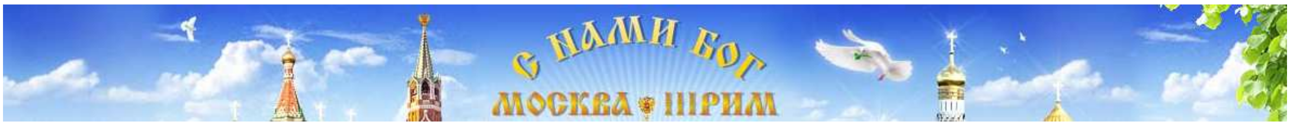
– "Changes in the functioning of the global economy" are needed to "distribute wealth on the basis of" values "like community, solidarity, equity and social justice."

– "The international policies and systems that govern financial markets, economies, commerce, trade and foreign affairs have not operated with fairness as an explicit policy objective."

Splendid! So let's put the WHO in charge of worldwide economic and social engineering.

Then let's form a new agency that sees disease as something to prevent and treat rather than something to exploit.

=> Перевод статьи



Майкл Фументо

Пандемия политическая

3rm.info / Forbes, 9 ноября 2009
https://3rm.info/main/622-forbes-pandemiya-politicheskaya.html

По мере появления доказательств того, что свиной грипп скорее Пятачок, чем клыкастый монстр, хочется поинтересоваться: зачем Всемирная организация здравоохранения объявила пандемию? Почему продолжает настаивать на том, что нам крышка? Ответы, к сожалению, имеют значительно меньше общего с миром здравоохранения, нежели с перераспределением мировых капиталов. С точки зрения медицины пандемии сейчас нет. Когда в июне Всемирная организация здравоохранения (ВОЗ) официально объявила пандемию, прошло 11 недель с начала вспышки, а свиной грипп убил 144 человека.

Именно столько человек умирает от сезонного гриппа во всем мире каждые несколько часов. При наиболее легких пандемиях XX столетия погибли как минимум миллион человек. И даже через 6 месяцев свиной грипп убил приблизительно столько же людей, сколько сезонный грипп уничтожает за каждые шесть дней.

Как тогда ВОЗ могла сделать такое возмутительное заявление? А просто. Она переписала определение «пандемии». Предыдущее официальное определение (широко распространенное неофициально) предполагало «одновременную эпидемию по всему миру с огромным количеством смертей и болезней».

Серьезность – то есть, цифры – важна, поскольку сезонный грипп всегда вызывает во всем мире одновременные эпидемии. Но из определения, обнародованного в апреле за несколько дней до объявления про вспышку свиного гриппа, просто вычеркнута серьезность как фактор. Именно потому мы можем иметь «пандемию», когда эпидемиологические данные за 6 месяцев показывают, что свиной грипп будет гораздо мягче, чем сезонный штамм.

Статистические данные из Нью-Йорка показывают, что его показатель смертность может составлять - 10. В Австралии и Новой Зеландии сезон гриппа завершился, и почти во всех случаях диагнозом был свиной грипп. Но даже без вакцинирования эти страны сообщают про меньшее количество смертей, чем обычно. (В Новой Зеландии подтверждено 18 случаев смерти по сравнению с обычными 400).

Свиной грипп вызывает снижение смертей! Лучшим объяснением является то, что вирус с мягким влиянием (свиной грипп) является прививкой от более серьезных вариантов (сезонного гриппа). Все это логично, если вы понимаете, что свиной грипп не является каким-то пришельцем из космоса, как нас заставляли верить, но, скорее, представляет «такой же подтип, как сезонный A/H1N1, который циркулирует с 1977 года», как напоминает BMJ (British Medical Journal). Такой вирус "наша иммунная система уже видела», - подтверждает Питер Палез из Нью-Йоркской школы медицины Mount Sinai. Чем вы старше, тем больше болели и тем выше ваш уровень иммунитета – отсюда и необходимость делать две прививки против свиного гриппа тем, кто моложе 10 лет.

Тем не менее, поскольку ВОЗ объявила «пандемию», планы вакцинации, меры реагирования на чрезвычайные ситуации и запугивания отталкиваются от сравнения с настоящими пандемиями, которые были особо тяжелыми по определению. К ним принадлежит и августовский доклад Совета по вопросам науки и техники Президента США с ее «вероятным сценарием» с «30000 – 90000 смертей» и пиком в «середине октября».

Но на календаре уже ноябрь... Так зачем ВОЗ это делает? Организация теряет доверие из-за отказа птичьего гриппа H5N1 обратиться в пандемию и убить более 150 миллионов людей во всем мире, как предполагал в 2005 году ее «Гриппозный царь». Весь мир обложился запасами противовирусных препаратов и вакцин против H5N1. Поэтому, когда появился свиной грипп, ВОЗ, по сути, заменил слово "птичий", словом «свиной», а Генеральный директор ВОЗ Маргарет Чэн может похвастаться: «Мир теперь может воспользоваться преимуществами инвестиций за последние пять лет в готовность к пандемии».

Однако это не объясняет ни почему агентство устроило панику вокруг птичьего гриппа в первую очередь, ни почему были преувеличены последствия ВИЧ более, чем в 10 раз, ни почему оно распространяло истерику вокруг атипичной пневмонии. Эта болезнь перед тем как исчезнуть, убила столько людей, сколько убивает обычный грипп за один день. Но страха перед атипичной пневмонией было достаточно для расширения полномочий ВОЗ, в том числе для получения некоторых рычагов прямой власти над национальными учреждения здравоохранения. Сейчас это используется, чтобы получить больше власти и увеличить бюджет. Какая неожиданность…

Удивительно, но ВОЗ хочет использовать эту силу для воплощения глобальной социальной революции, про что Генеральный директор Чэн сообщила в докладе в Копенгагене в прошлом месяце. Она сказала: «Министрам здравоохранения» следует воспользоваться «разрушительным влиянием», которое свиной грипп будет иметь для бедных стран, чтобы рассказать «главам государств и министрам финансов, туризма и торговли», что: – вера в то, что «условия жизни и состояния здоровья в бедных странах каким-то образом автоматически улучшатся вследствие модернизации, либерализации, торговли и улучшения их экономики» является ошибочной.

Богатство не равняется здоровью; – «изменения в функционировании глобальной экономики» необходимы для «распределения богатства на основе» таких ценностей, «как общественность, солидарность, равенство и социальная справедливость»; – «международные политики и системы, которые регулируют финансовые рынки, экономики, торговлю и международные отношения не работали в соответствии со справедливостью».

Превосходно! Так давайте возложим на ВОЗ ответственность за мировую экономическую и социальную инженерию. Тогда давайте создавать новое агентство, которое рассматривает болезнь как что-то, что необходимо предотвратить и лечить, а не средство эксплуатации. Про автора:

Майкл Fumento - сотрудник проекта в области некоммерческой независимой журналистики по специализации здравоохранения и научных проблем. Он является автором книги «Миф про Гетеро СПИД: как трагедия была перекручена СМИ и в ходе политических дискуссий».

Jean-Jacques Crèvecœur

Jean-Jacques Crèvecoeur

Les Gouverne-Menteurs Nous Déclarent La Guerre

Crevecoeur, 23 octobre 2009.
https://web.archive.org/web/20091029222158/http://www.jean-jacques-crevecoeur.com/index.php?option=com_content&view=article&id=111:courriel-7&catid=65:grippe-a-h1n1&Itemid=98

Madame, Monsieur,
Chers amis,

J'ai très peu de temps pour vous écrire.

C'est important que vous receviez cette information le plus rapidement possible. Et que vous la répandiez (car, il ne faudra pas compter sur les journalistes prostitués et muselés pour informer les populations de ce qui suit).

Les Etats-Unis viennent de décréter l'état d'urgence sanitaire, ce samedi midi (heure de Montréal). Pour beaucoup, ça semblera très banal comme information.

Mais pour ceux capables de lire entre les lignes, cette déclaration d'Obama est une déclaration de guerre contre l'humanité. Dans quelques jours, je ne serais pas étonné que d'autres pays suivent l'exemple des USA, ou que, tout simplement, l'Organisation du Mensonge Systématique (OMS) donne le coup d'envoi d'un état d'urgence sanitaire mondial.

Le 10 septembre 2009, j'avais envoyé un courriel à tous mes contacts. Ce courriel contenait deux parties. Dans la première partie, je posais 26 questions troublantes à propos de cette soi-disant pandémie de grippe porcine. Cette partie a été publiée sur des dizaines de blogs et de sites Internet, envoyée à des centaines de milliers de personnes et traduite dans près de dix langues. Dans la deuxième partie, je proposais un scénario possible de ce qui allait se dérouler. Peu de gens l'ont transmis et beaucoup m'ont critiqué (j'ai même perdu beaucoup d'amis et de connaissances à cause de ce passage). On me reprochait d'être un prophète d'une prétendue apocalypse annoncée, de bonimenteur de rue prêchant la fin du monde. C'est même la raison pour laquelle, dans un premier temps, je n'ai pas reproduit ce passage sur mon site Internet.

À cette époque, je vous expliquais comment créer une pandémie de toutes pièces.

Pourtant, je ne suis pas voyant. Je n'ai pas de boule de cristal. Et je ne suis pas complice des crapules qui siègent à l'OMS, à la tête des compagnies pharmaceutiques, à la tête des ministères de la Maladie et à la tête des médias. J'ai simplement essayé de me mettre à leur place, et je me suis demandé comment je ferais pour exterminer une bonne partie de la population des pays dits développés.

Petit retour en arrière: voici mon texte écrit la nuit du 9 au 10 septembre dernier (dont on pouvait dire, à l'époque que c'était un délire paranoïaque):

Il y a, par contre, une question que je vais poser ici et à laquelle je vais répondre, car beaucoup de mes interlocuteurs ne comprennent pas cela. La question est: comment un virus aussi bénin va-t-il s'y prendre pour tuer des millions de personnes? Ça, c'est la question à un million de dollars!!!

Eh bien c'est l'histoire des pandémies du passé qui nous apporte la réponse. La recette est simple (en douze étapes, déjà expérimentées pendant le XXe siècle, avec des succès divers):

1. on annonce qu'un foyer d'une nouvelle grippe vient d'apparaître au Mexique et que c'est très grave, car c'est un virus animal qui s'est transmis à l'homme!
2. on annonce ensuite 250 morts en une semaine, pour rectifier ensuite le décompte à 8 morts. Mais tout le monde a retenu qu'il y avait eu beaucoup de morts dès le début (ça ne vous rappelle rien, ça: le 11 septembre, on nous a annoncé à la télévision 40 à 50.000 morts dans les Twin Towers – ce qui a justifié la croisade contre l'axe du Mal – puis, on a révisé le nombre de morts à 2.974);
3. on annonce à grand renfort de publicité quotidienne que ce terrible virus se propage à une vitesse incroyable sur toute la planète (alors que par ailleurs, aucun laboratoire du monde ne dispose de la souche du virus pour confirmer que c'est bien ce virus qui est en cause, et pas le virus ordinaire – on reconnaît par ailleurs que la grippe porcine ne présente aucun symptôme spécifique par rapport à ceux de la grippe ordinaire – alors, comment font-ils pour compter le nombre de cas ???);
4. devant le peu de virulence dudit virus, on nous annonce que ce gentil virus (finalement) va muter et va devenir TRÈS méchant, et que l'on sait qu'il va muter à une date précise (celle de la sortie des vaccins, quelle coïncidence quand même!);
5. pendant tout ce temps, on prépare des produits en laboratoire dont on dit qu'ils sont des vaccins, et dans lesquels on mélange deux souches de la grippe porcine, deux souches de la grippe aviaire et une souche de la grippe humaine (cocktail tout à fait explosif, lorsqu'il sera injecté dans le corps!). De plus, on rajoute (en plus grande quantité que d'habitude) des adjuvants (formaldéhyde, aluminium et squalène) et des conservateurs (thimérosal, composé à base de mercure), reconnus pour leur grande toxicité;
6. peu avant la sortie des soi-disant vaccins (qui sont en réalité, ici, des armes bactériologiques), les médias se déchaînent pour nous annoncer qu'il y a une recrudescence de cas de grippe. Même si les médecins ne prennent plus la peine de vérifier s'il s'agit bien du même virus, le peuple est tellement hypnotisé qu'il ne réfléchit plus. Il est persuadé que la mutation annoncée est en train de se réaliser;
7. on annonce aussi que tous les vaccins ne seront pas disponibles immédiatement et qu'il y aura des chanceux qui pourront en bénéficier tout de suite, et d'autres devront attendre jusqu'à quatre mois pour enfin recevoir le vaccin salvateur!
8. dès la sortie des premières armes bactériologiques déguisées en vaccins, le bon peuple apeuré court se faire vacciner volontairement, dans les centres spécialement préparés à cet effet (et encadrés par des militaires). Ici au Canada, les gens s'inscrivent sur des listes d'attente pour être certains d'être parmi les premiers vaccinés!
9. dès l'injection du vaccin, le cocktail préparé soigneusement par les laboratoires entraîne la mutation et la combinaison des différentes souches dans le corps du patient, rendant les virus extrêmement mortels. Dans le même temps, les adjuvants auront mis par terre le système immunitaire. La Tamiflu sera utilisé pour provoquer une surinfection (cas déjà observés dans plusieurs pays) entraînant immédiatement la mort de la personne. Conséquence: il y aura des milliers de morts parmi les premières populations vaccinées;
10. on nous dira alors que, malheureusement, ce qu'on craignait est arrivé: le virus a muté sous une forme mortelle. On attribuera la cause des décès au virus, et pas au gentil vaccin censé nous protéger! Une panique s'emparera de la population, qui réclamera qu'on les vaccine d'urgence;
11. vu la gravité de la situation sanitaire, vu les troubles engendrés, d'une part par ceux qui réclameront avec force leur vaccin, d'autre part par ceux qui accuseront les autorités sanitaires de génocidaires, l'état d'urgence sera déclaré dans tout le pays et le plan de vaccination obligatoire sera mis en place;
12. ceux qui refuseront de se faire vacciner devront se cacher ou disparaître pendant un temps suffisamment long, à moins qu'on ne les fasse disparaître dans des camps de concentration prévus à cet effet.

etc … (continue) =>

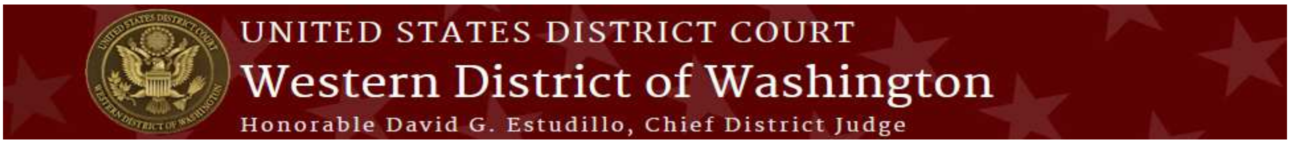
Crevecoeur argues that the Baxter vaccine material must almost certainly contain the bird flu virus, the H5N1 virus, because of the impossibility given the short time of producing large quantities of swine flu flu virus vaccines by the end of August.

He maintains that the vaccine material must have been produced by Baxter in advance and for the bird flu pandemic.

«My intutitive hypothesis (...): the first people to be vaccinated in France will get the vaccine against the H5N1 (but they won't be told). The vaccinated who are already carriers of the H1N1 risk experiencing a co- mutation between the injected H5N1 and the H1N1 present in their body in such a way as to create complications and possible death."

«Ces vaccins livrés fin août à la France sont très certainement des vaccins contenant le virus de la grippe aviaire H5N1, issus de ce qui avait été produit antérieurement par Baxter en préparation de la pandémie de grippe aviaire (il faut bien recycler les invendus, non ?). D'ailleurs, il est impossible que ce soit des vaccins contenant le H1N1 – les délais de fabrication étant trop courts, par rapport à la date de livraison de la souche Californienne qui a servi à la production des vaccins. Ces vaccins ont été gardés sous haute surveillance militaire à Miramas, en Provence (Sud de la France). Et ce sont eux qui sortent les premiers...

· Mon hypothèse intuitive (jusqu'à présent, toutes les intuitions que j'ai depuis mai 2009 se sont avérées exactes, mais je peux me tromper): les premières personnes vaccinées en France le seront avec le vaccin contre le H5N1 (mais, on ne leur dira pas). Les vaccinés qui seront déjà porteurs du H1N1 risquent de vivre une commutation entre le H5N1 vaccinal et le H1N1 présent dans le corps et faire des complications, et en mourir probablement.



Rebecca Campbell files federal lawsuit over WHO flu scam in Seattle

US District Court, Western District of Washington, at Seattle, 24 October 2009
https://cupdf.com/document/rebecca-campbell-files-federal-lawsuit-over-who-flu-scam-in-seattle.html?page=1
https://web.archive.org/web/20091029221826/http://www.theflucase.com/index.php?option=com_content&view=article&id=1355:rebecca-campbell-files-federal-lawsuit-over-who-flu-scam-in-seattle&catid=1:latest-news&Itemid=64&lang=en

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE
REBECCA EM CAMPBELL ,
Plaintiff, Civil Action No.
vs. Jury Trial Demanded
KATHLEEN SEBELIUS, Secretary,
States Department of Health and Human
Services; THOMAS R. FRIEDEN, M.D., M.P.H.,
Director, United States Centers for Disease
Control and Prevention; FRANCIS S.
COLLINS, M.D., Ph.D., Director,
United States National Institutes of
Health; and MARGARET ANN HAMBURG , M.D.,
Commissioner, United States Food and
Drug Administration.
Defendants.

Complaint for Declaratory and Injunctive Relief

Plaintiff alleges the following in support of her claim for declaratory and injunctive relief and damages:

Jurisdiction and Venue

1. This is a claim for declaratory and injunctive relief and damages with jurisdiction in this court based upon 28 U.S.C. § 1331 with issues arising under the Constitution and laws of the United States.

2. Venue is proper in this district pursuant to 28 U.S.C. § 1391(e) because this is a civil action in which the defendants are officers or employees of the United States acting in their official capacity or under color of legal authority, plaintiff resides in this district and no real property is involved in the action.

Parties

3. Plaintiff Rebecca Em Campbell is a universal sovereign being, a citizen of the United States and a resident of Seattle, King County, Washington.

4. Defendant Kathleen Sebelius (hereafter "defendant Sebelius") is an adult resident of the state of Kansas with a professional address of 200 Independence Avenue, S.W. , Washington, D.C. 20201. Defendant Sebelius is the secretary of the United States Department of Health and Human Services.

5. Defendant Thomas R. Frieden, M.D., M.P.H. (hereafter "defendant Frieden") is an adult resident of the state of New York with a professional address of 1600 Clifton Road, Atlanta, GA 30333. Defendant Frieden is the director of the United States Centers for Disease Control and Prevention.

6. Defendant Francis S. Collins, M.D., Ph.D. (hereafter "defendant Collins") is an adult resident of the state of Virginia with a professional address of 9000 Rockville Pike, Bethesda, MD 20892. Defendant Collins is the director of the United States National Institutes of Health.

7. Defendant Margaret Ann Hamburg, M.D. (hereafter "defendant Hamburg") is an adult resident of the state of New York with a professional address of 10903 New Hampshire Avenue, Silver Spring, MD 20903. Defendant Hamburg is the commissioner of the United States Food and Drug Administration.

... => see Ch. 19. Additional ...

LewRockwell.com

Bill Sardi

The False Flag Flu Emergency

Lew Rockwell, 27 October 2009
https://www.lewrockwell.com/2009/10/bill-sardi/the-false-flag-flu-emergency/

On Friday I stood before an audience in Phoenix, Arizona and attempted to shock them with something similar to a repeat of Orson Welles' War Of The Worlds radio broadcast, a 1938 Halloween night radio announcement that said, in a series of news bulletins, Martians had landed on the earth. The public cowered in fear then, even when Welles announced it was just a radio drama, not reality.

The contrived crisis I created was the President of the United States had just announced a national emergency because of a massive number of deaths attributed to a fast-spreading strain of flu virus that had combined with a mortal form of flu virus. My hand was shaking as I read the announcement. People in the audience thought it was real. The audience began to squirm and wonder, before I finished my melodrama, just how they were going to return home without having to undergo forced vaccination at the airport.

They were relieved when I told them this crisis was purely fictional. I added the announcement for just such a contrived crisis was probably already programmed into the President's teleprompter. Little did I know how true these words were to become.

To my surprise, on the afternoon of the following day (Saturday), the President of the United States had indeed declared a national emergency due to 1000 reported flu deaths, 100 of them among children. These deaths had occurred over the past eight months.

But 1000 accumulated deaths would be far fewer than the mortality figures the Centers for Disease Control distributes – estimated at 36,000 annual flu deaths. Federal health authorities lump pneumonia deaths among the elderly with flu-related deaths to falsely inflate flu mortality figures. My own guesstimate is that only about 6000 flu-related deaths actually occur each year, but even using this figure for comparison, this year's flu outbreak appears weak. An estimated 20,000 hospitalizations have been reported since this pandemic flu strain began in March of 2009, which amounts to only about 625 hospitalizations per week spread among more than 5 thousand hospitals.

Earlier in the week CBS News reported that, five months after this unique strain of the flu had begun to spread in Mexico in March of 2009, the H1N1 pandemic flu strain only comprised 1-2% of the flu viruses in circulation by July. Yet there were massive preparations being made for a major flu pandemic without sufficient justification. Today the Centers for Disease Control says the H1N1 pandemic flu strain represents 99% of the flu cases that are typed laboratory confirmed. Just exactly which numbers are correct, if any, now come into question.

According to CBS News, only 11 million doses of flu have been administered, with millions more to arrive late, sometime in mid-November. Time Magazine reports about 30 million available doses, so that could mean up to two-thirds of the currently available vaccine is going unused.

A reimbursement crisis, not a health crisis

A follow-up report, published in the Sunday edition of the San Francisco Chronicle, says the emergency declaration issued by The White House has more to do with Medicare and Medicaid regulations dealing with hospitals. With the national emergency declared, hospitals have more flexibility to set up separate or even outdoor treatment areas.

The emergency appears to deal more with hospitals and their ability to get paid by federal health authorities. An article in the New York Times confirms that federal rules do not allow hospitals to establish treatment areas more than 250 yards from emergency rooms. "Tents are 300 yards or more away, typically federal dollars won't go to pay for treatment."

So the emergency appears to be financial – making sure hospitals meet federal requirements so they can get paid by Medicaid or Medicare, rather than any true health crisis.

The San Francisco Chronicle article said "White House officials were quick to note that the emergency declaration does not signify an increase in severity of the national H1N1 outbreak." But the article kept referring to all the deaths, when there appear to be fewer mortal cases of the flu in the past 8 months than prior flu seasons.

Journalists and health officials sound more duplicitous as they attempt to explain the need for the emergency declaration. Here is how the San Francisco Chronicle described it:

"Art Reingold, head of epidemiology at UC Berkeley, said the declaration doesn't mean that the national outbreak is 'any worse than it was yesterday or last week'."

"It's difficult to get the right message across to people," Reingold said. "There's this balance between the flu is important and people should be vaccinated, but you don't want an overreaction."

But once again, according to federal officials, there is little or no vaccine available.

Civil liberties threatened?

An article in the Christian Science Monitor (ASM) was more concerned that such a contrived emergency could be a veiled way to overrun civil liberties. The ASM article quoted Harold Relyea, a specialist in national government with the Congressional Research Service, who said:

"When the President formally declares a national emergency, he may seize property, organize and control the means of production, seize commodities, assign military forces abroad, institute martial law, seize and control all transportation and communication, regulate the operation of private enterprise, restrict travel and, in a variety of ways, control the lives of United States citizens."

Few news sources were critical of the declared emergency, but expect more reporters to express skepticism over its need and to question its intent.

An article in the New Hampshire Union Leader said: "But the way the U.S. government has been handling the new flu strain, technically named H1N1, has been less than reassuring."

What to do now?

Misdirection, overreaction and lack of preparedness by public health officials is a clear indication to the public that they cannot totally rely upon potentially problematic vaccines or anti-viral drugs to defend themselves against the flu.

An ignored approach to controlling infectious disease is to address the immune status of the population. The public should utilize bona fide immune boosters such as vitamin D and vitamin C, and take nutrients that are documented to reduce the duration and severity of the disease which include vitamin E, the trace mineral selenium, the sulfur compound NAC, and elderberry.

In 2005 researchers in Rome, Italy wondered what backup treatment could be used in the event vaccines were unavailable or were ineffective against a fast mutating flu virus that had developed resistance to vaccines or anti-viral drugs like Tamiflu or Relenza.

Flu viruses require a host cell to replicate. The Italian researchers report that resveratrol, known as a red wine molecule, completely blocks entry of flu viruses into the cell nucleus in animals at a human equivalent dose of ~70 milligrams. [Journal Infectious Disease 2005 May 15; 191(10):1719-29] So the virus would enter the lungs, antibodies would still be generated to produce long-term immunity, but the virus could not duplicate into millions of daughter virions as it normally does. Resveratrol works on closing the cellular doorway rather than destroying the virus itself. Therefore it is a totally non-toxic approach to control of influenza viruses. Furthermore, resveratrol does not provoke viral resistance.

SPIEGEL Wissenschaft

Von Veronika Hackenbroch

Is Swine Flu Really a Pandemic?

Der Shpiegel, 28 Oktober 2009, 18:13 Uhr
https://www.spiegel.de/international/world/growing-doubt-among-experts-is-swine-flu-really-a-pandemic-a-657876.html

Germany has launched the biggest vaccination program in its history. But the inoculation jabs are proving so effective and the disease is so mild in most cases that experts have their doubts about whether swine flu is a real pandemic.

The researchers who develop vaccines hope, of course, that their products will work. This time around, however, even the developers themselves were surprised to see just how effective their products have turned out. Researchers from the Novartis pharmaceutical company, testing their swine flu vaccine this September, were astounded to find that just one dose was sufficient to produce copious antibodies in their inoculated patients.

Similar news had already come from China, and GlaxoSmithKline followed shortly afterward, finding the same held true for its vaccine, which Germany is putting into effect as of this week. Unexpectedly, the company found a second shot for adults was unnecessary.

These findings present a puzzle for immunologists and virologists, who are now asking themselves what this tells us about the pathogens behind swine flu.

Pandemic viruses are newly occurring pathogens. They're unknown to the human immune system, which is why people are so defenseless against them. Not one but two inoculation shots are generally necessary to provide sufficient defenses to an immune system that has no previous experience of a virus. Why, then, are current vaccination studies from around the world delivering results that seem far more fitting for a normal, seasonal flu?

Johannes Löwer, president of the Paul-Ehrlich-Institut (PEI), the German governmental institute that oversees immunizations, suggests these results could "perhaps be explained by the fact that the population is not actually as immunologically naive as was inferred from the virus' characteristics and the course of the infection." So is swine flu not actually as new as previously thought? Is it, despite evolving from swine and avian viruses, not a complete unknown for humans after all? And does that mean perhaps it isn't a true pandemic virus at all?

This is not exactly the most convenient time for these doubts to arise, at least from the perspective of Germany's health officials. The country's first large-scale vaccination campaign has just begun, with the public so far showing little interest in getting itself immunized. Doubts about swine flu's status as a pandemic are hardly welcome right now.

But the question – is it a pandemic, an unusual flu season, or something else in between – is not a purely academic one. When the World Health Organization (WHO) decided on June 11 to increase the pandemic alert phase to six, the highest level, pandemic plans came into effect around the globe,

governments stocked up on drugs worth billions of euros, and companies turned out new pandemic vaccines. Was it all really necessary?

Taking preventative measures was certainly warranted. The virus has already claimed more than 5,000 victims globally. Pregnant women and young, previously completely healthy people have died of the disease -- although only in rare cases -- within the space of just a few days. Thus PEI President Löwer believes, "The question of whether the spread of the new influenza virus concerns a pandemic or rather a seasonal occurrence is a moot point with respect to the need to provide vaccines in a timely manner."

Did the WHO Overreact?

And yet it can't be denied that in most cases, the infection has run an astonishingly mild course. And the question of whether the WHO overreacted will only become more pressing. Some experts expressed criticism early on, saying that before declaring phase six, the WHO quickly modified its own definition of a pandemic. The organization simply disregarded the criterion that stipulates a very high mortality rate must first be present, and changed passages accordingly in the pandemic definition on its Web site. If the virus turns out not to be nearly as new as first believed, that begs a further question -- what, then, actually makes swine flu a true pandemic?

Some virologists already had doubts when the WHO first announced the existence of a new flu in late April. Top health officials were indeed talking about a "new subtype" of the influenza virus, one feature required by the US Centers for Disease Control and Prevention to meet its definition of a pandemic. But "new subtype," it turns out, was an inaccurate description -- the pathogen behind swine flu is in truth only a new strain of an old subtype. And as influenza expert Hans-Dieter Klenk at Marburg University's Virology Institute explains, "such strains are more closely related to each other than subtypes are."

Today's swine flu did arise new from a combination of avian and swine viruses. But it's related nonetheless, in a roundabout way, to the pandemic-causing virus of 1918, which still has descendants circulating in the population. That could help explain why older people contract swine flu considerably less often than young people – for their immune systems, this new virus is simply an old familiar one retooled. But younger people may also be less defenseless against the new virus than originally believed.

The influenza proteins H1 and H2, which characterize different viral subtypes, typically vary by more than 40 percent. The H1 protein that has made the leap from pigs to humans with the current swine flu virus, however, differs from the H1 of the seasonal flu virus by only around 25 percent. "And we suspect," Klenk explains, "that this closer relationship is also reflected in some way on the immunological level." What does all that mean? That unlike with the pandemics of 1918, 1957 and 1968, when truly new subtypes sent waves of infection across the globe, this time human immune defenses may be better prepared.

The fact that many people require only one vaccine dose to be protected against swine flu is one piece of evidence. Another is that the virus didn't spread nearly as far through the population as originally feared during the Australian winter.

No one knows how swine flu's course will run. But in the end, British molecular biologist Derek Gatherer may prove to have been right all along. Gatherer declared his suspicions back in the beginning of July, that humankind is facing only a "pseudo-pandemic," one that "may be insufficiently virulent ultimately to enter the annals of major pandemics."

Richard Gale and Dr. Gary Null

Gary Null Obama Administration launches deceptive Swine Flu propaganda blitz
To Counter Growing Criticism from Scientific and Medical Community

Global Research, 29 October 2009
https://web.archive.org/web/20100114223014/http://www.globalresearch.ca/index.php?context=viewArticle&code=GAL20091028&articleId=15860

President Obama and his top health officials are engaging in a major public relations effort to divert attention away from whether its swine flu vaccine is effective and safe – to whether there is enough of it to go around. And the media, as always, is cooperating fully. This echoes the way media debate was manipulated during the Vietnam and Iraq Wars. Instead of debating whether we should even be fighting those wars, the media debated only whether we were using the correct military strategy.

Increasing numbers of scientists and doctors are issuing harsh criticisms of the Government's plan to vaccinate (forcibly if necessary) virtually the entire U.S. population with what they claim is a poorly tested vaccine that is not only ineffective against swine flu, but could cripple and even kill many more people than it helps.

The CDC's public relations campaign has been running "scare" ads that portray swine flu as a full-blown "pandemic" responsible for snuffing out countless lives, and which, unless stopped by universal vaccination, could kill millions of American citizens. But scientists and health officials throughout the world have called the governments claims unjustified and deliberately misleading.

For example, Dr. Anthony Morris, a distinguished virologist and former Chief Vaccine Office at the U.S. Federal Drug Administration (FDA), states that "There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza" and that "The producers of these vaccines know they are worthless, but they go on selling them anyway."

And in November 2007, the UK newspaper The Scotsman, made public warnings by the inventor of the "flu jab," Dr. Graeme Laver. Dr. Laver was a major Australian scientist involved in the invention of a flu vaccine, in addition to playing a leading scientific role in the discovery of anti-flu drugs. He went on record as saying the vaccine he helped to create was ineffective and [that] natural infection with the flu was safer. "I have never been impressed with its efficacy," said Dr. Laver.

We hear the assumption being made by the Centers for Disease Control (CDC) that the number of deaths from the H1N1 virus is at pandemic levels and now a "national emergency." One would assume that with all of its resources, the New York Times' October 26 front page story on the CDC's statistics would be accurate: 20,000 hospitalizations and 1,000 deaths due to the swine flu. However, this is all fiction. And it is a fiction solely based upon the CDC's own contradictory statements and actions.

Our independent investigations into the clinical trials and statistical studies of influenza vaccines reveal glaring discrepancies. Let us not forget that it is this same New York Times, with its "star"

reporter Judith Miller, who led America into believing that Saddam Hussein possessed weapons of mass destruction, tried to purchase yellow cake uranium from Niger, and had dealings with al-Qaeda. And let us also remember that it is the same CDC and health officials in Washington, including President Ford and his top health advisor F. David Matthews, who pushed through and propagandized an untested vaccine during the 1976 swine flu scare, which resulted in thousands of severely neurologically damaged Americans and about 500 reported deaths. Aside from permanent paralysis, many of these vaccine victims also underwent torturous processes for many years to get the government to recognize their illnesses and help cover their costs. Not only was the CDC's prediction and vaccination campaign for the 1976 flu season a total disaster, it also turned into a deadly scandal, witnessed across the United States on 60 Minutes when Dr. David Sencer, then head of the CDC, confirmed that the vaccine was never field tested, that there were only several reported incidents of H1N1 infection and none of these had been officially confirmed, and then lied about the CDC having no prior evidence that the swine flu vaccine could cause severe and permanent neurological damage. The end result from the 1976 debacle cost the government $3.5 billion in damages, two-thirds were for severe neurological injury and death directly due to the CDC's vaccination campaign.

Therefore, being anti-vaccine or pro-vaccine is not the most urgent issue. What is critical is whether or not there is legitimate, sound science to support either position; in this regard, the vaccine manufacturers and our federal health agencies have failed in the past, and continue to fail today. And they fail dismally. There is absolutely no evidence for sound-scientific protocol or anything resembling a gold-standard behind the swine flu infection statistics and vaccine efficacy and safety clinical trials to support Obama's and his health advisors' claims. Instead, the reports on hospitalizations and deaths due to the H1N1 virus are grossly distorted. What we are really witnessing is "official" science and statistics that are little more than propaganda.

One unfortunate development over the years is the notion that there is such a thing as a "flu season." The truth is that we move annually into periods where there are dramatic increases in flu-like causing pathogens, however, the majority of these are unrelated to any strain of influenza virus. There can between 150 and 200 different infectious pathogens – adenovirus, rhinovirus, parainfluenza, the very common coronavirus and, of course, pneumonia – that produce flu-like symptoms, and worse, during a "flu season." For example, how many people have heard of bocavirus, which is responsible for bronchitis and pneumonia in young children, or metapneumovirus, responsible for more than 5 percent of all flu-related illnesses? This is true during every flu season and this year is no different. Furthermore, all flu vaccinations, including the swine flu, are useless for protecting people from these many prevalent infectious organisms.

If we take the combined figure of flu and pneumonia deaths for the period of 2001, and add a bit of spin to the figures, we are left believing that 62,034 people died from influenza. The actual figures determined by Peter Doshi, then at Harvard University, are 61,777 died from pneumonia and only 257 from flu. Even more amazing, among those 257 cases only 18 were confirmed positive for influenza. A separate study conducted by the National Center for Health Statistics for the flu periods between 1979 through 2002 revealed the true range of flu deaths were between 257 and 3006, for an average of 1,348 per year.

The recent CBS Investigative Report, published on October 21, is one example. After the CDC refused to honor CBS's Freedom of Information request to receive flu infection data for each individual state, the network performed independent outreach to all fifty states to get their statistics. Their report contradicts dramatically the CDC's public relations blitz. For example, in California, among the approximate 13,000 flu-like cases, 86 percent tested negative for any flu strain. In Florida, out of 8,853 cases, 83 percent were negative. In Georgia and Alaska, only 2.4 percent and 1 percent respectively tested positive for flu virus among all reported flu-like cases. If the infectious-rate ratios obtained by CBS are accurate, the CDC's figures are significantly reduced and agree with

earlier predictions that the H1N1 virus will be simply an unwelcomed annoyance. So we are in the midst of an enormous medical hoax, a design and purpose that has yet to unfold completely, that will nevertheless reap huge revenues for the vaccine industrial complex.

Another example is a recent alarmist report issuing from Georgetown University, also usurped by federal health officials and their multimedia comrades to fuel a campaign of fear and panic. The report announced that over 250 students were infected by swine flu when in fact none of these students were tested for H1N1 infection. The university's figure was based solely on a count of student visits to the health clinic and calls into an H1N1 hotline.

This is not the first time the CDC's predictions for influenza strains have been overstated and miscalculated. In an interview on Swedish television, Dr. Tom Jefferson, head of vaccine studies at the prestigious international Cochrane Database Collaboration, after reviewing hundreds of influenza studies and statistical analyses, has said the WHO's and CDC's "performance is not very good." And in an ITN News interview last month, Jefferson called the swine flu pandemic a "juggernaut they [the WHO, government agencies and vaccine makers] created." For the 1992-1993 season, the prediction was off by 84 percent. For the 1994-1995 season, it was off 43 percent for the primary strain and off 87 percent and 76 percent for two other strains.

The Laboratory Center for Disease Control's study comparing vaccine strains with the strains appearing during the 1997-1998 season found the match was off by 84 percent. Again Dr. Jefferson in a Der Spiegel interview remarked, "there are some people who make predictions year after year, and they get worse and worse. None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all?... Swine flu could have even stayed unnoticed if it had been caused by some unknown virus rather than an influenza virus... An influenza vaccine is not working for the majority of influenza-like illnesses because it is only designed to combat influenza viruses. For that reason, the vaccine changes nothing when it comes to the heightened mortality rate during the winter months."

Our review of all clinical trial studies conducted by the H1N1 vaccine makers for pre-licensing in the American market – CSL, Novartis, Sanofi-Pasteur, Medimmune and now GlaxoSmithKline – reveals they were poorly designed and feebly executed. Any professor in molecular biology or virology would fail a graduate student who presented a paper relying on research conducted in the manner of the studies the vaccine corporations submit to the FDA. Nevertheless, it is this lack of sound randomized, double-blind controlled placebo studies, particularly for inactivated virus vaccines, that our government is declaring definitive and is using to justify mass vaccination of our population.

Last week, Switzerland's health authorities rejected Novartis' new swine flu vaccine, Celtura, being targeted for women and children, because the company's studies were insufficient to guarantee its safety. In addition, the new Novartis vaccine, which uses a cell base from dogs, was found to be contaminated with canine-specific bacteria. The Swiss newspaper, Tagesanzeiger, also noted there remains some suspicion that Novartis' new vaccine may be a repackaging of an earlier 2008 vaccine responsible for killing almost two dozen homeless people during an illegal clinical trial in Poland. This is the same Novartis whose Fluvirin H1N1 vaccine being distributed in the US relied only on a hasty clinical efficacy and safety trial enrolling only a small number of health adults. Novartis likely remains unperturbed. The Swiss pharmaceutical giant has reported a $6.1 billion profit so far this year and expects to boost sales for the final quarter with its swine flu vaccine.

In July, the CDC announced it would cease testing and counting H1N1 virus infections. Their public reason was simply that they are convinced there is a pandemic and, therefore, accurate monitoring was unnecessary. On August 30, the CDC declared the states should report influenza and pneumonia-associated hospitalizations and deaths together, not singling out actual cases of H1N1

infection if there happen to be any actually confirmed from a laboratory. This has always been the CDC's policy, and the 36,000 figure of annual flu deaths repeated ad nausea on their website and spewed from the media's health pulpits for several years straight, does not distinguish between pneumonia, influenza and other flu-like pathogenic deaths. Perhaps it would make very little difference because the current rapid diagnostic tests for the H1N1 virus can range in only 10-50 percent accuracy.

Elsewhere in the world, particularly in Europe, civilians are increasingly rejecting the H1N1 vaccine. Recent polls in Germany and Austria show only 13 and 18 percent respectively willing to take the shot. In Sweden, four vaccine related deaths have been announced and almost 200 healthcare workers have reported becoming more seriously ill from the vaccination than they might have from a flu infection. In the US, anywhere from 90-99 percent of adverse events go unreported.

If people would simply shut off the CDC's supported propaganda noise being blasted across the airwaves and newspapers – the spectacle of newscasters being inoculated, interviews with government health officials or private doctors and academics receiving consultation fees from drug makers, and the drivel of the New York Times – and simply do their homework, Americans would wake up and realize the hoax behind the swine flu pandemic. All of the information is before us. Nothing is hidden. All the contradictions and hypocrisies are contained within the massive vaccine industrial complex – including the government health agencies and professional medical associations. The lie is too large for them to not expose themselves if we simply look.

HEALTH FREEDOM ALLIANCE
PRESERVE & PROTECT YOUR HEALTH FREEDOM

Lawrence Broxmeyer

The Swine Flu (aka 'H1N1) That's Not a Flu at All

The Health Freedom Alliance, 30 October 2009, 11:50 am
https://web.archive.org/web/20091104224529/http://blogs.healthfreedomalliance.org/blog/2009/10/29/the-swine-flu-aka-h1n1-thats-not-a-flu-at-all/#more-6219

Even though this is written for the layman, it is still a fairly technical paper which may be difficult for the layman to understand. The essence of it is, there are many infectiosn which present flu like symptoms and there is nothing to indicate that the swine flu is a flu at all. Just one more reason to avoid this vaccinatin like the plague - no pun intended. It would be wonderful if some of our health care professionals would add clarifying comments. - Ed

The current Swine "flu" pandemic began in La Gloria, a pig-farming village in the Veracruz mountains of Mexico. Surely, if any place could unlock the true nature of the cause of the 2009 Pandemic, it would be found in La Gloria, whose villagers were certain that they were sickened by the surrounding pig farms, which they accused of polluting their air and water with pig waste. This is much like what happened in Haskell County, Kansas in 1918, original site of the Great Influenza Pandemic of 1918.

But Enrique Sanchez, top official from Mexico's Agriculture Department, could not find H1N1 in mucous samples taken from the pigs several weeks later, on April 30th. Common bacteria were also tested for. However no studies were done to rule out Swine tuberculosis which is predominantly avian and to a lesser extent bovine, and could have also accounted for the wholesale "respiratory" problems the villagers were experiencing.

Mexican health officials, overlooking the La Gloria situation initially, downplayed it, much as health officials everywhere are prone to do. Yet of 43 villagers whose mucous samples were taken, only one, a 5-year-old boy, was confirmed as having Swine Flu. So head investigator from the Biotechnology Institute of the National Autonomous University of Mexico there, Dr. Carlos Arias, told the AP:

"I cannot understand it. I could almost bet that there were more infections related to the virus."

Soon, more than half of La Gloria's 3,000 residents fell ill with FLU-LIKE illness, etiology unknown. 450 of the sickest of these where treated not with anti-virals such as Tamiflu, but with antibiotics and masks. What was the diagnosis handed out? Why it was "acute respiratory infections", and by the time the mucous results came through in early April, most of the villagers had recovered, the more serious cases on antibiotics alone. The "virus" seemed to have left their systems. But the question lingers: since antibiotics don't cure "viruses" what infectious disease in these purported "Influenza" victims had been cured by the antibiotics given?

On June 3rd, 2009 in Global Research, a curious article by F. William Engdahl appeared, entitled "Sarkozy's Secret Plan for Mandatory Swine Flu Vaccination". In it Engdahl plainly stated that "The only problem with the Swine Flu (H1N1) Vaccine, is that to date, neither WHO nor the US Government's Center for Diseases Control (CDC) have succeeded to isolate, photograph with an electron microscope, or chemically classify the H1N1 Influenza A virus". Furthermore there was no

scientifically published evidence that French virologists have done so either. Therefore, mentioned Engdahl, “To mandate a vaccination for a putative (supposed or assumed to exist) disease that has never been characterized, is dubious to say the least."

Engdahl had done his homework. When questioned regarding the electron pictograph of H1N1 that the CDC recently came up with on their website, he revealed his source, German virologist Dr Stefan Lanka, an expert on the documentation of viruses, attesting to the fact that the H1N1 picture was bogus. The virologist wrote that he had “written the CDC many times as to who made the H1N1 photo’s and whether they where scientifically documented as to chemical characteristics and other properties." There was never any reply. He concluded “If CDC refuses to cite the source of the photos, they are fake." Worse yet he said “The photos are merely liposomes, microscopic artificial sacs whose walls are a double layer of phospholipids, used to carry substances such as drugs, vaccines, and enzymes to specific cells or organs of the body. These have been artificially presented by a process where chick embryos or cell cultures are killed, reduced and then centrifuged with some solvent, to then, in a vacuum, be nanofiltered." As if this wasn’t enough, the virologist testified that “Such a structure has never been characterized in either an organism or its fluids. Furthermore, if there wasn’t for the centrifuge/solvent/nanofiltration manipulation, not to mention the precipitation procedure, such particles could never be presented under the electron microscope. In conclusion, without the isolation of the H1N1, there is no H1N1 infecting virus"

Engdahl wasn’t finished. “Even more bizarre is the admission by the US Government’s Food and Drug Administration, an agency responsible for the health and safety of its citizens, that the ‘test’ approved for premature release to test for H1N1 is not even a proven test. More to the point", continues F. William Engdahl, “there is no forensic evidence in any of the deaths reported to date that has been presented that proves scientifically that any single death being attributed to H1N1 Swine Flu virus was indeed caused by such a virus."

These thoughts were only strengthened when Engdahl looked into “Novavax, a US pharmaceutical company based in Rockville, Maryland, (who) conveniently enough just announced it is developing a vaccine for H1N1 based on ‘virus-like particles’".

‘Virus-like particles’ do not mean virus. Viral-like, cell-wall-deficient forms of tuberculosis, for example, also appear virus-like and apparently.. so also did non-infectious liposomes.

Both the **World Health Organization** (WHO) and the **Centers for Disease Control** (CDC) are fully aware of a far more serious and ongoing tuberculosis Pandemic in the world today. Yet they choose to downplay the link, disregarding the similar flu-like symptoms tuberculosis often begins with.

WHO freely admits that there were approximately 1.8 million deaths from tuberculosis in 2007, the most recent year for which data are available as well as that presently about one-third of the world’s population, or two billion people, carry the TB bacteria.

The “H" and “N" of influenza sub-typing, revolves around two glycoproteins called Hemagglutin (H) and Neuraminidase (N), both of which can be, and are, associated with infectious diseases such as the minuscule, viral forms of tuberculosis, a disease which ought to be high on the differential diagnosis for ‘flu-like illness’ . An August, 2008 Medline study in the Journal of Clinical Biochemistry showed that sputum neuraminidase levels over 1.0 mU per mL were proven associated with having tuberculosis in 92% of cases. Previous to this, bacteria closely related to TB were shown, through crystallization, to produce the same protein neuraminidase used to subtype ‘Influenza’. Furthermore, as of 2006, it has become obvious in Menozzi’s study that similar to Influenza, Tuberculosis not only uses Hemagglutin to attach to the lung’s epithelial cells

Khomenko’s 1993 study, showed that the explosive contagiousness of just such influenza-like forms of tuberculosis are exactly the stuff that previous epidemics and pandemics could have been made of. Khomenko was mentioned by Nobel nominee Lida Mattman in her textbook. That is exactly why, that in response to the present world “flu" pandemic, Japan’s Health Ministry’s Tuberculosis Infection Diseases Control Division deputy director Takeshi Enami went hand in hand

with Yoshio Nanba, director of The Office of Pandemic Influenza Preparedness and Response, to attend a news conference in Tokyo on May 1, 2009.

But back in the US, the CDC and NIH seem to feel differently, ignoring everything but “the virus". There was much the same “Influenza" talk when in 1990, a new multi-drug-resistant (MDR) tuberculosis outbreak took place in a large Miami municipal hospital. Soon thereafter, similar outbreaks in three New York City hospitals left many sufferers dying within weeks. By 1992, approximately two years later, drug-resistant tuberculosis had spread to deadly mini-epidemics in seventeen US states, and was reported, not by the American, but the international media, as out of control. Viral forms of swine, avian and human TB can be transmitted from one species to another. By 1993 the World Health Organization (WHO), proclaimed tuberculosis a global health emergency. (1)

1918 and Today

No one can deny the similarities between the onset of the 1918 epidemic and that of today, yet a Press Release, issued on August 19, 2008, by the National Institute of Allergy and Infectious Diseases (NIAID), contains a striking finding and conclusion: The 20 to 40 million deaths worldwide from the great 1918 Influenza ("Flu") Pandemic were NOT due to “flu" or a virus, but to pneumonia caused by massive bacterial infection."(2)

Subsequently, a study published in JAMA by Talbot and Moore (3) in 2000 showed that Mexican immigrants to the US have the highest case rates for tuberculosis among foreign born persons. Mexico is the country where Swine Flu deaths were first documented.

The research of Lawrence Broxmeyer MD (4) first proclaimed that the 1918 pandemic was due to bacteria, particularly mutant forms of flu-like fowl, swine, bovine, and human tuberculosis (TB) bacteria: (http://drbroxmeyer.netfirms.com/001pdfBIRDFLUEDITORIALPUBLISHED.pdf).

These forms of tuberculosis are often viral-like, mutate frequently and can “skip" from one species to another. Moreover the antibodies from such viral TB forms react in the compliment fixation and later “viral" assays (5). They also grow on cultures which are supposed to grow only viruses.

In a supportive 16-page-paper which appeared in Population and Development Review, University of California demographers Andrew Noymer and Michael Garenne came up with convincing statistics showing that undetected tuberculosis may have been the real killer in the 1918 flu epidemic (6).

The Roots of History

Noymer’s TB hypothesis stands sound against history. Few flu “experts" are aware that in medical texts printed circa 1918 “Influenza" was attributed not to a virus but a bacteria called Mycobacterium influenzae, discovered by Pfeiffer and Canon (7) in 1892……not exactly a coincidence since Richard Pfeiffer worked, at one time, for Robert Koch, the discoverer of tuberculosis, a disease also caused by another bacillus called Mycobacterium tuberculosis. Both mycobacteria stained best with carbol-fuchsin, a bacterial stain commonly used in the staining of mycobacteria as it has an affinity for the mycolic acids found in their cell walls. Mycobacteria such as tuberculosis are particularly deadly because they share properties of the fungi ("myco-") as well as bacteria. TB was, not all that long ago, referred to as “captain of the men of death". And it never lost its potential to kill.

Mycobacterium influenzae was considered by most to be the cause of influenza until 1933. But there were serious diagnostic problems with Mycobacterium influenza. Stengel and Fox warned (8) about them in their widely quoted W.B. Saunder’s 1915 version of “A Textbook of Pathology". Problems with identification revolved mainly in that although the bacterial influenza occurred abundantly in the sputum of flu patients at first, it decreased in quantity as the cases advanced. And when purulent expectoration stopped, whether the disease was still active or not, Mycobacterium influenzae “disappears entirely"(8).

In 1933 English physicians Wilson Smith, Christopher H. Andrewes, and Patrick P. Laidlaw(9) removed secretions from the throat of a humans with flu-like symptoms thought to have “influenza", and then filtered out a suspected infectious agent, which by virtue of the fact that it went through a filter was falsely proclaimed, from the onset, to be “a virus". Injecting it into ferrets, the ferrets then developed the same flu-like symptoms which Smith, Andrews and Laidlaw summarily declared as “influenza". In addition Sir Christopher Andrewes suggested, with the help of Burnet and Bang, that the term “myxovirus", meaning “mucous virus", be incorporated into a family name for the Influenzas. This, one imagines, was because the organism came from mucous secretions.

But to government pathologist and pioneer physician/researcher William M. Crofton, who by virtue of his office as County pathologist had examined some of Laidlaw’s human “Flu" samples, Laidlaw’s entire study was flawed. Crofton found Laidlaw’s Flu samples to be laced with the bacillus Mycobacteria influenzae, which by then had been renamed Haemophilus Influenzae. To Crofton this bacilli was the common denominator for the Pandemic of 1918 he had witnessed, although the bacteria could be accompanied by an array of opportunistic organisms such as Staph and Strep. Crofton publically and personally confronted and challenged Laidlaw to come to his laboratory for the proof that his Influenza samples weren’t viral. Crofton was convinced by the confirmation of scientists like Calmette at Pasteur regarding how certain forms of tuberculosis, appearing both minuscule and viral, could pass through the smallest of filters. Crofton himself then established that tuberculosis could disappear into tissues as viruses did, and then go through filters which stopped cold even most of those “now invariably called viral disease". “Surely, then", Crofton concluded, “Tuberculosis has more right to be considered a true virus than these(10)." So, at a time when viral forms of TB where scantily being documented, Crofton struggled to link H. Flu with the TB it so often infected in coordination with, as historical and political momentum carried Laidlaw’s study through for posterity. A great opportunity was missed to correct the record.

Frank Macfarlane Burnet was the first to grow “Influenza" in a laboratory setting; in 1940 he grew influenza in embryonated chicken eggs, using the allantoic sac. He obviously considered such a technique “Influenza" specific, never bothering to consider that such an allantoic site might also be an excellent site for culturing the viral or Cell-Wall-Deficient (CWD) forms of tuberculosis and the mycobacteria. Viral TB, in fact grows there as early as 6 hours after introduction into such a place in chicken embryos(11).

Furthermore, some of the filamentous forms of tuberculosis mentioned by Corper (12) appear similar to those attributed to "Influenza" by biochemist and Influenza guru Burnet (13).

It wasn’t because Burnet didn’t know that bacteria could assume viral forms. The first, and for a time the only virologist in Australia, it was Burnet who discovered bacteria in viral forms of Q-fever (14). And in that same paper, proclaiming Virology as an Independent Science , and after admitting that viruses, including influenza, are composed of the same sorts of material as bacteria, Burnet struggles to differentiate Influenza by the fact that it "probably has no DNA" and was therefore exclusively RNA.(Ibid.). But, according to Xalabardar, some cell-wall-deficient mycobacterial forms also are exclusively RNA. Furthermore, points out Xalabarder, such cell-wall-deficient tubercular forms are true antigens, all of which, similar to Influenza, induce the production of specific antibodies detectable by complement fixation tests, such as those originally used to detect Influenza (5).

Conclusion

In a landmark study(15), Dr. Robert Donaldson, working out of the Pathological Society of Great Britain had ruled out that the mycobacteria now referred to as H. Influenza by itself was behind 1918, perhaps because of its disappearing nature. Yet at the same time he quickly added that there wasn’t “the slightest shred of evidence" that the disease was due to a “virus" or influenza. Nor was Donaldson ever able to refute Broxmeyer and Noymer’s feelings that TB was behind the many deaths in the pandemic, specifically because it is well known that secondary bacterial infections, be they from opportunistic Haemophilus influenza or any other common bacteria, are a common

secondary manifestation in TB-infected lungs. During the pandemic, one-third of patients who had Haemophilus influenza were also found to have tuberculosis - keeping in mind, as always, that many other cases with TB went undiagnosed.

In order to understand why we have this emphasis by those virologists invested in a 'killer flu' in the US today, one must look back historically at the science itself. Until the late 1940s influenza 'viruses' were studied as infections, which, although filterable, were conceived of as analogous to bacteria, a kind of ultra or viral-like bacteria. Not to be deterred, and still seeing Influenza as a great opportunity for virology, in 1941 virologist Hirst claimed that influenza "virus" could agglutinate (or clot) red blood cells of fowl and other animal species(16). Such a hemagglutinin discovery, in turn, led to fast assays of what is thought to be Influenza. The "H" in H1N1 comes to us through Hirst, who showed that "virus" particles first adsorbed to the red cells and, after a certain time, eluted again as a result of what could be interpreted as an enzymatic reaction. But 6 years later, Middlebrook and Dubos(17) made this seem nothing more than a cheap hat trick by showing that similarly red blood cell agglutination could be produced by sera from patients with tuberculosis. Takahashi and Ono(18,19) reviewed similar red cell agglutination occurring in the presence of tuberculous serums.

As Influenza historian van Helvoort aptly pointed out (20), indeed, in the 1930s and 1940s the concept of 'filterable viruses', including Influenza, were subject to such criticism that Virology's very foundations were threatened. Dogmatized statements like those coming from pioneer virologist Andre Lwoff in 1957: "Viruses should be considered as viruses because viruses are viruses"(21) were totally unacceptable, and did little to help the situation. So it was in 1952 that Cornelius P. Rhoads, Director of Sloan-Kettering Institute for Cancer Research in New York City, remarked in a conference introduction that the term "viruses", such as that of Influenza, had achieved "a high professional status with doubtful credentials"(22).

Perhaps in his authoritative text, The Pathogenesis of Tuberculosis, Johns Hopkin's head of pathology, Arnold Rich summed things up best:

"In relation to the question of the effect of influenza upon tuberculosis, it should be pointed out that in many cases in which pulmonary tuberculosis has been thought to have followed an attack of influenza it is altogether probable that the supposed attack of influenza was, in reality, a manifestation of an existing tuberculous infection; for tuberculoprotein, whether absorbed from a spreading lesion or injected into the body, can cause constitutional symptoms (fever, malaise, headache, joint pains, anorexia, prostration) quite like those of influenza." (23)

As Professor Hans Rosling (http://www.youtube.com/watch?v=V8bUtbODV-Q;
http://www.youtube.com/watch?v=V8bUtbODV-Q) has so aptly pointed out: during the initial 13 days that WHO started gaining data on Swine Flu Deaths, April 24-May 6, 2009, 31 people died of Swine Flu. 29 of these were in Mexico and 2 in the US. During this same 13 day window, 63,000 people, around the world died of tuberculosis. (http://www.who.int/research/en). What we have today, is a pandemic with "flu-like" symptoms. And flu-like symptoms doesn't necessarily mean "Influenza" is its underlying cause.

Readers interested in the subject of Influenza/TB can also go to Dr. Ron Paul, MD's take at:
- http://informationclearinghouse.info/article22507.htm
- http://informationclearinghouse.info/article22507.htm

Other relevant links include:also applicable to the current Swine Flu epidemic include: (http://www.frequencyfoundation.com/2009/07/bird-flu-influenza-and-1918-case-for.html)
And: (http://www.frequencyfoundation.com/2009/07/swine-flu-do-we-really-have-right.html#links)

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Washington DC

Deborah Dupre

Paul Revere’s lantern in Hawaii: Swine Media Campaign response to Obama's National Emergency

Examiner, 2 November 2009, 12:59 PM
https://web.archive.org/web/20100505004119/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2009m11d2-Paul-Reveres-lantern-in-Hawaii-Swine-Media-Campaign-launched-in-response-to-Flu-National-Emergency

A father in Hawaii, Ray Songtree and his three-year old daughter have launched a Paul Revere Swine Flu Email Campaign to raise awareness that H1N1 disinformation was premeditated pretext for Obama's ‘National Emergency' declaration.

Songtree of Kauai Truth believes Americans need Paul Revere action to awaken them to CDC false statistics disinformation used to justify the Emergency that is subverting U.S. constitutional government.

A National Emergency gives unprecented government powers, including mandating vaccinations and facility quarantines, what Michel Chossudovsky identified soon after the H1N1 outbreak as medical militarization, martial law with heavily marketed fraudulent data.

CBS News recently reported the overwhelmingly exagerated H1N1 data. CDC is using multimedia to sell the untested, unneeded vaccine program, by mind control wrapped in its 7-step "PR" campaign to exploit the public, as revealed by MIT's Peter Doshi.

Paul Revere was the legendary Boston silversmith who rode from town to town on a dark night in 1775 with his lantern, shouting "the British are coming!" to help mobilize people against an invasion threatening American freedom.

Dad wants daughter safe from suspicious vaccines

When asked why the H1N1 issue is important to him, without hesitation, Songtree said, "I don’t want children targeted with untested vaccines. When CBS News exposed on October 21 the Center for Disease Control's lies about the number of H1N1 cases that is what got this whole flu panic started, it really settled for me that something criminal was in play."

"The CDC created this fake pandemic. When I thought about the U.S.A. pushing 90,000 H1N1 vaccine centers when only 242 people died of ‘swine flu’ in Mexico in the past six months, I realized a huge corrupt machine was coming after our children. After all, one hundred people die from seasonal flu each day," stated Songtree today, adding, "Why have children if we can't give to them a healthy future based on honesty?" he asks.

Sister Teresa Forcades i Vila, the Italian Benedictine Nun, Public Health Doctor, and *Crimes and Abuses of the Pharmaceutical Industry* author being reprimanded for speaking truth such as about dangers of the World Health Organization's global vaccine program, inspired Songtree, as did Austrian Jane Burgermeister and American Dr. Gary Null.

Martial Law

"Government has told us it will limit internet access for this swine flu and it seems they are hell bent to sensationalize every H1N1 death to justify emergency powers, even though seasonal flu kills 100 people per day that media never mentions. We need to bust them on this disinformation while we still have a free internet," he stated.

Limiting and disrupting communications are keys to military dictatorship as highlighted in the work of Naomi Wolf and Michel Chossudovsky has warned since the public emergency was declared shortly after the Mexican H1N1 outbreak.

Songree's campaign quesitons include the issue of U.S. martial law and when asked about his thoughts on this, Songtree responded, "Oh, it is planned but not inevitable. People think that cops and soldiers are inhuman, but it isn't true. They are human. They need support to do their their real job, not to just follow orders but to protect freedoms guaranteed in the Constitution. With support, they will hesitate to follow the Nazi path."

Songtree believes Oath Keepers is the most important development now in the USA. (See Dupre, D., *Soldiers, vets, police say 'We will Not Obey: Solution for peace, Examiner*, Sept. 7, 2009)

"What happens when the domestic enemy is the government itself and gives orders? That's when a law enforcement officer take out his copy of the Constitution and says, "Sir, I cannot follow that order."

Two months before Obama declared the National Emergency, investigative journalist Matt Rothschild reported in *The Progressive* that the Pentagon requested authority to station 400,000 troops in the continental U.S. during an emergency:

The Pentagon has approached Congress to grant the Secretary of Defense the authority to post almost 400,000 military personnel throughout the United States in times of emergency or a major disaster. This request has already occasioned a dispute with the nation's governors. And it raises the prospect of U.S. military personnel patrolling the streets of the United States, in conflict with the Posse Comitatus Act of 1878.

In June, the U.S. Northern Command distributed a "Congressional Fact Sheet" entitled "Legislative Proposal for Activation of Federal Reserve Forces for Disasters." That proposal would amend current law, thereby "authorizing the Secretary of Defense to order any unit or member of the Army Reserve, Air Force Reserve, Navy Reserve, and the Marine Corps Reserve, to active duty for a major disaster or emergency.

Rothschild's raises the shocking reality that Pentagon planning *"raises the prospect of US military personnel patrolling the streets of the United States."*

The Paul Revere Campaign provides "Ten Questions to Ask Corporate Media about 'Swine Flu' and WHO," an email for forwarding available at www.Kauaitruth.com.

When asked what he hoped to achieve, Songtree said, "I'd like to see a million people be the Paul Revere in their respective neighborhoods."

Ray Songtree can be contacted by emailing wakeuptoagenda@yahoo.com

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Who is Catholic nun, Sr. Teresa Forcades and what does she say about H1N1?
Human Rights info101

Examiner, 3 November 2009, 3:26
https://web.archive.org/web/20100405064659/http:/www.examiner.com/x-10438-Human-Rights-Examiner~y2009m11d3-Who-is-Catholic-nun-Sr-Teresa-Forcades-and-what-does-she-say-about-H1N1-Human-Rights-info101?cid=exrss-Human-Rights-Examiner

Sister Teresa Forcades i Vila is a Benedictine Nun, Public Health Doctor, and *Crimes and Abuses of the Pharmaceutical Industry* author. Residing in Italy, she was born in Barcelona, Spain in 1966. https://web.archive.org/web/20091122090545/http://www.fespinal.com/espinal/llib/en124.pdf

Sr. Teresa is being reprimanded for speaking truth such as dangers of the World Health Organization's global H1N1 vaccine program. =>
https://web.archive.org/web/20091021032743/http://iglesiadescalza.blogspot.com/2009/10/nun-speaks-out-on-h1n1-pandemic.html

Nun calls for urgent public action to thwart political consequences of H1N1
In the video series, *BELL TOLLING for the Swine Flu (English subtitled)*, Sr. Teresa reflects on the history, gives scientific data of A type flu, and lists all the irregularities related to the H1N1 subject.

=>
(1/6) https://www.youtube.com/watch?v=A0JqQyl09zQ
(2/6) https://www.youtube.com/watch?v=jAmbOrVxMBo
(3/6) https://www.youtube.com/watch?v=TqOqo-Zo6Ao
(4/6) https://www.youtube.com/watch?v=K-Ea_yCuL34
(5/6) https://www.youtube.com/watch?v=sMgH27Jly7k
(6/6) https://www.youtube.com/watch?v=A9_A588mqH0

Sr. Teresa explains consequences of the declaration of a PANDEMIC, the political consequences from this declaration and makes a proposal to keep calm.
She calls for an urgent activation of all legal mechanism and the participation of all citizens in this matter.

Gaspar Hernández writes:
One of the more interesting emerging voices in the Church is Benedictine sister Teresa Forcades. Sr. Teresa was born in Barcelona, Spain in 1966. She has a doctorate in Public Health from the University of Barcelona with specialization in Internal Medicine (State University of New York). She also has a Masters in Divinity from Harvard University and a doctorate from the Facultad de Teología de Catalunya. She is the author of Crimes and Abuses of the Pharmaceutical Industry (Cristianisme i Justícia, 2006), La Trinitat, avui ("The Trinity, Today", Publicacions de l'Abadia de Montserrat, 2005), and La teologia feminista en la història ("Feminist Theology in History", Fragmenta Editorial, 2007). She has been a Benedictine nun and a member of the community of Sant Benet de Montserrat since 1997.

El Periódico de Catalunya, October 7, 2009
What's a nun doing talking on the Internet about the dangers of the Influenza A vaccine?

Our rule prescribes five hours of prayer and six of work. *Ora et labora*.
I devote part of the working hours to medical research. I'm a doctor of medicine and in 2006 I published the study Crimes and Abuses of the Pharmaceutical Industry.

When did you decide you had to speak out on influenza A?
In May this year I was asked to give a speech on the papillomavirus vaccine and I was very struck by the lack of scientific basis for the official recommendations. After a few days I spoke on TV-3 about this vaccine and since then I have been receiving requests to comment on the influenza A vaccine.

Doesn't the World Health Organization deserve to be trusted?
I don't understand the motives that have led WHO to act in the absurd way it is acting.

Absurd?
Yes. Last May, WHO changed the official definition of a pandemic -- it changed from a logical definition (a pandemic is an infection of global proportions and with a high mortality) to an illogical definition (a pandemic is an infection of global proportions).

What are the consequences of this change?
Under the new definition of "pandemic", the annual [seasonal] flu more than meets the requirements to be one. Are we going to declare a world health alert every fall? Besides absurdity from the scientific standpoint, this has serious financial and policy consequences.

газета.ru

Александра Борисова, Николай Подорванюк

«Проблема свиного гриппа очень раздута»

Газета.ru, 3 ноября 2009, 18:42
https://www.gazeta.ru/science/2009/11/03_a_3280273.shtml

«Газета.Ru» представляет разные точки зрения на то, насколько страшен свиной грипп и какие профилактические меры могут предпринимать граждане, чтобы не заболеть вирусом H1N1.

Каждому из собеседников корреспондентов «Газеты.Ru» были заданы три вопроса:
1) Свидетельствует ли нынешний уровень заболеваемости свиным гриппом во всем мире и в России (на Украине), в частности, о его опасности?
2) Оправданы ли, с вашей точки зрения, такие серьезные меры, как закрытие школ и других учебных заведений?
3) Какие рекомендации вы могли бы дать людям, чтобы они смогли уберечь себя от заболевания свиным гриппом?

I. Роспотребнадзор (руководитель – Геннадий Онищенко)
В пресс-службе Роспотребназдора корреспонденту «Газеты.Ru» ответили: «Все специалисты в командировках, никого нет на месте. Вся официальная позиция Роспотребнадзора находится на нашем официальном сайте». В соответствии с данным заявлением в качестве ответов на наши вопросы отдел науки «Газеты.Ru» приводит выдержки из информации с сайта Роспотребнадзора.

1) ***Письмо*** № 01/16326-9-23 от 01.11.2009 (см. выше или на сайте
https://web.archive.org/web/20210629231035/http://07.rospotrebnadzor.ru/content/195/8947/)
2) В связи с продолжающимся ростом заболеваемости гриппом и ОРВИ и осложнившейся эпидемиологической ситуацией Федеральная служба по надзору в сфере защиты прав потребителей и благополучия человека ... (см. на сайте
https://web.archive.org/web/20210629231035/http://07.rospotrebnadzor.ru/content/195/8947/)
3). ***Письмо*** № 01/14515-9-32 от 01.10.2009 «О направлении рекомендаций CBC США по профилактике гриппа для родителей» ... (см. выше или на сайте
https://web.archive.org/web/20160623034546/http://www.hippocratic.ru/medtext2/medtext_26897.htm

II. Алексей Яковлев – Медицинский директор холдинга «Шлюмберже» с 2000 года. С 2006 года председатель Национального общества промышленной медицины.
... *Проблема свиного гриппа очень раздута.* Например, от пневмоний, в том числе первично-вирусных, каждый год в эпидсезон умирает до нескольких десятков человек в день, но об этом никто не говорит, из этого не делают события – это рутинная картина. А в случае свиного гриппа эту статистику стали озвучивать, в результате чего порождается паника.

III. Евгений Комаровский – Детский врач, кандидат медицинских наук, врач высшей категории, живет и работает в Харькове.
Дорогие мамы и папы! Люди! Запомните самое главное: тактика ваших действий совершенно не зависит от того, как называется вирус. Это грипп сезонный, свиной, слоновий, пандемический, это вообще не грипп – это не важно. Важно лишь то, что это вирус, что он передается воздушно-капельным путем и что он поражает органы дыхания. Отсюда и конкретные действия.
Есть возможность привиться – прививайтесь, но при том условии, ... когда вы здоровы ...

THE FLU CASE

Jane Burgermeister

Polish Health Minister, a family doctor, tells Parliament she will not allow use of untested swine flu jabs: reveals secret contracts violate the law

The Flu Case, 5 November 2009, 11:59

https://web.archive.org/web/20100106085046/http://www.theflucase.com/index.php?option=com_content&view=article&id=1618%3Aupdate-polish-health-minister-a-family-doctor-tells-parliament-she-will-not-allow-use-of-untested-swine-flu-jabs-reveals-secret-contracts-violate-the-law&catid=41%3Ahighlig

The Polish Health Minister Eva Kopacz today told Parliament during a heated debate on the swine flu vaccination that she, as a qualified family doctor with more than 20 year of experience, will not authorise the use of untested vaccines on millions of people in Poland when there is inadequate information about the safety of the jabs.

She said the secret contract that the Polish government was supposed to sign with pharmaceutical companies had more than 20 clauses which are against the law.

Kopacz noted that governments in Western Europe had signed secret agreements with pharmaceutical companies, but suggested that the prosperity of the people of Poland was more important to her than the profits of Big Pharma.

She noted that there are three vaccines proposed for Poland with different types of adjuvants and was concerned that these vaccines were all being treated as if they were the same.

In addition, she observed that only 13 % of the people in Germany want to take the swine flu jab even though 5 times more people in Germany take the regular flu shot than in Poland, and asked why the Germans are so unwilling to take the jab.

She said there was secrecy surrounding the contents of the vaccines. There is no information about the amount of adjuvants in the vaccinesm, she added.

Furthermore, the family doctor and Health Minister said there is absolutely no information about the side effects of the swine flu jab. The pharmaceutical companies did not want to take responsibilty for the jab.

Also, she said that trials for the swine flu jab were being conducted on a relatively small number of healthy people and that these were not adequate for her to recommend the jab.

Moreover, Kopacz said that the regular flu was much more common and dangerous than the swine flu - and yet no pandemic had been declared over the seasonal flu.

Why is there such a panic about the swine flu virus? She asked.

Kopacz said that the Polish people can tell the difference between objective facts and the truth and lies.

She noted that all 193 people who allegedly had the swine flu in Poland had survived.

Finally, she called on the people of Poland to show their support for her as she comes under growing pressure from the pushers of the "swine flu" jab to give the people the dangerous and untested jab.

ФЕДЕРАЛ ПРЕСС

Академик СО РАН [Валентин Власов]
назвал «обыкновенным бизнесом» истерию вокруг «свиного гриппа»

Федерал Пресс, 9 ноября 2009, 16:48
https://fedpress.ru/news/russia/society/736335

Заместитель председателя Сибирского отделения Российской академии наук (СО РАН), директор Института химической биологии и фундаментальной медицины СО РАН *академик* РАН ***Валентин Власов*** объявил, что эпидемия гриппа A/H1N1 носит обычный сезонный характер, а значительного всплеска смертности по сравнению с прошлыми годами не наблюдается. Как сообщили «ФедералПресс» сегодня, 9 ноября, в Центре общественных связей СО РАН, академик полагает, что нагнетаемая истерия, носящая *коммерческий характер*, является «обыкновенным бизнесом на обыкновенном гриппе».

«Несколько месяцев подряд нас пугают начавшейся эпидемией ужасного нового гриппа A/H1N1 с якобы очень тяжелым течением заболевания и высокой смертностью. Но данные эпидемиологов показывают, что никакой «смертоносной пандемии» нет: сравнительно с прошлыми годами сколько-нибудь значительного всплеска смертности не наблюдается, – заявил Валентин Власов. – Среди умерших, о которых сообщают СМИ, большинство скончалось не от A/H1N1 как такового, а от пневмонии, бронхита и других заболеваний. Обычная картина для обычной сезонной эпидемии гриппа». По словам директора Института химической биологии и фундаментальной медицины, серьезны любой грипп и любое вирусное заболевание, но «зимние волны такой заболеваемости случаются фактически ежегодно», поэтому, с точки зрения ученого, «для паники и экстраординарных мер нет никаких оснований».

Заместитель председателя СО РАН сообщил, что «крики об особо ужасном вирусе – это не более чем обыкновенный бизнес на обыкновенном гриппе»: таблетках, вакцинах, масках и т. д. Академик РАН указал, что несколько лет назад подобная паника «бушевала» по поводу «птичьего гриппа», когда на фармацевтическом рынке были созданы значительные запасы лекарств. По мнению ученого, сейчас решается проблема сбыта этих запасов, особенно актуальная в период кризиса, поэтому для активизации спроса распространяется информация об угрозе здоровью и жизни.

«Сегодняшние рекомендации по профилактике заболевания ничем не отличаются от правил поведения в условиях обычной сезонной волны гриппа – в основном это социальные меры. Сотрудников с признаками заболевания немедленно удалять с работы. Вообще, следует избегать мест, где люди скапливаются в ограниченном пространстве: метро в час пик, большие собрания, а также поликлиники и аптеки, – заявил Валентин Власов. – Необходимо соблюдать правила личной гигиены: пользоваться носовыми платками, несколько раз в день мыть руки с мылом (значение этой важной профилактической процедуры незаслуженно игнорируется), можно также смазать ноздри мыльным раствором или оксолиновой мазью».

Академик сообщил, что при заболевании гриппом нельзя употреблять аспирин из-за снижения свертываемости крови, поскольку вирус может вызывать кровотечения, людям с заболеванием печени не стоит употреблять препараты с парацетамолом. «Традиционные же «сто грамм от простуды» в случае гриппа не приносят никакого эффекта», – отметил ученый. Валентин Власов заявил, что эффективность «всех без исключения рекламируемых препаратов от гриппа, в том числе «Тамифлю», не имеет научных доказательств», однако эти лекарства способны дать серьезные побочные эффекты.

Information

Kristian Villesen, Louise Voller

a List of the Articles in ***Information***, 2009-2010

– 16. november 2009
Louise Voller, Kristian Villesen. **Mystisk ændring af WHO's definition af en pandemi.**
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Demand from WHO: As a member of WHO, Denmark depends on the decisions made in the organization. When the WHO declares swine flu a pandemic, this also applies to Denmark.
Требуйте от ВОЗ: Как страна-член ВОЗ, Дания зависит от решений, принимаемых в орга-низации. Когда ВОЗ объявляет свиной грипп пандемией, это относится и к Дании.
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Слабые доказательства того, что лекарства от H1N1 оказывают какой-либо эффект
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The Serum Institute Makes Millions By Recommending Vaccinations.
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THE FLU CASE

Fax of Austrian Health Minister's letter confirming criminal charges sent to Bild

The Flu Case, 17 November 2009, 08:15

https://web.archive.org/web/20100102005134/http://theflucase.com/index.php?option=com_content&view=article&id=1827%3Afax-of-austrian-health-ministers-letter-confirming-criminal-charges-sent-to-bild&catid=1%3Alatest-news&Itemid=64&lang=en

BUNDESMINISTERIUM FÜR GESUNDHEIT

Frau
Jane Burgermeister

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Datum:	20.05.2009
Ihr Zeichen:	

Stö805/Jane BURGERMEISTER betr. Anzeige gg Baxter (Vogelgrippe)

Sehr geehrte Frau Burgermeister!

Das Bundesministerium für Gesundheit bestätigt den Erhalt und die Kenntnisnahme Ihres e-mails an den Herrn Bundesminister Stöger vom 26. April 2009. Ihre Anzeige bei der Staatsanwaltschaft Wien wird durch diese bearbeitet werden.

Mit freundlichen Grüßen
Für den Bundesminister:
Dr. Sylvia Füszl

Beilage: 0

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PEDIATRA DE CABECERA

Juan José Delgado Domínguez

**Me llamo Juan José Delgado Domínguez y soy eso, pediatra de cabecera.
Este blog trata sobre mi oficio y todo lo que se me ocurra**

Pediatra de Cabecera, 18 Noviembre 2009
https://pediatradecabecera.com/tag/teresa-forcades/

Mientras occidente se desgañita hablando y hablando sobre la nueva gripe A(H1N1), y consumiendo enormes recursos en una gripe como todas las demás, los problemas de salud que afectan a millones y millones de personas de los países pobres pasan a segundo plano.

Como dijo ya en agosto el profesor Marc Gentilini , especialista en enfermedades infecciosas, miembro de la Academia de Medicina gala y ex-presidente de la Cruz Roja francesa, esta es la pandemia de la indecencia. Cada semana mueren en el mundo 200.000 niños de enfermedades evitables en su mayoría. Un millón de personas mueren de paludismo cada año ante la indiferencia casi general…

La descabellada gestión de la nueva gripe por parte de la OMS y otras agencias y autoridades sanitarias ha producido un tremendo escepticismo entre los profesionales sanitarios y la población. Tras el fiasco de la gripe aviar, la nueva gripe «ex-porcina», que se nos presentaba como una plaga bíblica, se ha quedado en una gripe más. Nada más (y nada menos) que una gripe como la de todos los años. Esto se parece cada vez más al cuento de Pedro y el lobo.

Los mayores de 60 años parecen protegidos por haber padecido «las gripes» A(H1N1) que hubo entre 1918 y 1957. A partir de la pandemia de gripe H1N1 «española» de 1918 se produjo a una sustitución de los serotipos habituales hasta ese momento por los H1N1 que predominaron durante la primera mitad del siglo XX, hasta el año 1957 en que se produce otra pandemia de gripe «asiática» , por un virus A(H2N2).

El resto de los humanos (desde bebés hasta adultos jóvenes y no tan jóvenes menores de 60 años) pueden contraerla, lo que constituye un potencial problema cuantitativo. Pero cualitativamente la gripe nueva es similar a la de toda la vida. Lo que no es poco: no es un virus menor y es capaz de desestabilizar a personas con enfermedades crónicas y debilitantes, incluso personas sin factores de riesgo pueden tener complicaciones, raramente graves y excepcionalmente mortales (como siempre).

Esta es la pandemia de la desconfianza y la pérdida de prestigio de las agencias sanitarias. Su empeño en el uso generoso de antivirales (por ejemplo considerando a todos los niños grupo de riesgo y, por lo tanto, candidatos a recibirlos) de dudosas ventajas y no pocos efectos secundarios y los pronósticos catastrofistas han contribuido a ello. Los medios de comunicación, amplificando cada fallecimiento y exagerando la importancia de lo que estaba y está sucediendo, han tenido mucho que ver con el pánico inicial que suscitó la gripe de marras.

A semejante río revuelto se han apuntado los profetas del apocalípsis, los conspiranoicos y los simple y llanamente ignorantes y desinformados , los interesados y, por supuesto, los antivacunas de todo tipo. Una monja, Teresa Forcades y Vila se ha convertido en un fenómeno impresionante en la Red. Su discurso incorpora verdades mezcladas con leyendas urbanas y medias verdades. Con ello ha fabricado una teoría de la conspiración que sería rechazada como guión de película de catástrofes por su nula credibilidad y, a pesar de lo que se dice a veces, sin ninguna prueba científica en el núcleo duro de sus argumentos. Si a eso le añadimos el miedo incubado por los medios de comunicación y la mala gestión de la pandemia por la OMS y los gobiernos, obtendremos la ecuación que la ha lanzado al estrellato.

En ese sentido, es interesante ver la entrada sobre sor Teresa que hace Wikipedia, intentando recoger argumentos a favor y en contra, con vínculos a su página web, a su famosísimo vídeo, y alguna de sus obras. Ver en que circos actua debería bastar para desestimar su mensaje. El País ha publicado un artículo sobre la monja que es bastante atinado, si acaso no comparto la aceptación ciega de la autoridad de la OMS, en mi opinión maltrecha, al menos moralmente, tras la gestión de la pandemia de gripe del 2009.

Una de las piezas centrales de la argumentación de la monja es el llamado ***incidente Baxter***. Según Forcades en enero del 2009 la división Austríaca de Baxter (Immuno Labs, antes de su absorción por Baxter), habría distribuido 72 kg de material para la fabricación de vacunas para la gripe estacional de la temporada 2009-2010. Un ignoto y anónimo técnico de laboratorio habría decidido por su cuenta y riesgo hacer un control de naturaleza no precisada, y no programado, que requiere inocular unos hurones para experimentación que le salen a su empresa a un riñón el gramo con piel y huesos, y que no servirán ya para nada después del experimento. Al morir los hurones se descubriría que el material no solamente contaba con virus no desactivados de la gripe estacional, sino que también contenía virus no desactivados de la mortífera gripe aviar (A H5N1).

La vacuna fabricada con este material habría sido distribuida (de no descubrirse la contaminación) en Austria, Eslovenia, Alemania y la República Checa. La hazaña del técnico-héroe habría salvado de la muerte del 40-50% de los potenciales receptores de las dosis de vacuna que derivarían de esos 72 Kg de material, una cantidad tan desorbitada que serviría para vacunar varias veces a la humanidad entera. La periodista científica austro-irlandesa Jane Burgermeister ha sido la campeona de la denuncia de este supuesto incidente, por su puesto a su juicio intencionado y parte de una conspiración global contra la humanidad. Es lógico: las multinacionales farmacéuticas tienen todo el interés en eliminar a sus potenciales clientes.

La realidad es bien diferente. Tras la alarma de la gripe aviar de hace unos años, algunos laboratorios, incluida la multinacional americana Baxter, comenzaron a desarrollar protocolos de fabricación de vacuna inactivada con la cepa H5N1 como preparación para la eventual adaptación de este subtipo al hombre. La validación de esos protocolos requiere realizar pruebas de inmunogenicidad en hurones, así que Baxter-Austria reenvió un lote de material inactivado H5N1 procedente de la central de la multinacional situada en Deerfield, Illinois USA (material experimental, nada que ver ni remotamente con algo que fuese a inocularse a un ser humano ni parte de la cadena de fabricación de la vacuna estacional) a BioTest s.r.o, una compañía checa de biotecnología, que realizaba la investigación para una compañía llamada AVIR Green Hills Biotechnology usando el material suministrado por Baxter. Allí, y siguiendo el guión establecido, se inocularon hurones para la prueba programada, y los hurones murieron. Investigando el incidente, se descubrió que la inactivación del material había fallado, y que parte del virus había sobrevivido al proceso.

Algo parecido ya había pasado. En el año 1955, en plena epidemia de polio en América y Europa, varios laboratorios comenzaron a producir la vacuna inactivada de Salk (inyectable) para cubrir la primera campaña de vacunación frente a la polio de la historia. A los pocos meses, se detectaron casos de polio en algunos niños vacunados, y se descubrió que un lote producido en el laboratorio Cutter de California contenía una cierta cantidad residual de virus vivo, y que todos los niños que enfermaron habían sido vacunados con ese lote. *Desde el «incidente Cutter», que respondió a las prisas bajo la presión de la epidemia y que estuvo a punto de cargarse la campaña, la liberación de lotes de cualquier vacuna vírica de virus inactivado incluye exhaustivos controles de la inactivación.*

La fuente de la noticia que menciona Teresa Forcades es la sección de ciencia del diario The Times of India el 6 de marzo. La fuente original de la noticia parece ser Bloomberg el 24 de febrero donde se afirma: «El material fue diseñado para usarse en los laboratorios, y ninguno de los trabajadores de laboratorio han caído enfermos». La compañía admite un error de manipulación de su personal , también recogido en CTV News de 27/02/2009 .

La patraña es de tal calibre (la demostración palpable de los controles de calidad existentes se convierte en homicidio premeditado en masa) que no está claro si es asunto de un fiscal o un psiquiatra. Lo que sí es seguro es que entre unos y otros, OMS y medios de comunicación, CDCs, la periodista austro-irlandesa y la monja alucinada, han convertido un asunto puramente técnico y de salud pública en el espectáculo más histriónico y lamentable de las últimas décadas. Deprimente.

Otra secuela de esta crisis es la desconfianza generalizada sobre las vacunas. La descalificación de la vacuna de la gripe se ha extendido a todas las vacunas. Una gran irresponsabilidad, como ha destacado Pedro Alonso, investigador español de la vacuna contra la malaria.

=> See Chapter 4. **Anti-flu vaccine Contaminated with the deadly Bird Flu virus**

M. Teppone. **Two Viruses in One Vaccine**: A Collection of articles, documents, news, and remarks on the history of the vaccine against seasonal flu which contained live avian flu viruses. – March-July, 2023, 381 pages. DOI: 10.13140/RG.2.2.14169.60009/2

https://www.researchgate.net/publication/369365605_Two_Viruses_in_One_Vaccine

https://archive.org/details/collection-bird-fluvirus-vaccine

Деловые
ВЕДОМОСТИ

Ольга Ищенко

Прибыльный бизнес на страхе перед гриппом

Деловые Ведомости, 18 ноября 2009
https://www.dv.ee/novosti/2009/11/18/pribylnyj-biznes-na-strahe-pered-grippom

Наряду с фармакологической отраслью на медикаментах зарабатывают и представители преступного мира России - последние на фальшивках. Об этом рассказывается в материале постоянного автора Die Welt Флориана Хасселя.

По словам экс-руководителя Центра по контролю и предотвращению заболеваний при администрации США Джули Гербердинг, никто в мире не может точно спрогнозировать ситуацию со свиным гриппом на планете. Об этом она заявила на конференции, посвященной экономике и свиному гриппу, добавляет автор публикации Флориан Хассель.

При этом уже сегодня не стоит недооценивать последствия распространения вируса гриппа A H1N1. По данным ВОЗ, на 8 ноября текущего года в мире подтверждено 503 тыс. случаев заболеваний свиным гриппом. 620 человек умерли от его последствий. По оценкам специалистов, реальное число заболевших новым штаммом гриппа, а также умерших от осложнений гораздо выше. Тем не менее, продолжает автор, эксперты не устают повторять, что ежегодно от сезонного гриппа умирает не меньше пациентов. Так, средний показатель для США - 36 тыс. случаев летальных исходов от осложнений гриппа в год, для Германии - до 20 тыс.

Практически все концерны, входящие в состав германского индекса Dax, уже создали кризисные штабы, заказав или уже приобретя дозы вакцин. При этом средние и более мелкие компании пока не готовы ответить на вопрос, как заменить ключевых сотрудников или гарантировать бесперебойное производство, поставки или снабжение в экстренном случае, пишет издание. По прогнозам ученых Рейн-Вестфальского института экономических исследований в Эссене (RWI), массовая эпидемия обойдется Германии примерно в 40 млрд евро. И при худшем из сценариев развития событий может заболеть до 50% населения страны, отмечают специалисты.

Как напоминает далее издание, в ходе эпидемии "атипичной пневмонии" в Юго-Восточной Азии умерли около 1 тыс. человек, экономический урон оценивается в 16-18 млрд долларов. В связи с угрозой эпидемии "птичьего" гриппа в 2005 году экономисты прогнозировали ущерб мировой экономике в размере 683 млрд евро. Однако, добавляет автор, эпидемии не случилось.

Риск массовой волны заболеваний и летальных исходов в связи со свиным гриппом в настоящее время не очень велик, считают эксперты RWI. Однако решающим здесь становится вопрос о том, какова вероятность того, что вирус в ближайшие месяцы мутирует, приобретя смертоносные характеристики. По словам экспертов, на этот вопрос специалисты пока не могут дать ответа.

Гораздо проще, продолжает Флориан Хассель, подсчитать растущие прибыли фармакологических концернов: Novartis, Sanofi-Aventis, GlaxoSmithKline, CSL Limited и MedImmune поставляют вакцину против свиного гриппа и, по оценкам специализирующегося на отрасли здравоохранения инвестиционного банка Leerink Swan, уже получили заказов по меньшей мере на 7 млрд долларов.

Уже давно, замечает в заключение издание, свиной грипп гарантирует прибыль и представителям криминальных структур. Управление по контролю над продуктами и лекарствами США уже зафиксировало 140 случаев продажи сомнительных медикаментов против свиного гриппа. По данным авторитетной англо-американской компании Sophos, которая занимается обеспечением информационной безопасности в интернете, им удалось выйти на след предприимчивых преступников из России, промышлявших продажей в сети поддельными противовирусными препаратами и вакцинами. Так, через интернет было продано поддельной продукции на сумму в несколько миллионов евро. И если раньше хитом продаж была "Виагра", то сегодня ее реальным конкурентом стал противовирусный препарат "Тамифлю", утверждают эксперты.

Новая газета САНКТ-ПЕТЕРБУРГ

Евгения Дылева

Свинство

Новая Газета, Санкт-Петербург, 19 ноября 2009 10:00
https://novayagazeta.spb.ru/articles/5437/

Свиной грипп – уже не страшилка из голливудского ужастика, а факт нашей жизни. В метро появляются первые люди в масках (по крайней мере, среди сотрудников метрополитена), с полок сметаются все лекарства, упоминания о которых появляются в СМИ, одна за другой закрываются на карантин школы, а страна между тем ждет появления долгожданной вакцины. Практически в каждой семье есть заболевшие – вот только чем они болеют, свиным гриппом или простым ОРВИ – в Петербурге определить не удастся, пока болезнь не перейдет в тяжелую фазу.

Болезнь и здравый смысл

Вирус по-петербургски

Склонный к мутациям вирус так называемого свиного гриппа A/H1N1 продолжает испытывать планету на прочность. Что неплохо ему удается благодаря крайней вирулентности – проще говоря, заразности. В частности, по данным Всемирной организации здравоохранения, в случаях, связанных с сезонным гриппом, коэффициент инфицирования тех, кто контактировал с кашляющими и чихающими, составляет 5–15%, а при контактах с подхватившими «свиную» заразу – 22–33%.

Тем не менее те же эксперты утверждают, что летальность при заражении свиным гриппом составляет в среднем, исходя из разных данных, 0,5%, что не превышает уровня смертельных исходов среди подхвативших сезонный грипп на пике заболеваемости (в прочие периоды смертность от обычного гриппа – 0,1–0,2%).

Вирус гриппа меняется ежегодно, и паниковать от появления новой его разновидности бессмысленно, считают одни специалисты. Недооценивать опасность тоже нельзя, утверждают другие.

«Судя по тому, что уже произошло в ряде стран мира, эпидемия сезонного гриппа в большинстве случаев более опасна, чем эпидемия свиного», – считает испанский врач общей практики Хуан Хервас (Juan Gervas), автор статьи «Перед лицом свиного гриппа: здравый смысл и наука», всерьез изучающий проблемы распространения нового штамма.

Однако специалисты предрекают появление второй и третьей волны заболевания. «Сегодня тревога возникает как раз в связи со второй и третьей волной. Они будут обязательно тяжелее предыдущей, хотя и не такими губительными, как, скажем, испанка в начале XX века», – полагает Александр Чучалин, главный терапевт России, директор Института пульмонологии, эксперт Всемирной организации здравоохранения. В целом, как полагают специалисты, пандемия может растянуться года на полтора.

Так или иначе, данные о петербургском размахе ОРЗ и гриппа напоминают фронтовые сводки. С 9 по 15 ноября недельный показатель заболевших превысил значение эпидемического порога почти вдвое.

К 16 ноября в нашем городе были закрыты на карантин 15 школ и частично классы в 108 школах и группы в 24 детских садах. Официально зарегистрировано 444 случая пандемического гриппа A/H1N1/Калифорния/09 (летальных исходов вроде бы пока нет). Высокому риску, как утверждают медики, подвержены дети – в 192 случаях свиной грипп обнаружен у детей и подростков до 18 лет.

Однако реальное число заболевших, конечно же, гораздо больше. На это указывает хотя бы невозможность для граждан по желанию сдать анализ на вирус свиного гриппа где бы то ни было в нашем городе! С вопросом, можно ли сделать такой анализ заболевшему в семье человеку, я обратилась в свою районную поликлинику, в Институт гриппа и больницу им. Боткина, которая в последнее время практически перепрофилировалась под свиной грипп. Везде врачи ответили отказом, основываясь кто на загруженности, а кто на неотработанности методики. Так что, по крайней мере на момент написания статьи, если вы заболели, то определить, какой у вас вирус, можно только в Боткина, и то после госпитализации по скорой с высоченной температурой и болью во всем теле (без которых вас туда, скорее всего, просто не повезут).

Вакцина-невидимка

Как обещала министр здравоохранения и социального развития РФ Татьяна Голикова, 9 ноября должно было начаться вакцинирование от свиного гриппа российского населения. Но сначала выяснилось, что для детей вакцины от этого штамма вообще не существует, а та, что разрабатывается для взрослого населения, задержалась – по информации пресс-службы НИИ гриппа РАМН, пока только анализируются результаты испытаний живой вакцины для взрослых, и еще предстоит решить вопрос с лицензированием. Медики же продолжают ожесточенно спорить по поводу безопасности грядущего вакцинирования. Причина заключается в том, что до сих пор отсутствуют подтвержденные научные данные о безопасности вакцины против свиного гриппа – за границей зафиксированы случаи смерти в результате вакцинирования.

По новой версии чиновников, вакцина начнет поступать в регионы после 23 ноября. Пока прививки начались лишь в пяти регионах (Московская, Тюменская, Брянская, Воронежская области и Алтайский край), и почему-то только для представителей ЖКХ и работников МЧС.

Минздравсоцразвития предупреждает: попытки каких-либо фирм предложить россиянам продажу вакцины от свиного гриппа за деньги незаконны. Тем более не следует верить мошенникам, предлагающим приобрести вакцину от всех видов гриппа. До тех пор, пока страна не определится с точной потребностью в вакцинации россиян против свиного гриппа, в розничную торговлю препарат не поступит, уточняют в ведомстве.

Маска, я вас знаю

В свою очередь, население скорее заражено ажиотажным спросом на снадобья, которые, по мнению граждан, могут уберечь их от гриппа, нежели озадачено отсутствием вакцины. Огромными партиями скупаются не только лекарства, но и защитные маски (цена за штуку в аптечных сетях возросла с прежних 2 рублей до 15; при этом менять маски рекомендуется каждые два часа). А некоторые умельцы умудряются продавать их у метро по свободной цене.

Вместе с тем и профилактические лекарственные средства, и народные методы медицины против свиного гриппа бессильны. Так что нет толку читать в замечательной книге о народных традициях старинные заговоры и рекомендации о том, например, «как сделать кобылу больную и старую молодой и здоровою…»

Что делать? По мнению главного инфекциониста Петербурга Азы Рахмановой, при борьбе со свиным гриппом следует соблюдать простые правила, характерные для противодействия обычному сезонному гриппу. Когда кашляете и чихаете, прикрывайте нос и рот салфеткой, чаще мойте руки водой с мылом, постарайтесь не контактировать с заболевшими, а если чувствуете недомогание, пожалейте других – ограничьте контакты, останьтесь дома. Не рекомендуется снижать температуру: по мнению медиков, следует только облегчать боль и общее недомогание, и лучше всего – вызовите врача.

Микробус и Бактерикус

Как ни странно, свиной грипп сегодня все чаще становится темой тусовок граждан, полагающих, что лучшее лекарство – веселье. Стали модными, например, студенческие вечеринки «Антигрипп», участникам которых выдают одноразовые ватно-марлевые повязки и напоминают известную шутку: «Если лечиться от гриппа, проболеешь всего семь дней, а если не лечиться – то целую неделю».

Поддержал борьбу со свиным гриппом и театр «Кукольный формат», в дни школьных каникул представив детям санитарно-гигиеническую оперетку под названием «Кариус, Микробус и Бактерикус». Причем перед началом представления у всех зрителей Камерной сцены Малого драматического театра, где кукольники играют свои спектакли, проверили руки, уши и носы. Режиссер Анна Викторова решила, что будет полезно напомнить юным зрителям о том, как элементарные правила гигиены защищают человека от невидимых, но опасных врагов.

Между тем результаты социологических опросов показывают, что фаталистов у нас больше, чем людей, с полной ответственностью относящихся к своему здоровью. Около 70% петербуржцев, несмотря на признаки простуды и гриппа, героически продолжают ходить на работу, распространяя заразу. Говорят, пессимист – это хорошо информированный оптимист. Поэтому соблюдать бдительность медики все же советуют.

MERCOLA
Take Control of Your Health

Dr. Mercola. Major Victory with Swine Flu Scandal

Mercola.com, 19 November 2009
http://articles.mercola.com/sites/articles/archive/2009/11/19/Major-Victory-with-Swine-Flu-Scandal.aspx (deleted)
https://web.archive.org/web/20100102054653/http://theflucase.com/index.php?option=com_content&view=article&id=1877%3Amajor-victory-with-swine-flu-scandal-reports-dr-mercola&catid=1%3Alatest-news&Itemid=64&lang=en

European scientists and health authorities are facing angry questions about why H1N1 flu has not caused death and destruction on the scale first feared, and they need to respond deftly to ensure public support.

Accusations are flying in British and French media that the pandemic has been "hyped" by medical researchers to further their own cause, boost research grants and line the pockets of drug companies.

Britain's Independent newspaper this week asked "Pandemic? What Pandemic?"

France's Le Parisien newspaper ran the headline: "Swine flu: why the French distrust the vaccine" and noted a gap between the predicted impact of H1N1 and the less dramatic reality.

"Although some 30-odd people have died... the disease is not really frightening," it said. "Dangerous liaisons between certain experts, the labs and the government, the obscurity of the contracts between the state and the pharma firms have added to the doubt."

In response, scientists are walking a fine line. They say that although the virus is mild, it can still kill, and that the relatively low fatalities in Europe are in part, the result of official response to their advice.

However, in Britain, health authorities' original worst-case scenario – which said as many as 65,000 could die from H1N1 -- has twice been revised down and the prediction is now for around 1,000 deaths, way below the average annual toll of 4,000 to 8,000 deaths from seasonal winter flu.

…

There is plenty to be optimistic about as it seems the tide may be slowly turning on this swine flu debacle, showing it for the hoax it really is.

European scientists are now demanding answers to the growing inconsistencies.

And, while many so-called scientific experts have criticized me and others who have spoken out about this senseless mass-vaccination campaign, more of the scientific community is now coming to the same conclusions we've been talking about for months.

It looks as though the swine flu pandemic of 2009 will go down as one of the biggest government and pharmaceutical scams ever, renewing a healthy, and necessary, skepticism about the swine flu vaccine and the dubious dealings behind the implementation of worldwide mass-vaccination programs.

On the upside, it has also created a more open debate about vaccinations in general.

The childhood vaccination schedule is in dire need of an overhaul, and the swine flu hysteria has actually opened many people's eyes to the unhealthy practices behind our vaccine policies. The public is finally starting to wonder and question, en masse, what's being injected into them and their children.

Prominent Doctor and Health Minister Blast Swine Flu Vaccine and Manufacturers.

These healthy signs are starting to crop up everywhere.

For example, the Polish Health Minister Eva Kopacz recently told Parliament that she, as a qualified family doctor with more than 20 years of experience, will not authorize the use of vaccines with inadequate safety testing on millions of people in Poland.

In her speech she says: "I have just one fundamental question: do we want to fight the flu pandemic?

"Today we have knowledge about enclosures in agreements that other governments of wealthier countries have signed with vaccines producers. We also know what was proposed to Poland.

Due to negotiations in progress I can't tell all today. But I can tell one thing: our Law Department found at least 20 points of doubt in the agreement.

So what is a Health Minister's duty? To sign agreements that are in the best interest of the Polish people, or to sign agreements that are of best interest of pharmaceutical companies?

I know that there are three vaccines available on the market today, from three different producers. Each has a different amount of active substance, and yet strangely they are all treated the same. Therefore, isn't it fair enough for the Health Minister and the experts to have the slightest doubts about it?

… And if [the vaccine] is so miraculous, then why don't the manufacturers want to introduce their medicine to the free market and take responsibility for it?

Why wouldn't they say: "Wonderful, this is a safe medicine, therefore I will take responsibility for it. I will introduce it to the market and everything is clear and transparent," instead of dropping the weight on us – the buyers.

We do not have clinical test results, no detailed ingredients and no information about the side effects. The vaccines are now in the 4th stage of tests - very short tests, and we still do not have this information. In addition, the samples have been very small. One kind of vaccine was tested only on 160 volunteers aged 20-60, all healthy.

Another kind of vaccine was tested on 600 volunteers, aged 18-60, all healthy. Is this good enough, especially for us doctors present in this room?

It is not good enough for me.

… Has anybody, anywhere, announced a pandemic because of seasonal flu? And the seasonal flu is much more dangerous than swine flu. There are deaths and severe complications. Was there ever a pandemic announced before?

Those who push me to buy vaccines, I ask you: Why didn't you scream and shout last year, 2 years ago, and in 2003? In 2003 there were 1,200,000 Poles with seasonal flu! Has anybody shouted, here in this room: "Let's buy vaccines for everybody!"? I can't recall such a thing."

Bells Toll for Vaccine Maker

Sister Teresa Forcades i Vila, PhD, an Italian Benedictine nun, a trained medical doctor, and the author of Crimes and Abuses of the Pharmaceutical Industry – a 36-page study available in full at this link – is yet another voice of reason in the sea of swine flu madness.

I had an interview with her translated and transcribed into English, which you can read in its entirety here.

Here's an excerpt from her interview, questioning the sanity of placing our unequivocal trust in a pharmaceutical company like Baxter:

"… Anyone can verify that the information I'm going to disclose is accurate and objective.

… At the end of January 2009, before this new flu was discovered, Baxter Pharmaceuticals, a US company with a very important subsidiary company in Austria, distributed vaccination material for the [seasonal] flu, from the Austrian subsidiary via neighboring European countries – the Czech Republic, Slovenia and Germany – to 16 different laboratories.

[This was] material for the vaccine to be administered between February and March to the population of those countries for the seasonal flu.

This material weighed 72 kg. Well, I haven't calculated the exact number of doses but it certainly means thousands and thousands of doses. So this was distributed, and (there) comes a point, when through one of those life coincidences, situations or plans are revealed that otherwise would have remained in the dark.

The Czech company Bio Test was one of the recipients of this material. One of their lab technicians decided – through his own initiative and as something he was qualified to do but not obliged – to

carry out an extra security test with the vaccination material that they received, before proceeding with its distribution.

… He inoculated this vaccine into animals called in Spanish "comadrejas" or "hurones" – weasels or ferrets, small mammals that have been used since 1918 to test flu vaccines. He inoculated these weasels, and all of them died.

When he observed these unexpected deaths, and given that the inoculated vaccine shouldn't have caused the death of the weasels, he immediately sounded the alarm and they began checks to establish what this material received from Baxter contained.

… The results of the analysis showed that in the material delivered by Baxter to those 106 laboratories, two live viruses coexisted.

One was the bird flu virus – the bird flu virus is the virus that appeared in 2005, and that caused a high mortality rate but infected just a few people. The number of deaths worldwide, and I quote by heart, was around 250 but as far as we know, around 60% of those infected died. This means that if 250 died worldwide just around 600 got infected, whichever the exact number is, the mortality rate of this virus is very high, but its infection rate is minimal.

This virus was mixed with a seasonal flu virus that, as we all know, has an extremely low mortality rate; lower than, 0.01%, lower than 1% of mortality at any rate, but with a high degree of transmission. Well, it's highly contagious, with a high infection rate.

If you mix these two viruses and then distribute it to thousands of people, what you're doing is you're maximizing the probabilities for these two viruses to merge; for them to recombine, and for a new virus to appear to be both very lethal and very infectious.

This is a fact and this has been admitted by Baxter. They haven't said "No, this is not true. This is just what by Jane Burgermeister says, or whoever, but this material wasn't there." … They have admitted that the contamination took place but not that the material was designed for human use. Claiming protection behind the confidentiality rights, they haven't disclosed information about its destination, and that the total 72 kg of the material contained a mix of live bird flu and seasonal flu viruses.

This is a fact. Could this have happened by chance?

The first thing that must be said is that it is extremely unlikely.

And I say this simply because in science the word "impossible" is something we never say. What does extremely unlikely mean? It means that laboratories handling this kind of viruses have Bio Security Levels in place. The Bio Security Level 3 is the highest, and the one that must be applied to this laboratory.

It means that if we talk in a scientific context about probability, based on known facts, the probability that this may have happened by chance is extremely low. Not only this, how can we explain the mixing of two different live viruses?

Additionally, the flu vaccines, as we all know, are vaccines made with attenuated viruses. This means that it's perfectly normal for the flu vaccine to contain live virus; this is not an exception. But attenuated means that the virus must go through a radiation procedure. These viruses found in the Czech Republic in the whole Baxter material had not been attenuated. Therefore the odds of it happening by chance, well…

That's why I say that, scientifically, or simply from a humanly prudent standpoint, we can't say that it's 100% impossible but, let's be clear – it's important to let it be known how unlikely it is for an accident to occur under these circumstances.

… I know that there are people who have been studying this for a while but I would wish that my message reaches someone who says, "Look I don't know anything about that stuff, but I've just heard that there was a laboratory that delivered a contaminated vaccine and that, interestingly, is one of the laboratories in charge of making flu vaccines this year."

Well, this fact alone makes it justifiable to myself to think that, until such time that an explanation is given about why this contamination took place, I won't wish it on me, on my child, nor on anyone close to me. "

A "mistake" of this magnitude – a "mistake" that had the capacity to kill thousands of people and spread highly infectious, deadly disease worldwide, indeed START a pandemic of the epic proportions they've tried to turn the swine flu into – was REWARDED with massive contracts for more flu vaccines!

This sure doesn't seem like an accident.

And this is one of the companies they want you to blindly trust…

Lies, and More Lies…

Despite the increasing skepticism about this pandemic, and increasing demands for answers to important questions, government health officials are still playing coy.

The lengths to which they go to keep this misinformation campaign – this deception – going, is staggering.

For example, while Ontario health officials declare the H1N1 a "dud" pandemic, stating the huge government investment made so far may have been unjustified, US federal health officials declare that at least 22 million Americans have contracted swine flu since April and approximately 3,900 people have died, including an estimated 540 children.

US News quotes Dr. Anne Schuchat, director of the U.S. Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases as saying:

"The estimation method we are using now, we believe, gives us probably a more accurate picture of the full scope of the pandemic. What we are seeing in 2009 is unprecedented. As people know, we haven't had a [flu] pandemic since 1957. To have high rates of influenza in September and October is extremely unusual.

We have already seen a larger number of pediatric deaths than we have seen for several years. I do believe that the pediatric death toll from this pandemic will be extensive, and much greater than what we see with seasonal flu."

Excuse me, but since when can counting oranges in an apple orchard give you a more accurate picture of your apple harvest?

That would be silly. And so is counting "flu-like illnesses" that have nothing to do with the H1N1 virus. As reported by the New American, this guessing -- based on flawed data – has quadrupled the number of estimated deaths.

The CDC stopped type testing flu cases in August, and instead, they're counting each and every person who presents "flu-like" symptoms! This is most definitely NOT going to produce more accurate numbers.

On the contrary, CBS News investigative reporter Sharyl Atkinson discovered that the vast majority of these so-called swine flu cases were not only NOT H1N1. They weren't even the seasonal flu! I will be posting my interview with her very shortly.

Meanwhile, the CDC claims that some 99 percent of all influenza this season is H1N1, hence they don't need to do lab testing anymore to get accurate numbers. Ninety-nine percent is a far cry from what CBS News found when they investigated actual flu samples from across the country…

The H1N1 virus only turned up in 1-17 percent of samples from patients with flu-like illness.

These falsified, exaggerated numbers are then used to frighten you into compliance with their mass-vaccination plan. Because, naturally, Dr. Schuchat stated that vaccination is the best protection against the H1N1 swine flu, and that as of November 12, there were 41.6 million doses of the vaccine available.

The unspoken directive is, of course, to "run out and get one while you can!"

Math, Anyone?

Alright, look… The CDC previously estimated that the US death toll from the swine flu would be around 90,000. Even using their own bloated numbers -- some 80 percent of which are in all likelihood unrelated to H1N1 – 3,900 people have actually died.

That would STILL, according to their own statistics stating that the flu kills 36,000 Americans a year, put us squarely in the middle of the mildest flu season in recent memory.

They simply can't have it both ways.

If it's the mildest flu season in years, then there's no reason to panic. And if it's one of the worst, then where are the statistics proving this to be so?

Great Britain, for example, has not been able to prove mass casualties, and changed their mortality estimates from 65,000 all the way down to 1,000. And guess what, their stated average annual death toll from the seasonal flu is between 4,000 and 8,000!

In Closing

This debacle is a great example of how high-ranking health officials do not truly understand viruses, or how your immune system is capable of fending off these supposedly deadly diseases so easily.

Another reason for skepticism is the fact that the same people who are inventing ways to inflate the disease count – by changing definitions and disease criteria, for example – are playing the same games with vaccines.

By their own estimates, 90,000 people were predicted to die, so the vaccine would be of benefit. Well, they were wrong – on both counts.

In reality, a healthy immune system, and extreme respect for how your body develops real immunity, must be placed above the misguided advice from Big Pharma and the health agencies they unduly (and sometimes unlawfully) influence.

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Zu NDR.DE NDR

"Profiteure der Angst - das Geschäft mit der Schweinegrippe"

NDR, 20 November 2009, 12:29 Uhr
Sendetermin: Montag, 23. November, 23.00 Uhr, NDR Fernsehen
https://www.ndr.de/der_ndr/presse/mitteilungen/pressemeldungndr4958.html

Die derzeitige Grippewelle ängstigt die Menschen weltweit. Das Virus vom Subtyp A/H1N1 – besser bekannt als Schweinegrippe – verbreitet sich rasant. Das NDR Fernsehen ändert sein Programm und zeigt am Montag, 23. November, um 23.00 Uhr die Dokumentation "Profiteure der Angst – das Geschäft mit der Schweinegrippe".

Im Juni verschärfte die Weltgesundheitsorganisation (WHO) ihre Warnung vor einer Pandemie und rief die höchste Alarmstufe aus. Seitdem versuchen die Gesundheitsbehörden in allen Ländern der Ausbreitung Herr zu werden. Hunderte von Millionen Euro werden für Medikamente und Impfstoffe bereitgestellt. So rasch und ungeprüft wurden Steuergelder wohl noch nie ausgegeben wie im Kampf gegen das neue Grippevirus.

Hat uns eine Massenhysterie erfasst oder ist die neue Grippe tatsächlich eine tödliche Bedrohung? In jedem Fall sind handfeste Interessen im Spiel. Immer mehr Wissenschaftler kritisieren das Vorgehen der Behörden. Jutta Pinzler hat für die NDR Dokumentation "Profiteure der Angst - das Geschäft mit der Schweinegrippe" mit Experten in Deutschland, Großbritannien, Frankreich und der Schweiz gesprochen und gibt einen Überblick über die Vorbereitungen im Kampf gegen das scheinbar unkontrollierbare Virus.

Jutta Pinzler, Stefanie Schwalfenberg

Profiteure der Angst: Das Geschäft mit der Schweinegrippe
(Arte Doku 2009)

NDR, 20 November 2009, 23:00
https://archive.org/details/profiteure-der-angst-arte-doku-2009

Бизнес на страхе. Свиной грипп (Profiteure der Angst)

Художественный документальный фильм, Arte Doku, 23 ноября 2009
http://www.marchenko.de/profiteure_der_angst_arte_2009

Введение

Здравствуйте, дамы и господа, такое не нравится гражданам, которые живут в современной демократии. Правительство Германии получает не ту вакцину от свиного гриппа, о которой договаривалось. А именно без дополнительного компонента, который должен усиливать действие вакцины. Это средство содержит пандемрикс. Также Франция заказала много вакцины. Без проблем, всё протестировано - утверждает немецкий лицензирующий орган. Вакцинирует своих сотрудников, но тоже без добавки. И в США граждане получают уже испытанное средство без добавки.

Это может заставить задуматься. Канцлер и некоторые министры уже объяснили, что и они использовали бы проверенное средство. Но уже поздно и граждане, несомненно, ещё больше обеспокоены. Ещё и потому, что врачи в целом не советуют вакцинироваться. Так как риски вакцины выше, чем её польза. И сам свиной грипп оказался более безобидным, чем считалось первоначально. Тем не менее Франция заказала 100 мил. доз. В два раза больше, чем Германия.

Теперь массовую вакцинацию будут помогать проводить студенты-медики, студенты-медсестры и врачи на пенсии. Но возникает вопрос, понадобится ли это во Франции. Так как растёт сомнение. Комиссия по медицинским препаратам немецкого объединения врачей считает, что органы здравоохранения повелись на кампанию файрма индустрии. Если вы посмотрите наш фильм, то, вероятно, присоединитесь к этому мнению.

И возможно у вас возникнут вопросы или вы захотите присоединиться к обсуждению. Это можно делать как во время фильма, так и после с автором и врачом Ютой Пинцлер в нашем блоге. ... Итак, бизнес на страхе людей. Бизнес на свином гриппе.

Реакция на вирус

Это просто компания по созданию паники. Это обычный грипп, как и все остальные гриппы. Здесь идёт речь о зарабатывании денег. Я категорически против.

Никто не может сказать мне сегодня, какие побочные эффекты я унаследую, когда сделаю прививку. Страх перед этим страшнее, чем сам грипп.

Я думаю, что фармацевтические компании хотят немного нажиться.

Весна 2009 года, опасный для жизни вирус, так называемый свиной грипп, кажется, угрожает человечеству. ВОЗ очень беспокоит то, что происходит в Мексике и США. Да, мы имеем дело с совершенно новым вирусом человеческого гриппа, который представляет больший риск для здоровья.

Вирус заразен и передается и легко от человека к человеку. Апрель 2009 г. в мексике зарегистрированы первые случаи нового гриппа. Вся страна находится в панике.

СМИ по всему миру постоянно сообщают об очень заразном вирусе H1N1. Всемирная организация здравоохранения отправляет контейнеры с лекарствами первой помощи, каждый день люди умирают от вируса.

Что происходит в Мексике с точки зрения цифр, есть сомнения. Так как качество медицинского обслуживания в Мексике на низком уровне. Тот факт, что цифры сильно выросли и ими обосновали пандемию, это было сделано слишком поспешно.

Да, это были ужасные представления, которые наблюдались еще в июле. Многих пациентов продолжали госпитализировать, хотя в этом не было необходимости.

Это был просто пандемический план, который старательно применяли, как это было с птичьим гриппом H5N1, смертность от которого была намного выше.

Сколько людей действительно умирают от нового вируса H1N1 ещё до сих пор не ясно. Правительство Мексики сообщает о 159 случаях смерти в первые недели. Но вскоре министр здравоохранения быстро исправил цифры, оказалось, что умерло 26 человек от этого вируса ВОЗ регистрирует все случаи смерти во всем мире. Однако, все эти цифры - это оценки, так как не все страны делают тесты во всех подозрительных случаях. Но есть ещё одна причина, по которой цифры сомнительны.

Доктор Вольфганг Водарг.

Первое, что спрашивают, когда обнаружены первые 100 случаев, как часто вы искали? Искали вы в прошлом году также тщательно, как в этом году? Если вы в прошлом году не искали и говорите, что в этом у вас очень много случаев определённого заболевания. Тогда вы не можете ставнивать. Потому, что может быть в этом году такая же картина, как каждый год. Если бы мы раньше обнаружили все возможные вирусы, например лошадиные вирусы, мартовские вирусы, вирусы конца света.

Мы можем дать им красивые имена, так как находим всегда определённые молекулярные последовательности, которые встречаются у животных. Как сейчас, так называемый свиной грипп. Но название не имеет ничего общего с характером опасности вируса.

Всемирная организация здравоохранения

Критики считают грипп безобидным, но эксперты ВОЗ видят в нём большую опасность. Мы должны серьезно относиться пандемии гриппа, потому что он может быстро распространиться по всему миру. Все защитные меры для предотвращения распространения вируса не сработали. В конце апреля врачи сообщают о первых случаях заболевания в европе. 11 июня ВОЗ (всемирная органиация здравоохранения) устанавливает самый высокий уровень пандемии.

Я решила поднять уровень опасности пандемии с фазы 5 до фазы 6. Фаза 6 означает, что государства-члены ВОЗ должны реализовать свои национальные планы по борьбе с пандемией, заказать вакцину и лекарства. Это самый высокий уровень опасности. Но это согласно новым критериям. В мае 2009 г. ВОЗ убрала два ключевых пункта из определения пандемии.

Раньше было условие: огромное количество смертей и болезней в нескольких государствах. Сегодня нет этого пункта. Поэтому сегодня достаточно того, что болезнь быстро распространяется по крайней мере в двух из шести регионах.

Профессор **Гаральд Швайм**, фармокология университета Бонна: Я считаю, что ВОЗ сделала ошибку, изменив это, потому что слово пандемия воспринимается как паника у населения. Поэтому лучше было бы оставить степень тяжести в определении пандемии. Потому, что в сравнении с тем, что действительно происходит, все мероприятия сильно преувеличены.

Женева, резиденция всемирной организации здравоохранения. ВОЗ была основана в 1948 г., 193 страны входят в состав организации. Она координирует здравоохранение объединенных наций и должна бороться с болезнями.

Доминик Ле Гро - кризисный менеджер в ВОЗ, он отвечал за принятие мер против новой волны гриппа. Мы находимся в кризисных кабинетах ВОЗ в Женеве с кабинетом здесь и большым залом, который используется в случае кризиса. Особенно в случае эпидемии, пандемии гриппа. Француз работает пять лет в ВОЗ. Кризис - это его будни.

Опредление свиного гриппа как пандемии ему кажется скорее бюрократическим процессом. Чётко определено и необходимо.

Решение о поднятии фазы с 4ой до 5ой, а затем до 6ой было принято исходя из технических критериев, которые определены исходя из географического разделения. Сколько людей умирает или сколько тяжело болеет, больше не является критерием для пандемии.

Но меры, которые принимают государства ориентируются именно на это условие. Почему опредление было фундаментально изменено - не ясно.

Знаете, это было не просто так придумано. Может быть при следующей пандемии будут сделаны выводы. Сейчас пандемия - это просто глобальное заболевание. Если грипп попадает сюда, то нужно еще раз проверить, это часть процесса обучения. В следующий раз это будет, возможно, изменено.

Еще раз подумать, когда будет следующая пандемия? Фаза 6 означает миллиардные инвестиции в вакцины и медикаменты.

Если бы ВОЗ не изменила критерии пандемии, то коммерция была бы невозможна в таких масштабах. Инструкции ВОЗ не являются обязательными для государств, но они оказывают сильное политическое давление. Какой политик скажет: нет, я не покупаю тамифлю и вакцину?

Уровень пандемии 6 распространяется на весь мир, даже в Германии закупаются. Государственный институт Роберта Коха консультирует федеральное правительство по вопросам мониторинга, профилактики и предупреждения заболеваний. Здесь воспринимают рекомендации серьёзно и рекомендуют запаситесь лекарствами и вакцинами. Это требует больше половины миллиарда евро. Врачи в Берлине ожидают самого худшего в деле свиного гриппа. Нужно исходить из того, что осенью увеличится активность вируса h1n1. Поэтому нужно сделать всё необходимое, чтобы оптимально войти в сезон. Это касается как сезонных вирусов, так и нового вируса.

Заказ вакцины в Германия - это дело областей, в настоящее время председательствует Тюрингия. Здесь в Эрфурте министры здравоохранения решили купить 50 миллионов доз вакцины на сумму 600 миллионов евро. Запасы тамифлю были увеличены. Политики хотят продемонстрировать свою силу. Хотя свиной грипп проявляется безобиднее, чем сезонные гриппы.

Посмотрите на первые дни свиного гриппа. Все ругали области, которые заказали меньше тамифлю. Но настроение очень быстро поменяло характер.

Реакция политики

На мой взгляд причиной является некомпетентность со стороны политиков. Можно было заранее сделать опрос, сколько людей захочет сделать прививку, прежде чем потратить эти деньги. И тогда можно было заказывать. Но хотелось показать мускулы. Перед выборами хотелось не упасть лицом в грязь, хотелось поазать населению, какие мы крутые. Показать, как сильно заботятся политики о населении. Но здравый смысл где-то потерялся.

Потратить миллионы для защиты от безобидной болезни?

Во Франции люди начинают сомневаться в процедуре. Но пока лишь несколько политиков высказали критику. Депутат Жан Мари ле Пен требует от министра здравоохранения Розелин Бачело больше ясности. Франция заказала 94 миллиона доз вакцины. Стоимость неизвестна. В прессе спекулируют суммами от 1 до 1,4 миллиардами евро. Оппозиция резко критикует непрозрачные действия французского правительства. Отсутствует прозрачность в действиях правительства. Неизвестна ни потраченная сумма, ни лица тех, кто отвечал за решение о покупке. И не известны планы министерства здравоохранения в отношении вакцинации.

Сентябрь 2009 г. собрание комитета здравоохранения. Министр здравоохранения считает высокой вероятность вспышки свиного гриппа, даже спустя 5 месяцев. Пандемия затрагивает все общество, беспокойство наших граждан реальна и обоснована. Правительство приняло решение, дать возможность вакцинироваться всем желающим. Французское правительство тоже хочет показать силу, оно заказало 94 мил. доз, 3/4 французов могут быть вакцинированы. И только сейчас политики начинают задавать вопросы. Даже комитет по здравоохранению знает не больше, чем общественность. Правительство слишком остро отреагировало, не учтя мнение населения.

Нам кажеться, что сейчас наблюдается обратная тенденция. Растет количество французов, кто отказывается от прививки. Такое ощущение, что французы боятся вакцинации больше, чем грипп. Есть ещё много вопросов к вакцине и заказу.

Разве сложно опубликовать на сайте министерства всех производителей вакцин? Какие вакцины с адъювантом, какие без него? Это общая информация должна же существовать.

Было принято решение о создании комиссии по разъяснению дальнейших мер.

Реакция стран

Сейчас всё не так уж плохо, пандемия не очень опасна. К счастью тяжело больных и умерших не так много. Но ясно, что в случае опасности было бы больше проблем при такой плохой коммуникации. Патоген H1N1 в его нынешней форме кажется безобидным, но во всем мире была паника в первые месяцы. В Мексике футбольные матчи проходили без зрителей. Метро в Мексике дезинфицируется, все общественные мероприятия отменены.

В японии и Китае прибывающие пассажиры в аэропорту проходят досмотр тепловизионными камерами, чтобы определить температуру. Особенно жёсткая реакция в Китае. Отель на 200 мест был помещён в карантин, потому что здесь был один из Мексики. Мексиканское правительство выразило протест. Достаточно быть мексиканцем, чтобы попасть в карантин. Шесть стран запрещают ввоз живых свиней из Мексики и США. При этом доказано, что животные не передают болезнь. Правительство Египта приказало убить 350 000 свиней. Это приводит к бунту разгневанных свиноводов.

Мир погружается в панику от вируса, который не только безобиден, но по своей структуре не новый. Первый такой вирус был обнаружен еще в 1930 году. Это не новый вирус, он уже давно распространён среди людей, последний раз его заметили в США. Когда солдаты вернулись из Вьетнама, привезли с собой вирус и там он распространился.

США 1976 г. правительство ожидает, что от свиного гриппа умрёт 1 миллион людей и хочет решительно противостоять этой угрозе. 45 миллионов американцы вакцинируются. Как отмечают специалисты, вакцина вызвала паралич у нескольких сотен человек, 25 умерли. От самого гриппа умер только 1 человек. Вакцинация была остановлена.

Вирус имеет мало общего со свиньями. Изначально вирусы развились в птицах или свиньях. Однако очень заразными они могут быть только при передачи от человека к человеку. Это происходит в основном при кашле или чихании. В подавляющем большинстве случаев вирус H1N1 вызывает относительно легкую форму гриппа, которая проходит через несколько дней.

Эрик уже неделю на карантине, ему не разрешается покидать квартиру и следует избегать контакта с людьми. Абитуриент болен свиным гриппом, но у него всё хорошо. В поездке в Испанию Эрик и еще семь студентов заразились. После возвращения у него были насморк и головная боль. Он считал это простудой или похмельем.

Я ничего особенного не заметил, был немного утомлён, вялый. На следующий день пошёл на треннировку. Полтора часа позанимался, потом ещё с друзьями пошли на вечеринку.

В воскресенье приболел, это это могло быть от треннировки и потом алкоголя. Мама тоже думала, что это просто простуда. Через два дня пришло сообщение, что двое учеников заболели свиным гриппом.

Вечером нам позвонили и оказалось, что это не простуда, а свиной грипп. Да, и что? Эрик позвонил терапевту и спросил, что ему делать. Врач не могла мне ничего особенного сказать. Приходите, сделаем тест на вирус. Хорошо, я пошёл. В комнате ожидания было много пациентов. Я подумал: хорошая вечеринка для бактерий. Врач взял мазок из носоглотки Эрика.

В лаборатории Кёльна в связи с пандемией работа круглосуточно. Вначале делали тест даже при подозрении, но теперь исследуют пробы только пациентов из группы риска.

К ним относятся молодые люди с хроническими заболеваниями и беременные. Подозрения Эрика подтверждаются. Врач прописывает ему тамифлю. Препарат - один из двух на рынке, которые должны помочь от свиного гриппа. Он должен сократить продолжительность болезни до 2х дней. Использовать его нужно не позднее, чем через 48 часов после первых симптомов. У Эрика прошло уже 4 дня. После принятия припарата он чувствует постоянную усталость. Я не знаю, помогло мне или нет, симптомы быстро прошли ещё до этого. Болезнь Эрика была безобидной, как и у большинства пациентов с так называемым свиным гриппом.

Но на чем основана мировая угроза со стороны вируса? Вирусологи быстро приходят к выводу, что возбудитель менее опасен, чем предполагалось.

Университет Бонна, здесь работает профессор засранец Кристиан Дростен. Он один из первооткрывателей зарс вируса, возбудитель которого привел к первой пандемии этого века весной 2003 г. Тогда вирусом заболели 8000 человек, 918 человек умерли через несколько дней после заражения, это примерно каждый десятый. Из-за большого количества смертей Зарс был большой угрозой, но распространение быстро сдержали. Сегодня ситуация совсем другая. Этот вирус опасен тем, что поражает очень много людей. Он очень сильно распространился. Но летальность очень очень маленькая. Летальность, вероятно, находится в районе 0,1%. Даже если текущая статистика не позволяет точно сказать, потому что не все регистрируются. У Зарс вируса летальность в 100 раз выше.

По оценкам обычный грипп убивает более полумиллиона человек во всем мире ежегодно. В Германии оценивают за полгода от 8 до 11тыс. смертей от гриппа. Во Франции оценивают от 4 до 6 тыс. человек. Необходимость защиты от вирусов есть уже давно. И часто это приводило к весьма странным реакциям.

Капюшон для защиты от гриппа торговой марки agrippina. Легко можно упатеть, но можно не бояться кашля прохожих.

Страны реагируют по-разному на пандемию. В Тайване органы здравоохранения запрещают разговаривать в лифте. Во Франции просят людей воздержаться от поцелуев при приветствии. Мало кто придерживается этих правил.

Даже католическая церковь реагирует. Архиепископ Неаполитанский запретил вековую практику, целовать мощи мучеников. Простая и разумная защита от всех вирусов проста - регулярно мыть руки. Эти меры эффективно помогают, но на этом не заработаешь много денег. Производителям лекарств не зарабатывают на мытье рук. VFA является торговой ассоциацией немецкой фармацевтической промышленности. Здесь срочно предупреждают о возможных опасностях. Опасность еще относительно низкая, но простая мутация может всё изменить в мгновение ока. Большой вопрос заключается в том, останется ли вирус умеренным или превратится в опасный.

Испанский грипп

Индустрия и ВОЗ согласны друг с другом. Опасные пандемические вирусы требуют лекарств, потому что население должно быть защищено.

Это принцип фармацевтического маркетинга, который внедряется здесь. А именно, фармацевтическая индустрия может хорошо продать свой продукт только тогда, когда люди боятся. И надеются на предложения производителя быть спасёнными. Таким образом, нужно создать психоз, чтобы люди стали мягкими и давали себя вакцинировать.

В прошлом веке испанский грипп унес два миллиона жизней. Об этом напоминают сегодня снова. Такие эксперты, как историк медицины Патрик Зильберманн, предупреждают, что ситуацию нельзя сравнивать. Тогда большинство людей умерло не от испанского гриппа, а от дополнительной бактериальной инфекции, такой как пневмония. Сегодня мы можем лечить такое с помощью антибиотиков. И это только одна причина, но очень важная, почему нельзя сравнивать со свиным гриппом. Сегодняшняя пандемия безобидна и не имеет ничего общего с гриппом 1918 года.

Вирус H1N1 принадлежит к группе, которая быстро мутирует. При мутациях могут возникать опасные типы. Эксперты полагают, что вероятность этого очень маленькая.

Можно сказать, что этот вирус может обменяться с другими вирусами генными сегментами и стать очень опасным. Но нужно сказать, что текущий вирус очень успешный. Внезапный скачок мутации может произойти, если вирусу плохо. Вирус не хочет убивать людей, потому что вирус хочет просто существовать. А такое возможно, когда он сохраняет социальную среду, т.е. когда вы не серьезно больны.

Почему ВОЗ вообще объявила пандемию? Была это мера предосторожности или создание ненужной паники? Критики неоднократно указывали организации на слишком близкую связь с фармацевтической промышленностью. Экономические интересы промышленности оказывают влияние на ВОЗ.

Связь с фармацевтикой

Есть ряд людей в ВОЗ, которые работали в фармацевтической промышленности и которые принесли с собой этот образ мышления. А именно таким образом, что решения ВОЗ были удобными для фармацевтической индустрии.

Уже при птичьем гриппе я заметил, что в ВОЗ был ответственный за эпидимеологичускую безопасность. С ним я поговорил в конце года и он не смог назвать причины созданного страха перед птичьим гриппом. Потом я узнал, что он ушёл работать в фарма концерн. Видимо в ВОЗ и фарма индустрии есть карьерные пути, которые пересекаются. Такого не должно быть, конечно же. На заседаниях ВОЗ всегда есть присутствующие из фарма концернов, это не серет.

Так были даны рекомендации при свином гриппе. Norbert Hehme, Jennifer Herz, Stephen Gardner, Comella Kutzer Вероятно они приглашены как наблюдатели эксперты. Фармацевтический производитель GlaxoSmithKline также нанимает экспертов, которые идут работать в ВОЗ или из неё. Близость к ВОЗ может быть большим преимуществом, но об этом не говорят.

Итак, чтобы в конце концов ответить на вопросы, представители компании могут сказать о наличии вакцины или мощностях. Советники не оказывают никакого влияния и не играют никакой роли. Отвечать на вопросы и не оказывать влияния? Ни представители фармацевтики, ни Доминик Ле Гро не видят никакой связи. Он не может понять критику в сторону ВОЗ.

Мы работаем с фармацевтической промышленностью в том смысле, что они производят вакцину. С другой стороны, фарма промышленность не участвует в конференциях и общественных совещаниях. Они не влияют и не имеют права решать. Если вспыхивает инфекционное заболевание, которое лечат препаратом X и если это единственный эффективный

препарат, и если этот препарат делает компания Y, значит она больше его продаст. Перед тем, как критизировать фарму за то, что она зарабатывает на заболевании, нужно вообще радоваться, что препарат есть на рынке. Фармаконцерн Rochee - это один из таких Иксов. Производит этот препарат тамифлю против свиного гриппа. Для компании вирус очень желанный. Очевидно, тамифлю занимал место на складах. Но благодаря пандемии быстро продаётся теперь по всему миру. Только в первой половине 2009 Roche смогла увеличить прибыль от тамифлю на 203% до 647 мил. Что сделало её одной из самых успешных компаний в индексе Доу-Джонса. Лондонский аналитик Мартин Бруннингер отмечает, что фармацевтическая промышленность в целом имеет проблемы. Доходы от свиного гриппа сделали долгожданную инъекцию денег для всех фарма фирм.

Это произошло в интересной момент времени, потому что уже много лет назад начал выходить срок патентов. Истечение срока патентов крупных продуктов сильно снижают доходы. Новых разработок становится все меньше и меньше. Это означает, что статус фарма индустрии скорее сложный. Благодаря пандемии, благодаря таким крупным заказам правительств они смогли получить краткосрочную выгоду.

Даже краткосрочная выгода в размере миллиардов евро. Без пандемии никакая компания не получила бы этого. Тот факт, что фарма фирмы всё больше денег инвестрируют в маркетинг, а не новые разработки, становится проблемой.

К началу 2000 года фармацевтическая промышленность переживала тяжелые времена. Не было новых инновационных продуктов, и вставал вопрос, как сохранить высокую рентабельность. Поэтому наши специалисты в фармацевтической отрасли стали значительно развивать сектор вакцин. Благодаря изобретению эпидемии и пандемии, чтобы увеличить продажи вакцин. Первое, что они попробовали, это часто цитируемый птичий грипп. И я напомню, что эксперты, которые кричали о свином гриппе, были теми же, кто кричал о птичьем гриппе.

Однажды Roche получил огромную прибыль с тамифлю. Птичий грипп принес компании рекордные продажи, выручка превысила 550 миллионов евро. 96 стран закупили запасы в то время. Правительство США закупило тамифлю примерно за 48 миллионов евро – прибыльный бизнес для министра обороны Дональда Рамсфельда, потому что он был в то же время акционером и председателем наблюдательного совета американской компании, которая разработала тамифлю и до сих пор владеет патентом на препарат. Даже в то время работы министром Рамсфельд держал долю в компании. Оценочная стоимость не менее четырех миллионов евро. Конфликт интересов он отрицал.

По всему миру можно найти примеры взаимоотношений между фармацевтической промышленностью и политикой. И во Франции министр здравоохранения Розелин Бачелот до своей карьеры политика работала более десяти лет в фармацевтической промышленности, в том числе как PR-менеджер крупной корпорации. В том числе в частично бюджетном Institut Pasteur есть противоречия. Директор Элис Дотри является одновременно консультантом фармацевтической ассоциации. Ни она, ни сотрудники института не были готовы дать интервью. По мнению критиков, это не единственные примеры сплетения между фармацевтической промышленностью и политикой здравоохранения.

Бывший президент национального института профилактики и санитарного просвещения, очень быстро устроился в ассоциации фармацевтической промышленности. Значит в наивысшей инстанции тот, кто решает вопросы здравоохранения и должен работать в интересах общественности, продвигает интересы фарма индустрии. Такое должно быть запрещено.

Система непрозрачна. Невозможно проследить, кто оказывает влияние и на какие решения.

Лобби

Профессор Герд Глеске - экономист здравоохранения из Бремена в течение многих лет критикует непостижимую сплетённость фарма индстрии, правительства и науки. Конечно, мы имеем дело с сильным лоббированием в этой системе. Лоббрование оказывает влияние и на науку, что приводит к конфликту интересов. Например, мы видели, как известный учёный в Великобритании сделал доклад о средстве против гриппа, которое выгодно определенной фармацевтической компании. Так что здесь связь очевидна.

В Англии свиной грипп свирепствует больше всего. По крайней мере, здесь введены самые строгие меры против гриппа. По телефону горячей линии любой желающий может запастись лекарствами. Правительство закупило противогриппозных препаратов для 80% населения. Кроме того, были куплены вакцины на сумму около 180 миллионов евро.

Ректор колледжа Сэр Андерсон консультирует правительство по вопросам борьбы с вирусом. Он публично пропагандировал использование противогриппозных препаратов. Британские журналисты выяснили, что медик был в то же время в списке зарплатной ведомости. С ежегодным доходом 116 тыс евро фарма концерна GlaxoSmithKline, который заработал миллиарды на вакцине от гриппа. Министерство и фармацевтические компании отказываются признавать конфликт интересов. Сэр Андерсон утверждает, что не принимал прямого участия в решениях о вакцине.

Безусловно это не единственный случай. Я могу вам назвать эти случаи в Германии. Во всех сферах здравоохранения вы найдите экспертов, которые продвигают свои интересы.

В Германии фармацевтическое лобби особенно сильно. Цены на запатентованные препараты компаниям разрешено устанавливать самим. Здесь не ведут переговоры, как в других европейских странах. В Германии медицинские страховые компании должны оплачивать лекарства не зависимо от их цены. Все попытки изменить это со стороны политики не удались.

Может лобби фармацевтической промышленности быть сильнее, чем забота о защите населения? Очевидно финансирование индустрии имеет большее значение, чем здесь охрана здоровья. Организация "прозрачная Германия" годами обвиняет коррупционные и мошеннические схемы в системе здравоохранения. Медицинские исследования фальсифицируются, повышенные риски препаратов скрываются. Здесь отсутствует политическое регулирование.

Население всегда думает, что существуют контролирующие органы в министерствах и государственных комиссиях. Однако, из-за большого конфликта интересов между вовлеченными людьми и производители, этот контроль практически полностью отсутствует.

Оганизация "прозрачная Германия" также критически относиться к комиссии по вакцинации института Роберта Коха. Институт рекомендует, какие прививки применять и какие оплачиваются медицинским страхованием. Члены комиссии - это медицинские работники, чьи проекты частично финансируются фарма промышленностью. Но президент государственного института не видит в этом проблемы. Комиссия по вакцинации создала правила прозрачности. Вы можете получить информацию из интернета о личностях.

И эти правила можно увидеть и в международном контексте.

На сайте института Роберта Коха можно увидеть, какие, на самом деле отношения связывают её членов с фарма промышленностью. Почти у всех медицинские работников имеются связи, которые ведут к конфликту интересов.

Есть очень интересный вариант толкования этих списков. Некоторые говорят, что за ними стоят три, четыре, пять компаний и это уже факт того, что они независимы. Т.е. они не продвигают отдельных производителей. Думаю, что они недооценивают значение лоббизма. Потому, что это принципиальный вопрос. Можно ли брать деньги от фарма индустрии для стороннего финансирования исследований. Я вам могу точно сказать, что просто так деньги не даются без того, чтобы не получить что-то взамен.

Инвестиции в строительство производства вакцины в Дрездене, видимо, оправдали себя. GSK вложила 200 миллионов евро. в строительство завода. GSK компания ожидает годами пандемию гриппа. Два миллиарда евро было потрачено на разработку вакцины против пандемического гриппа. Однажды это должно окупиться. Германия заказывала пока только у GSK. Франция заказала у четырех разных производителей. Больше половины у GSK. Критики утверждают, что вакцина недостаточно протестирована. Доктором Йенсом Воллмер, медицинский директор спокойно относится к предполагаемым рискам вакцины.

Например, при сезонном гриппе, каждый год мы должны получить новый допуск. И этот процесс быстрее для сезонных вакцин. При шаблонной вакцине. У нас есть допуск на шаблонную вакцину. На основе этого допуска мы можем получить также допуск на H1N1. Это не означает, что проверка проходит менее тщательно. Это значит, что многое уже проверено на шаблонной вакцине.

GSK производит вакцину от гриппа на основе куриных яиц. Затем добавляется усилитель эффекта, так называемый адъювант. Эти адъювантны очень противоречивы, поскольку они могут вызывать либо усилить паралич. Поэтому они были запрещены в США. Эксперты в Европе считают, что тесты шаблонной факцины на безопасность были неадекватными. Немецкие и французские критики делают простой расчет.

Если вы при массовой вакцинации в 20 мил. доз имеете 0,1% побочных эффектов, то это 20 тыс. человек, которые там пострадают от вакцины. И если это опасный побочный эффект, то это можно назвать катастрофой.

Представьте, что у вас 1 к тысячи смертей от осложнений и вы вакцинируете 60 миллионов французов, то умрёт 60 тыс. людей. И это касается всех слоёв населения, дети, беременны, молодые люди, такие как вы, совершенно здоровые. Это катастрофа.

С середины августа идёт тестирование новой вакцины. 1200 взрослых и 2000 детей в Германии в течение 2х недель хотят проверить безопасность вакцины. Участники тестов засекречены. Профессора Фрэнк фон Зонненбург в уничерситете Мюнхена возглавляет исследование Германии. Он не принимает критику.

У нас уже есть опыт с сотнями миллионов вакцин и эта вакцина против гриппа ничем не отличается от других вакцин против гриппа. Здесь нет ничего сенсационно нового. Нужно признаться, что есть редкие побочные эффекты. Их невозможно охватить исследованиями.

Даже если профессор фон Зонненбург убеждён в надёжности вакцин, то влияние фарма индустрии и он замечает. Было бы хорошо, иметь деньги на исследования вакцин. Независимо от индустрии, чтобы можно было сделать определенные исследования вакцин. Например, как достичь лучшего покрытия среди населения и тп.

Такое невозможно сейчас сделать? Это сложно, пот. не хватает денег на это и основаная часть вакцины была оплачена индустрией.

В Германии фарма финансирует не только большую часть исследований, но также имеет огромное влияние на законодательство. Врач Вольфганг Водарг, будучи депутатом Бундестага, сам видел, как ассоциация фармацевтической промышленности делает политику. VFA продала уже закон федеральному правительству Германии. Вот такое могущество. Был закон ценового регулирование запатентованных лекарственных средств. И VFA заплатила 100 мил тогда ещё немецких марок, чтобы мы не применяли этот закон. Было заплачено медицинским страховым компаниям. И федеральное правительство приняло участие в этом.

Производители сделали выплаты страховым компаниям и закон регулирования цен никогда не применялся. Цены патентные препараты фирмы устанавливают сами. Использование средства от гриппа тамифлю вызывает много вопросов. Побочные эффекты препарата просто замалчиваются.

Побочные эффекты тамифлю

Оксфорд в Англии - известный университет города считается одним из лучших в мире. Проведённые здесь исследования воспринимаются очень серьезно. д-р Мэтью Томпсон - профессор Оксфордского университета со своей командой исследует эффективность и пользу лекарств. Его публикация о влиянии тамифлю на детей в знаменитом британском медицинском журнале произвел фурор во всем мире.

Мы не нашли доказательств того, что этот препарат уменьшает риск серьезных осложнений или делает госпитализация ненужной. И нет никакой пользы для детей с астмой, которые относятся к группе риска. Однако мы обнаружили побочные эффекты. 1 из 20 детей, принимающих препарат, будет чувствовать себя несчастым и их будет рвать.

И это может способствовать обезвоживанию.

Во всём мире тамифлю назначают взрослым и детям. Вначале почти всем, у кого есть подозрение на свиной грипп. Но почему правительства заказывают и рекомендуют такой неоднозначный препарат? Почему побочные эффекты не были тщательно изучены?

Удивительно, что этого никто не сделал. Мы боялись, что это опубликуют до нас. Поэтому мы старались быстро работать и быстро опубликовать результат. Все исследования кроме этого, можно было получить через интернет. Только одно исследование нужно было запросить у производителя.

Ученые из Оксфорда - не единственные, кто сомневается в пользе медикамента. В 2005 г. в Японии были статьи о том, что подростки выбрасывались из окна, якобы принявшие тамифлю. Японское министерство не обнаружило связи между приёмом тамифлю и психическими расстройствами. Однако запретило выписывать препарат подросткам.

В европе с 2007 года добавили в список побочных эффектов: ненормальное поведение, затуманенное сознание, галлюцинации, бред, и случайные травмы. Самоубийства в Японии, побочные эффекты - это плохая реклама для коммерческой компании. Всё стало настолько плохо, что в сентябре 2009 года Roche вынуждена была пойти в наступление. Были приглашены журналисты со всего мира на конференцию. Доктор Кумар прилетели из Канады, чтобы лично объяснить своему работодателю, что у него не в порядке.

У меня нет акций Roche, я не учавствую в консультациях, мне никто не заплатил моё присутствие здесь. Однако, одно моё исследование в университете финансирует Рош.
Если вы не против этого. Вы можете сами решить, верить ли тому, что я вам покажу. Вы можете решить для себя, верите ли вы мне в то, что я вам показываю.

Первым делом доктор вызывает страх перед болезнью. Он описывает, как тяжело болезнь может протекать. Это были такие больные люди, которых я видел впервые в своей жизни.

И затем доктор Дэвид Редди даёт оперативную информацию Рош, исходя из которой, побочные эффекты не связаны с тамифлю. Это были просто симптомы гриппа. Симптомы гриппа при наличии противовирусных препаратов - это неизученное заболевание. Поэтому симптомы были не правильно поняты. У нас очень надёждый медикамент и болезнь с очень ясными особенностями. Однако некоторые особенности проявляются реже и просто плохо распознаны. В ходе разработки лекарства мы начинаем лучше понимать сам грипп.

Так ли это на самом деле, или ученые делают такие заявления с целью получения прибыли? Тот факт, что препарат наносит детям больше вреда, чем пользы, здесь объясняют как плохой анализ данных. Хотя учёные из Оксфорда обращались в компанию для получения необходимых данных.

Часто людям не хватает данных, которые мы имеем в необходимом количестве. При допуске на европейский рынок в этих данных тоже есть указание, что 1 из 20 детей имели эти побочные эффекты.

Но насколько достоверны заявления представителя компании? Если заглянуть в историю компании, то можно быстро доказать, что побочные эффекты были скрыты. На первом плане были незаконная фиксация цен и реклама, вводящая в заблуждение.

В своей книге «Коррумпированная медицина» журналист Ханс Вайс перечислил 12 фактов незаконных или неэтичных действий фарма концернов за последние десять лет. Компания Roche уже получала предупреждение за неоднозначную рекламу тамифлю от американской комиссии по допуску медикаментов. По поводу обвинений никто не хочет давать комментариев. Аналогичная ситуация с фирмой GSK. Она заплатила миллионные штрафы за обман и манипуляции с ценами. Ханс Вайс описывает эти и другие правонарушения со стороны компании, среди прочего сокрытие рисков от побочных эффектов, обвинения в коррупции и организации криминального объединения.

На запрос компания не отрицает обвинения и утверждает об улучшениях. Германия и Франция заказали вакцину у GSK. Ответственные лица не хотят комментировать финансовые условия сделки.

Это просто часть договора между двумя сторонами о том, что секрет должен сохранятся обеими сторонами. Поэтому мы должны соблюдать это условие. Каждое государство вело тайные переговоры с GSK и нет прозрачности в отношении того, какие решения и как были приняты. Большое преимущество для фармацевтической отрасли. Граждане не знают, как их вкладываются деньги. Ни во Франции, ни в Германии.

Тут было бы всё ясно, если бы GSK заявила бы, что все страны получают на одинаковых условиях. Мы бы приняли условия как немцы.

Условия фармацевтической компании просто принять? Без публичного тендера? Без независимого контроля?

Я считаю это ерундой. Потому что в рамках публичности системы здравоохранения в целом и важности этой системы здравоохранения для нас, такие контракты должны рассматриваться публично, должны быть публично обсуждены, а также согласованы с экспертами. Сейчас процесс непрозрачен и естественным образом он создает место для спекуляций. От этого можно избавиться только публичностью.

Завершение

Однако кукловоды пока скрываются. Как в Германии, так и во Франции. Политики вместо того, чтобы управлять, уступают экономическим интересам. И, кажется, капитулируют перед корпоративным влиянием.

Если у государства нет собственных инструментов, отличать ложь от правды, то оно полностью принадлежит этой индустрии. Отличить ложь от правды в этой пандемии трудно друг от друга. Были ли политические решения выгодны населению? Остаётся под вопросом. Индустрия получила уже выгоду.

И если компания по вакцинации будет неудачной, потому что население больше боится прививки чем гриппа, то оставшаяся вакцина, которую мы уже оплатили и которой не доверяем, может быть подарена развивающимся странам. Такие вот мы щедрые, индустриальные страны. Если у вас есть вопросы или вы хотите обсудить, вы можете это сделать в онлайн блоге с автором этого фильма.

SWINE FLU HYPE

Swine flu HYPE for Genocide

Len Horowitz, 24 November 2009

https://www.youtube.com/watch?v=3T7zzQh_Ye8&list=PL579700CA87CC3B5D&index=11

The media hype around this harmless swine flu sends alarm bells ringing. Thank to Wearechange LA http://www.youtube.com/user/wearechan... again for their footage asking the questions I myself have been asking about this swineflu. We have seen the cover up of 911 by the mainstream media always protecting their investors and throwing us little fragments of truth.

Dont think for one minute these PR firms (MSM) wont set up global genocide either. Pay particular attention to the end with Len Horowitz talking about these vaccines making h1n1 more available to combine with the deadly h5n1. Len Horowitz is someone I dont agree with on a lot of things but he has been continually on the money with vaccines and viruses .. during the Anthrax scares post 9-11 he got a visit from the FBI he tipped them off to where the Anthrax was coming from then it was hushed up in the news. He dedicates a lot of his time with vaccines and diseases please further research h1n1 recombinating with h5n1 (avian flu the more deadly virus)

Swine flu pandemic is yet another conspiracy
Danish media

Russia Tuday, 25 November 2009
https://www.youtube.com/watch?v=XFLHbXqSEVQ

Danish journalists claim that the World Health Organization and drug companies producing the swine flu vaccine are in partnership, and that the true nature of their relationship is shrouded in mystery.

"What we do know is that the pharmaceutical companies are present at the meetings of WHO expert groups, but what we don't know is what they talk about. And another thing is that scientists who appear to be independent are also hired consultants working for the same pharmaceutical companies who produce the vaccines," says *Louise Voller*, a journalist at the Danish Daily Information newspaper.

Svenska Dagbladet

Inger Atterstam

Experter samarbetar med industrin

Svenska Dagbladet, 30 november 2009, 01.00.
http://www.svd.se/nyheter/inrikes/artikel_3866171.svd

Pandemi. Rader med experter hjälper WHO att hantera hotet från svininfluensan. Men flera av rådgivarna har kopplingar till läkemedels-industrin, visar SvD:s granskning. Kommittén som ger råd om själva pandemin är hemlig.

Genève/Stockholm.

En central grupp sedan svininfluensans utbrott i våras är WHO:s "Emergency Committe". Baserat på information från denna kriskommittée har WHO:s generaldirektör Margaret Chan fattat beslut om olika pandeminivåer.

Efter kommitténs fjärde möte den elfte juni 2009 drog Margaret Chan slutsatsen att kriterierna för en pandemi uppfyllts.

"Efter rådgivning från kriskommittén beslutar WHO:s generaldirektör Margaret Chan att gå från fas fem till sex", skrev WHO i ett pressmeddelande.

"WHO har nu nära dialog med tillverkare av influensavaccin, och full kapacitet ska snart vara uppnådd för att försäkra största möjliga tillgång till pandemivaccin inom de närmaste månaderna", hette det vidare.

Vad är denna kriskommitté vars slutsatser ligger bakom pandemibeslutet som också utlöste storskalig vaccinproduktion?

– Kommittén sammankallas av WHOs generaldirektör vid behov för att ge råd om internationella sjukdomsutbrott. De träffades första gången 25 april i år. Kommittén består av 18 medlemmar och är enbart rådgivande, säger Gregory Hartl, talesman för svininfluensan vid WHO.

Han betonar att WHO-chefen får råd från världens främsta hälsoexperter genom kommittén, men att beslutet att deklarera en pandemi "helt och hållet är hennes eget".

Vilka är medlemmarna i kommittén?

– Namnen på medlemmarna i kommittén är hemliga. Man vill inte att de ska kunna utsättas för påtryckningar utifrån. De är valda utifrån sina expertkunskaper om influensa, virusspridning och sjukdomskontroll, säger Hartl.

Varför är namnen hemliga? Vilka slags påtryckningar riskerar medlemmarna?

– Jag kan inte gå in på det. Men det viktiga är att medlemmarna i kommittén inte behöver ta hänsyn till någon eller någonting utanför kommittén i sin rådgivning till WHO:s generaldirektör, säger Gregory Hartl.

Har någon medlem i kommittén koppling till eller samarbete med läkemedelsindustrin?

– Jag vet inte vilka medlemmarna är. Jag tror att kontroller görs om de har kopplingar till läkemedelsindustrin.

Bör inte WHO vara transparent när det gäller hur beslut fattas om sjukdomar som berör miljontals människor?

– I kampen mot denna epidemi måste man samarbeta med många parter. Det inkluderar regeringar, frivilligorganisationer och läkemedelsindustrin. Vi måste hitta de bästa lösningarna för att skydda människors liv. Att rädda liv är allra viktigast för oss, säger Gregory Hartl.

Han tillägger att "vi frågar om intressekonflikter och får uppgifter om detta".
Han säger också att det finns flera kommittéer som ger råd om olika aspekter kring svininfluensan och hur man kan bekämpa den.
– Dessa kommittéer undviker intressekonflikter, säger han.

Men en titt på dessa kommittér visar att det inte alltid stämmer. När det gäller influensa och vaccin har WHO bland annat Sage-kommittén samt Ad hoc Policy Advisary Working Group on Influenza A (H1N1) till hjälp.

Tre av Sages femton medlemmar har kontakter med läkemedelsindustrin. Bland annat har de fått pengar och stöd av de ledande vaccinföretagen.

Två oberoende externa experter på Sages möten i Genève har av den danska tidningen Information avslöjats ha fått rådgivarpengar från läkemedelsföretag (se grafik under artikeln).

I Ad Hoc-kommittén sitter också som oberoende expert en professor och världsledande virusforskare som fått kritik i tidskriften Science för att han äger två bioteknikföretag som jobbar med influensavaccin.

När det gäller beslutet att deklarera en pandemi har dock vare sig Ad Hoc-kommittén eller Sage "spelat någon som helst roll", säger Gregory Hartl.

– Margaret Chan kan bara ta rådgivning av kriskommittén och medlemsländerna. Men beslutet om en pandemi är enbart hennes, säger han.

THE FLU CASE

Inger Atterstam

Swine Flu Gate: Is Virologist Albert Osterhaus the Ringleader?

The Flu Case, 3 December, 12:56
https://web.archive.org/web/20100102041114/http://theflucase.com/index.php?option=com_content&view=article&id=2171%3Aswine-flu-gate-is-virologist-albert-osterhaus-the-ringleader&catid=1%3Alatest-news&Itemid=64&lang=en

According to Russian, Danish and now Swedish newspapers, the Svenska Dagbladet, many of the "independent experts" who sit on important WHO committees and who were instrumental in the fake swine flu scare have financial links with the pharmaceutical industry that stand to make billions from the scam.

Albert Osterhaus, a professor for virologie at Erasmus University in The Netherlands, and a key advisor of WHO and EU, is under investigation for having concealed slush funds from pharmaceutical companies, according to Polskaweb.

Polskaweb reports a Dutch parliamentary committee of inquiry has been launched into the connection between the large sums of money paid by big pharma into Osterhaus' private bank accounts and his role in ratcheting up the swine flu scare to allow a pandemic level 6 declaration – something which, in turn, has allowed big pharma to reap huge profits through the sale of toxic pandemic vaccines.

Osterhaus also played a leading role in creating the bird flu scare by maintaining that he had proved that the bird flu virus could be transmitted to humans.

The bird flu alarmism resulted in health minister pushing through pandemic plans that strip people of their constitutional rights and also to profits of 100 million euros for Roche.

But Osterhaus appears to have financial links not just to Roche but also to GSK, Aventis and Baxter.

The Dutch investigation is being extended to health officials, politicans, doctors and journalists.

According to Polskaweb, big pharma has earned 40 billion dollars already from the swine flu scam.

By putting mercury and squalene into the swine flu jab, WHO and big pharma have shown, however, that their intention was to do more than just earn huge amounts of money by staging a fake pandemic using massaged data and skewed scientific evidence.

The dangerous ingredients in the jab prove that their intention was to cause damage and death.

Danish journalists have also looked at the role of Dr. Frederick Hayden, an advisor of WHO and in charge of the special strategic group (LEGEND) which in July floated the plan of giving every person in the world two doses of the swine flu jab.

Hayden is allegedly on the payroll of Roche, RW Johnson, SmithKline Beecham and Glaxo Wellcome.

Other "experts" who appear to be pushing junk science or even actively looking for virulent genes in the Swine Flu Gate, are John Oxford and Bruno Lina.

Both of these play leading roles in WHO and the EU.

As Climate Gate and now Swine Flu Gate show, the UN, WHO and EU are operating as criminal enterprises and they need to be called to account.

Jeffry John Aufderheide

Approved Chaos, Part I:
How the WHO is Using the Swine Flu to Hogtie the US

VacTruth, 30 November 2009, 18:13
https://vactruth.com/2009/11/30/approved-chaos-part-i-how-the-who-is-using-the-swine-flu-to-hogtie-the-us/

When President Barack H. Obama signed a national pandemic emergency on Friday, October 24th, 2009, the media barely mentioned that "a declaration of emergency for the H1N1" had been signed. A huge red flag should have gone up: Why was there was no reference to specific act or document? Initially, not even the White House web page had information about the pronouncement. Did Obama's emergency proclamation, under sections 201 and 301 of the National Emergencies Act, imply that martial law was imminent? [1]

To answer that question, we first must see how the World Health Organization put Obama in such a position. The answer may surprise you.

The Department of Homeland Security(DHS), Federal Emergency Management Agency (FEMA), the Department of Health and Human Services (HHS), Center for Disease Control (CDC) and United States Northern Command (USNORTHCOM) will be the focus of a future release of this series called "Approved Chaos" that will answer questions about their status, readiness preparations and participation in the H1N1 emergency including:

What happens when a national emergency is declared?
Who is really in charge? and most importantly,
What does this H1N1 emergency mean for me?

Moreover, the media portrays the government as a passive participant in the swine flu pandemic. Digging deeper, it appears there is a much different story. The previous bird flu "pandemic" was, in fact, utilized to clear many legal obstacles in orchestrating the current, coordinated effort to establish global controls.

The WHO Sets Up for Control

In 2005, the threat of a killer avian flu pandemic shouted across the airwaves. The media whipped up a complete hysteria over the H5N1 virus. The Trust for America's Health (TFAH), funded by the Rockefeller Family Fund was a big player in the frenzy.[2] Specifically, they predicted up to 1 million deaths could be caused by the H5N1 bird flu virus.[3] Remarkably, official WHO reports document that between 2003 and 2009, only 262 people have died worldwide from H5N1 Avian Flu.

For a great review of the pandemic that never occurred, read Dr. Sherri Tenpenny's book, FOWL: Bird Flu: It's Not What You Think. Prophetically, it also explains 90 percent of what is happening today with the currently hyped H1N1 pandemic.

The 2005 H5N1 fear tactics worked well. Out of the panic created by TFAH and a long list of similar organizations, the WHO released a global "Pandemic Plan" that was obediently adopted by Americans and the rest of the world. In the United States, the Federal Pandemic Plan was incorporated

into what is known as the the National Response Plan, under Homeland Security Presidential Directive 5.

The States Join In

In 2005, following the WHOs lead, the United States released a final draft of a multi-year pandemic planning project. States were required to prepare pandemic plans as a condition of their federal bioterrorism preparedness grants.

A group named Association of State and Territorial Health Officials (ASTHO) assisted in molding the state response plans. ASTHO's exclusive list of "Corporate Alliance Partners" includes vaccine manufacturing giants such as GlaxoSmithKline, Merck & Co., Henry Schein, Pfizer, Roche, and Sanofi Pasteur.[5] Their participation in the pandemic planning efforts can be seen in a 2002 document entitled, "NATURE'S TERRORIST ATTACK: PANDEMIC INFLUENZA". [6]

The State emergency response plans were heavily guided by officials at the CDC and HHS. A comprehensive checklist was spoon-fed to state health officials who were maneuvered into compliance by the Federal "mandate". The DHS and HHS were instructed to withhold federal grants and monies for public health initiatives if states did not act in accordance with government plans. The word 'ransom' should come to mind.

Implications of International Health Regulations

We have now come full circle. All forms of government, federal, state and local, have adopted the World Health Organization 's Pandemic Standard Operating Procedures. A pandemic plan in itself is not the problem. The issue is understanding the WHO's incremental power grab via International Health Regulations.

Under the guise of preventing the international spread of disease, the Constitution of the WHO allows the World Health Assembly the authority to adopt regulations they see fit to accomplish the stated goal. By example, six diseases were originally identified by International Health Regulations for quarantine. However, in 1969 this number was reduced to three (yellow fever, plague and cholera). [7] With the current media hype surrounding the 1918 pandemic, it is especially surprising the World Health Organization to not include influenza on this list.

If we fast forward in time, major efforts can be seen to modify the scope of the Regulations from 1995 through May of 2005. On May 23rd the World Health Assembly struck gold. The language in the regulations were unified to include, "any specific disease or manner of transmission, but covering illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans". [7] When the entire situation is put into context, the timing of a 'killer' bird flu pandemic was impeccable.

The International Health Regulations of 2005 were signed into force and effect in 2007. At that critical point, WHO was given authority to 'direct' and 'govern' activities "that protect the global community from public health risks and emergencies that cross international borders." [8] The Director-General of the World Health Organization, Margaret Chan, declared a public health emergency of international concern for the first time under International Health Regulations in April, 2009. [9]

The implications of international health regulations and this emergency declaration are far reaching. International Health Regulations are legally binding agreements for all international members of the WHO. This is a major story ignored by the press and not understood by most citizens. The WHO international health regulations by-pass the checks and balances established by the U.S. Constitution and our Founders. George Washington, Thomas Jefferson, and Benjamin Franklin are rolling in their graves.

We have a serious problem as a nation. This scheme was not implemented as the media portrays: benign and harmless. It was devised incrementally by very powerful people with no input from our

elected representatives. Never before has there been such an orchestrated effort to give a world organization jurisdiction over our lives in America. The WHO has emerged as the global "H1N1 Mafia" and is accountable to no one.

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May 18, 2009 - **Swine flu: Baxter to make vaccine for British government**

Swine flu: Baxter to make vaccine for British government Deerfield-based drugmaker also says 2 patient deaths not related to heparin blood thinner By Bruce Japsen | Tribune reporter May 16, 2009 http://www.chicagotribune.com/business/chi-sat-baxter-flu-heparin-may16,0,144102.story Baxter International Inc. on Friday reported that it will make a swine flu vaccine for the British government and said the quality of ...

=> https://vactruth.com/2009/05/18/swine-flu-baxter-to-make-vaccine-for-british-government/

June 7, 2019 – **The Vaccination that Never Should Have Been Approved**

By Michelle Goldstein;

The Gardasil vaccination should never have been approved by the FDA. Several fraudulent studies found serious health damage in the groups studied.

=> https://vactruth.com/2019/06/07/the-vaccination-that-never-should-have-been-approved/

THE FLU CASE

Susie Stone

H1N1 misinformation from CDC ... intentional or accidental?

Susie Stone, (27 November, 11:11 AM) The Flu Case, 3 December 2009, 11:56
https://web.archive.org/web/20100102051941/http://theflucase.com/index.php?option=com_content&view=article&id=2169%3Ah1n1-misinformation-from-cdcintentional-or-accidental-&catid=1%3Alatest-news&Itemid=64&lang=en

What most of the American public doesn't know is that the vast majority of the presumed swine flu cases recognized by trained physicians were NOT flu at all. They weren't swine flu or regular flu.

Why did the U.S. Centers of Disease Control and Prevention (CDC) call for a national H1N1 health emergency? Where is the justifiable data supporting such a declaration? Investigative Reporter, Sharyl Attkisson, CBS News, wanted some answers.

In a recent interview with Dr. Mercola, Sharyl explains, "The reason I looked into this is a couple of months ago, I got tips from three or four different segments of public healthcare, with folks telling me the CDC has recommended that they go ahead and stop testing for and counting swine flu cases.

Each different entity that contacted me was concerned, thinking that this should not be happening. They really felt that it was necessary for the swine flu to continue to be tracked in some details. So I went about trying to find out why this decision was made and what the ramifications would be."

Why did the CDC stop tracking H1N1 cases?

She also asked states, one by one, to help explain the rationale behind the CDC's decision to stop tracking H1N1 cases. Further explaining, "One of my good sources within the government said to me that they're either trying to, in his opinion, over-represent the swine flu numbers or under-represent by not counting them anymore. He said, "You need to find out which it is." And so to find out which it might be, I really wanted to see the data that the CDC had at the time it made the decision to quit counting the cases."

Ms. Attkisson requested information from the CDC and FDA regarding the H1N1 data on file. She simply requested public information (that normally is readily available), but the Health and Human Services (HHS over CDC)) refused, saying "this is not a matter of "widespread and exceptional media or public interest." Yet, the President had declared the swine flu a national public health emergency!

As a result of being ignored and stone-walled by the CDC, Sharyl went directly to the 50 states asking for their statistics on state lab-confirmed H1N1 prior to the halt of individual testing and counting in July. Of those presumed likely swine flu cases out of approximately every hundred of what was tested, only a small fraction, like 2% or 3% were actually swine flu. In every instance, the biggest number of cases that were swine flu was 30%.

The majority of media outlets and even government agencies have been stating that virtually every person who visited their physician with flu-like symptoms in recent months has H1N1, with no testing.

No testing, no data, no information, just hype and fearmongering by government health officials and many health care providers. Most American families recognize the inconsistencies; but sadly many others do not. Accidental assessments....or intentional misinformation? Do the math.

Stay informed, eat well, live well.

WikiLeaks Leaks News About Partners

Big Pharma inside the WHO:
confidential analysis of unreleased WHO Expert Working Group draft reports

WikiLeaks, 8 December 2009
https://wikileaks.org/wiki/Big_Pharma_inside_the_WHO:_confidential_analysis_of_unreleased_WHO_Expert_Working_Group_draft_reports%2C_8_Dec_2009

Release date: December 9, 2009

Summary

This is a confidential pharmaceutical industry trade association dossier about the WHO Expert Working Group (EWG) on R&D Financing.

The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA; "Big Pharma") gave its members 4 documents: a non-public draft report of the WHO EWG and a non-public Comparative Analysis done by the working group, the IFPMA Overview of the EWG Comparative Analysis, and IFPMA summary slide on the EWG Draft Report.

The compilation of documents shows the influence of "Big Pharma" on the policy making decisions of the WHO, the UN body safeguarding public health. These confidential documents were obtained by the drug industry before their public release to WHO member states (scheduled to be released May 2010). The document also illustrates that the WHO expert group was highly responsive to industry lobbying – a result that public health groups had feared since early 2009, when the expert group met with the industry, but refused to meet with public health groups known to be industry critics.

The likely audience for these documents include countries, public health policy makers, civil society, industry, academia, media, patients and the general public.

Journalists can contact Dr Margaret Chan, Director-General of WHO: chanm@who.int and Malebona Precious Matsoso, WHO Director, Public Health, Innovation and Intellectual Property: matsosom@who.int

According to our source, the English version of the final report of the EWG with its recommendations is expected to be released to member state countries this week.

Contents

- ewg-comparative-analysis-11-12-09.pdf File | Torrent | Magnet
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Kaitlin Mara

Confidential Documents from WHO R&D Finance Group, Industry, raise concern

Intellectual Property Watch, 9 December 2009, 07:22 pm

https://web.archive.org/web/20100104025024/http://www.ip-watch.org/weblog/2009/12/09/confidential-documents-released-from-who-rd-finance-group-pharmaceutical-industry/

Confidential documents related to the World Health Organization Expert Working Group on innovative financing for research and development surfaced today, revealing the group's thinking as well as pharmaceutical industry thinking about the WHO process. The documents immediately raised concern about possible undue access to the process by industry, but the WHO told *Intellectual Property Watch* the industry group was not supposed to have them.

The documents appear to have come from the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), and include draft reports on innovative financing mechanisms from the working group as well as an analysis by the IFPMA on the reports' contents. They were released on Wikileaks, a website that anonymously publishes sensitive documents.

"IFPMA was not supposed to have working drafts of the expert working group in their possession and they were not given these documents," said Precious Matsoso, director of Public Health Innovation and Intellectual Property (PHI) at the WHO, under whose auspices the expert working group falls. "It was understood by the working group that its report is intended for the director general and" WHO members, she added.

Public health advocates reacted strongly to the leaked documents. "The IFPMA document confirms much of what had been feared," that there is "a larger WHO strategy to protect the status quo, particularly as it relates to intellectual property issues," said James Love, the director of Knowledge Ecology International, a non-profit group focussed on transparency in policymaking and which has been advocating for prize funds, a biomedical R&D treaty, and other initiatives to fund R&D.

An introductory letter included with the documents addressed to the Public Health Advocacy Committee at IFPMA says "the overall result [of the working group's report] is in line with most of the industry positions on this matter," but says that "there is still room for them to introduce new language" as the documents date from before the final working group meeting concluded on 2 December.

The Expert Working Group's "comparative analysis of innovative financing proposals for health R&D," available from Wikileaks here [pdf], divides aspects of drug development into six categories and then lists the ideas from "least likely" to "most likely" to work.

https://web.archive.org/web/20100104025024/http://www.wikileaks.com/leak/ewg-ifpma-reports-comms/ewg-comparative-analysis-11-12-09.pdf

The six categories are: fundraising, research and development capacity building in developing countries, basic research and product discovery, product development, manufacturing and distribution, and efficiencies.

The leaked documents are all available from Wikileaks here.

https://wikileaks.org/wiki/Big_Pharma_inside_the_WHO:_confidential_analysis_of_unreleased_WHO_Expert_Working_Group_draft_reports%2C_8_Dec_2009

Expert Analysis

The draft reports available on Wikileaks do not contain final recommendations. These will be available only in the final report, expected to be released this week (*IPW*, WHO, 7 December 2009). Instead, it contains an analysis of all proposals made thus far, through two calls for advice from the public, and ranks them on efficacy and feasibility.

Within "fundraising," proposals considered "least likely to work" include diverting existing resources to health, reducing tax evasion and havens, levying new charges on services or access rights. A proposal for a "Green IP" system (*IPW*, Inside Views, 27 June 2008) is currently "too hard to operationalise" but some elements could potentially be useful.

Most likely to work include new indirect taxes, for example on internet users; voluntary private contributions, new donor funds, and taxes on pharmaceutical profits. Taxing pharmaceutical profits is estimated to generate only USD 160 million versus, for example, a potential USD 2 billion from internet taxes.

On building research capacity, specific recommendations are not made, but the report says there is a lot of potential in this idea as innovative pharmaceutical development is often done in commercial ventures and, in developing countries, "commercial targets often have significant overlap with public health targets," as local markets demand treatment for neglected diseases.

On basic research, prize systems and prize funds for completed drugs, as well as a "health impact fund," are deemed least effective, as is the idea of a biomedical R&D treaty. "Endstage prizes" and the treaty were also seen as not particularly beneficial for product development. Prizes have been advocated as a solution to R&D financing problems by several health advocacy NGOs (*IPW*, Public Health, 12 February 2009).

Deemed more effective in incentivising research were funding for product development partnerships, grants to companies working on neglected diseases, and prizes for reaching "milestones" (such as those provided by Innocentive). Similar incentives were considered beneficial for product development.

Prizes were seen as possible incentives for manufacturing and distribution, though "likely only for diagnostics" as opposed to vaccines or medicines.

"Absolutely Fair Towards the Industry"

The draft report, the IFPMA said, is "absolutely fair" regarding industry concerns, using "real figures" on the cost of drug and vaccines developments and containing "many references to the importance of intellectual property … to achieve further innovation."

As far as streamlining the current R&D system, which the report calls "unwieldy," removing data exclusivity was seen as less effective compared to harmonising medicine regulatory systems and "pre-competitive platforms" for R&D.

The IFPMA analysis raised two major concerns.

The first relates to proposed taxes on the pharmaceutical industry, which the IFPMA document says "places the burden of the R&D … exclusively on industry and reinforces the negative image of pharmaceutical profits."

"Operationalising this proposal may lead to companies increasing prices to compensate which would be counterproductive," it adds. Further, it is not certain to be acceptable by all partners "as the tax should be imposed on the whole pharmaceutical sector, generic included."

The second area of concern is drug-purchasing mechanism UNITAID's proposed patent pool, and in particular its structure for royalty payments to IP owners. These payments would be determined based on the "therapeutic benefits and the affordability of royalities in particular countries," the analysis says, adding that this "does not follow past or current patent pool structures" and emphasising that voluntary participation should be an "essential prerequisite."

A UNITAID board meeting on 14-15 December will review an expert study on the patent pool, which the UNITAID board agreed in principle to establish in July 2008. In May 2009, the board instructed the organisation's secretariat to prepare an implementation plan. An expert team analysed a range of issues and its report, completed in November, clearly recommends the implementation of the pool, sources told Intellectual Property Watch.

The IFPMA analysis also called for vigilance regarding the potential use of open source systems.

NGOs: Documents "A Step Backwards"

Love said the expert working group process was "a step backwards" and "evidence of a deeper problem in WHO regarding the influence of the pharmaceutical industry, and its philanthropic supporter, the Microsoft founder's Gates Foundation."

"This is a very disturbing set of documents," said Sarah Rimmington, from nongovernmental organization Essential Action's Access to Medicines Project. She added that the report "embraces the status quo and rejects the feasibility of almost every single important proposal aimed at truly solving these complicated problems."

THE FLU CASE

Jane Burgermeister

Le Monde Diplomatique attacks me and Catherine Austin Fitts over swine flu scam

The Flu Case, 11 December 2009, 11:15

https://web.archive.org/web/20100102032746/http://theflucase.com/index.php?option=com_content&view=article&id=2237%3Ale-monde-diplomatique-attacks-me-and-catherine-austin-fitts-over-swine-flu-scam&catid=1%3Alatest-news&Itemid=64&lang=en

I know that the message that the swine flu jabs are untested and toxic is spreading around Europe when newspapers, both from the right- and left wing, start publishing reports defaming me.

Last month – just as it became apparent that the turn out for the swine flu jab in Germany was going to be very low – the right-wing Bild Zeitung published a report dismissing my "conspiracy theories".

Bild even went so far as to falsely claim I had not filed criminal charges against Baxter for contaminating 72 kilos of seasonal flu vaccine with the live bird flu vaccine in February.

Even when I sent a letter from the Austrian Health Minister proving I had filed the charges, Bild did not bother to publish a retraction. Because they identified me but did not name me, they obviously hoped to escape a defamation lawsuit.

Anyway, when I saw France's Le Monde Diplomatique has just published a hit piece on me and including Catherine Austin Fitts, I realised that the French mass vaccination campaign must be going very badly indeed.

In a report called "Pandemics and rumours The great swine flu scare", Denis Duclos pens the same paragraphs of scare mongering about the swine flu virus that have been so charactertistic of the corporate mainstream media in Europe and the US.

This is not surprising in view of the close financial links of the mainstream media to pharma companies that profit from the swine flu scare.

Media mogul James Murdoch sits on the board of GlaxoSmithKline, for example.

Duclos talks about the "lethal potential to humans of fast-moving and faster-mutating viral and bacteriological infections", neglecting to mention these viruses are being bioengineered in labs by people like Jeffrey Taubenberger.

Even a professor in France affiliated with WHIO, Bruno Lina, stated in the media this summer that he looking for a gene to make the mild and harmless swine flu virus more lethal.

Duclos claims "there have even been suggestions that junior personnel in an authoritarian, market-driven, global health management regime were being trained, perhaps for compulsory vaccination programmes in poor countries."

Amazingly enough he omits, however, to mention doctors and nurses in France are being marched to work in vaccination programmes by police this very moment and that the French Health Minister Roselyn Bachelot – who worked for big pharma – had secret plans to vaccinate the entire population by January, something that cannot be done without recourse to force.

I reported about this in September.

As France now stands on the precipice of declaring full scale martial law over a non existent pandemic, army medical vaccination teams are already working in the especially established vaccine centres.

The pharma companies have been given blanket immunity for damage or death caused by their untested or toxic jabs in a secret government deal.

"The climate of resistance blocks any public health message about epidemiological realities and therapeutic solutions," Duclos states, possibly expressing the worries of his paymasters that the general public is not buying the propaganda and taking the untested jab.

"These difficulties lead to absurd rumours," he complains in a non sequitur.

Maybe he meant to say: "These absurd rumours lead to difficulties".

Or better still: "These proven, verifiable, unambiguous facts lead to people thinking twice before they take the jab."

He mentions at the end of his meandering piece that does not display the clarity and elegance characteristic of the French essay that I "brought a [criminal] complaint this April against the Baxter, Baxter International and AVIR Green Hill Biotechnology companies "for having developed, manufactured, disseminated and spread a biological weapon of mass destruction on Austrian soil between December 2008 and February 2009 with the intention of causing a worldwide pandemic of bird flu and in order to derive profit from this pandemic, in violation of the laws on organised crime and genocide".

However, Duclos fails to mention theBaxter contaminated 72 kilos of seasonal flu with the live bird flu virus and sent it to 16 labs, nearly sparking a global bird flu pandemic in February.

Because Baxter must employ biosafety level 3 regulations when handling the bird flu virus – which it should never have had on ist premises in the first place and which was supplied by WHO – an accidental contamination can be ruled out.

At the same time, Baxter has pre-negotiated contracts to supply an untested and toxic vaccine for a pandemic...

Just 50 miles from a Baxter facility, the swine flu virus appeared in mysterious circumstances in April in Mexico...

One of the first people reported to have died from the swine flu was a museum director Felipe Solis who died one day after meeting President Obama in Mexico City. If the virus was so deadly, why was no test carried out on Obama, as his own staff has confirmed?

Baxter and other pharma execs sit as "observers" on key boards belonging to WHO which declared apandemic level 6 in June and which has the power to implement forced vaccinations in spite of the evidence the swine flu is mild, killing only about 8000 people so far by WHO’s own admission.

WHO can take over the health and law enforcement services of countries under the International Health Regulations 2005 in an unprecedented power grab.

Duclos finished off by making up a fictictous quote he attributes to me:

"She claims to have also pursued a number of international figures and political leaders, and also the Bilderberg group (17) "for having knowingly consented to a campaign of vaccination permitting the inoculation of people with a mix of bird and swine viruses with the aim of killing a large number of people" (18).

In this way, Duclos deflects attention away from the fact the pandemic vaccines are new, not tested and contain mercury and squalene – quite apart from any live viruses as occured with Baxter’s contamination.

Any attempt to put forward facts, documents and evidence that pharma companies are starting a global pandemic and profitting from it with the help of WHO is linked by Duclos in his conclusion to spreading "demagogic unrest" and even anti semitism.

Duclos also claims I have filed charges against Soros as well as WHO and Obama.

In fact, I have never named George Soros in any charges but I believe Len Horrowitz has, and Len Horrowitz is not a goy ("beast", "animal") in the eyes of the Talmudists, and in the categories of the radical race theories popular among some Jewish settlers.

Let me be clear: I am opposed to all forms of racism, whether it is Nazi racism or Jewish racism. Every human being is of equal value and created by God.

Also, my criminal charges focus on the actions of individuals irrespective of their nationality or religion, the only criteria being there is evidence they are involved in a crime.

I have also filed charges the Austrian Health Minister Alois Stöger and the head of the Austrian Far Right Freedom Party Heinz Christian Strache because of evidence he quashed any inquiry into Baxter's activities.

The cynical attempt is, nevertheless, made by Duclos to associate anyone warning against the vaccine mass murder with anti semiticism even though Israel is also administering the same toxic vaccine to its people, underlining the fact that the perpertrators of this crime are an international corporate crime syndicate comprising families in Europe, the USA and elsewhere - families who are united primarily by their love of money and power and who have no allegiance to any country or religion, and certainly not to the high ethical standards expressed in the Old or the New Testament.

A pseudo-scientific eugenics theory appears to centre around some fictious race called the Aryans. The Rothschilds and Rockefellers appear to include themselves in this fairy tale group by their own estimation (British Israelites).

Investigations into this murky occult world reveal a belief that the Aryans came from the island of "Atlantis". If this island ever existed, then a quick reading of Plato's account of it will reveal that it was ruled by a very different set of people – enlightened, wise, fair minded, just and brave – than the rapacious and criminal Anglo American establishment.

The outstanding feature of the legendary Atlantis was the prosperity, health, high cultural standards and contentment of the entire population under a benevolent and capable government that could be tough with its enemies when required.

As we look at our world today, torn by wars, famines, financial crises, disease and totalitarian regimes created by the Anglo American establishment, what resemblance can we see to that legendary Atlantis?

The time has come for the people of the world to unite and put the various members of this international corporate crime syndicate with their eugenicist agenda and occult delusion into gaol once and for all.

Information

Louise Voller, Kristian Villesen

Tør vi stole på WHO?
Do we dare to trust the WHO?

Information, 12 december 2009
https://www.information.dk/debat/leder/2009/12/toer-stole-paa-who?lst_cntrb

Man ved fra talrige videnskabelige undersøgelser, at det giver uheldige beslutninger, når der sidder folk med interessekonflikter i de rådgivende udvalg. Og mistanken om, at der foregår ubehagelige ting, stiger markant, når man tilmed ikke ved, hvad der foregår. Peter Gøtzsche, forskningsleder i Cochrane Centeret

I Finland sidder en statsansat forsker med et problem. Det begyndte ellers godt. I år fik professor Juhani Eskolas vaccineforskningsprogram 47 millioner kroner til at forske i pneumokokvaccine af vaccineproducenten GlaxoSmithKline. Det største enkeltstående bidrag professorens institut har modtaget i 2009. Men så kom pressen, og så kom den finske sundhedsminister med løftede pegefingre, og nu sidder den finske professor pludselig i en national interessekonflikt. Juhani Eskola er nemlig også vaccinerådgiver for WHO's såkaldte SAGE-gruppe. Og så betyder det noget, når man får 47 millioner kroner af industrien. Og man ikke oplyser om det.

Siden november har Information beskrevet syv WHO-eksperter, der enten har bijob som konsulenter for medicinalindustrien eller får finansieret deres forskning af medicinalindustrien. Samme eksperter, der vejledte WHO's generalsekretær Margaret Chan, da hun 11. juni i år erklærede, at verden stod midt i en H1N1-pandemi. Fra det sekund trådte en lang række hvilende kontrakter mellem medlemslande og medicinalvirksomheder i kraft. Produktionen af vacciner til 55 milliarder kroner gik i gang. Men når den, der råber alarm, har økonomiske interesser i nødberedskabet, bør offentligheden vide det.

Intet menneske er upåvirkeligt. Heller ikke forskere, der siger, de er det. Tværtimod viser talrige undersøgelser, at forskere, læger og sundhedspersonale påvirkes af medicinalvirksomheders indflydelse. Ifølge Glasgow University's Robertson Centre for Biostatistics bruger medicinalindustrien gennemsnitligt 800.000 kroner om året på direkte markedsføring pr. læge. Derfor appellerer den internationale ngo, NoFreeLunch, til alle i sundhedsvæsenet om at aflægge et troværdighedsløfte for at modstå medicinalindustriens omfattende markedsføring. Når markedsføring går fra at være en reklamekop eller en golftur til at være 47 millioner kroner til instituttet, man arbejder for, må det kræve sin mand at modstå de budskaber, der følger med beløbet fra GlaxoSmithKline.

Da GlaxoSmithKline i dag er leverandør af vaccinen Pandemrix til den finske befolkning, har historien om de hemmeligholdte millioner skabt furore i Finland. Der er ingen beviselig sammenhæng mellem GlaxoSmithKlines forskningsstøtte og valget af samme firma som leverandør af H1N1-vaccine. Men pointen er, at vi ikke kan vide det.

Dermed opstår det næste problem i kølvandet på den finske forskers interessekonflikter, nemlig manglen på åbenhed i WHO. I dag bringer Information historien om WHO's hemmelige rådgivnings-komite, den såkaldte Emergency Committee, hvor 18 medlemmers navne, baggrund og virke er komplet mørkelagt. Den hemmelige komité refererer direkte til generalsekretær Margaret Chan, og

derfor var de ligesom SAGE-gruppen med til at beslutte, hvornår pandemiberedskabet skulle træde i kraft. Ifølge WHO er komiteen hemmelig, fordi eksperterne ellers risikerer at komme under pres. Det skaber to nye problemer. For det første aner vi ikke, hvem der reelt rådgiver verdenssundhedens mest magtfulde person. For det andet er den logiske følge af det argument, at resten af WHO-grupperne må opleve at være under pres, når de træffer beslutninger.

Åbenhed er det demokratiske udgangspunkt for god forvaltningsskik. Offentligheden bør vide, hvordan de politiske beslutninger bliver til.

Man ved fra undersøgelser, at manglen på åbenhed er proportionel med et højt niveau af korruption. Og det er logisk, at befolkningens tillid til regeringer og offentlige institutioner daler i takt med afsløringer om korruption og hemmeligholdelse af informationer.

Den 7. April 1948 blev WHO oprettet for at sikre den internationale folkesundhed. WHO er skabt for at forhindre sygdom og redde liv, og al viden fra det internationale samfund, der kan bidrage til det formål, må være ønskelig. Men WHO's virke er afhængig af regeringers og befolkningers tillid til deres anbefalinger. Og tillid til at de mennesker, der er ansat i WHO, handler i folkesundhedens og kun folkesundhedens interesse.

Oplysninger der vedrører verdens borgeres liv og sundhed bør være frit tilgængelige, ligesom navne på alle interessenter, der påvirker WHO's beslutninger skal offentliggøres.

Den finske professors problem bliver til vores problem, indtil regeringer stiller krav om, at WHO er fuldt ud åbne om de eksperter, de har ansat, de beslutninger, der bliver truffet og de argumenter, der ligger bag beslutningerne.

Information

Louise Voller, Kristian Villesen

Do we dare to trust the WHO?
Tør vi stole på WHO?

Information, 12 december 2009
https://www.information.dk/debat/leder/2009/12/toer-stole-paa-who?lst_cntrb
https://web.archive.org/web/20100102041654/http://theflucase.com/index.php?option=com_content&view=article&id=2348%3Ado-we-dare-to-trust-the-who-ask-danish-journalists&catid=41%3Ahighlighted-news&Itemid=105&lang=en

"It is well known from many scientific studies that unhappy decisions result when people with conflicts of interest are members of advisory groups. And the suspicion that unpleasant things are taking place right now grows when you don't even know what is going on."

Peter Goetzsche, research director at the Cochrane Center in Copenhagen.

In Finland, a problem concerning a researcher in a government position has grown after everything initially seemed fine.

This year Professor Juhani Eskola's vaccine research programme received 47 million crowns from the vaccine producer Glaxo SmithKline in order to develop a pneumococ vaccine.

It is the greatest singule contribution the professor's institute has received in 2009. But then along came the media, and next the Finnish Minister of Health with a raised index finger, and suddenly the Finnish professor is at the epicentre of a national conflict of interests.

The reason is that Juhani Eskola is in parallel vaccine consultant for WHO's so-called SAGE-group. And then it suddenly does matter if you receive 47 million crowns from the industry. Particularly when you keep quiet about it.

Since November "Information" has reported on how seven WHO experts either have an additional job as consultants for the industry or get their research financed by the pharmaceutical industry.

It was those same experts who were acting as advisors to the Director General of WHO, Margaret Chan, when she declared on June 11 of this year that the world was in the midst of a H1N1-pandemic.

From that moment several existing contracts between member countries and the pharmaceutical industry came into force. The production of vaccines for 55 billion crowns started. But when the figure who alerts the world has financial interests in the emergency the public has the right to know.

No human being is beyond being influenced. Not scientific researchers, who claim that they are, either. On the contrary, lots of studies have shown that researchers, medical doctors and health staff are indeed influenced by medical firms.

According to the Robertson Center for Biostatistics at Glasgow University, the pharmaceutical industry spends an average of 800.000 crowns a year on direct marketing for every single medical doctor.

For that reason the international NGO, NoFreeLunch, appeals to everybody employed in the healthcare sector to resist the extensive marketing of the pharma industry.

When the marketing develops from a propaganda cup or a golf watch to 47 million crowns donated to your own institute, one really has to be a strong person to resist the messages that accompany that amount of money from GlaxoSmithKline.

Because GlaxoSmithKline is the supplier of the vaccine Pandemrix to the Finnish population, the revelation about the secret millions has caused a scandal inside Finland.

There is no proven connection between the research funding from GlaxoSmithKline and the selection of that same company as the supplier of the H1N1 vaccine. But the point is we cannot know for sure.

The Finnish researcher's conflict of interests is part of a bigger problem, which also concerns the lack of transparency in WHO.

Today "Information" brings the report about WHO's secret consultation committee, the so-called Emergency Committee. The activities of ist 18 members take place in complete obscurity inside this forum. Not even their names or background are known to the public. This secret committee refers directly to Director General Margaret Chan and its members – just like the SAGE group – therefore, had a voice concerning when a pandemic emergency declaration should be made.

According to WHO the committee is secret because if it were not, there is a risk that the experts would be exposed to pressure.

This situation creates to new problems. First of all we don't know, who is really giving advice to the most powerful person in the WHO. Secondly the logic consequences of that argument is that all the other WHO groups must experience pressure when they make decisions.

Transparency is the democratic starting point for good administration. The public ought to know how political decisions come into force.

It is known from many studies that lack of openness is directly proportional to a high level of corruption. And it is logical that the population's trust in governments and public institutions sinks simultaneously with revealations of corruption and the repression of information.

WHO was established on April 7, 1948 in order to promote international public health. WHO has been created to prevent diseases and to save lives, and all knowledge from the international community which can contribute to this aim should be welcome.

But the functioning of the WHO is dependent on government's and population's being able to trust the institutions recommendations. And on a confidence that the people who are employed by the WHO are acting solely in the interests of public health.

Information concerning the life and health of the world citizens must be available to everybody, just like the names of all the parties who influence the decision making process inside the WHO need to be declared.

The Finnish professor's problem becomes our problem until governments demand that WHO becomes completely transparent concerning the experts it employs, the decisions it is making and the arguments behind the decisions.

Jane Burgermeister

Investigating the Swine Flu Pandemic

Wake Up Call Conference 5, BBC5 TV, 12 December 2009
http://www.stolenelectionnovella.com/jane-burgermeister-warned-us.html

Bioterrorism Evidence

Evidence that an international corporate criminal syndicate, which has annexed high government office inside the United States, is intent on carrying out a mass genocide against the people of the United States by using an artificial (genetic) flu pandemic virus and a forced vaccination program to cause mass death and injury and depopulate America in order to transfer control of the United States to WHO, the UN and affiliated security forces (UN troops from countries such as China, Canada, the UK and Mexico etc). See this document here
https://web.archive.org/web/20090704180537/http://wakenews.net/Evidence_of_the_use_of_pandemic_flu_to_depopulate_USA.pdf
https://web.archive.org/web/20090601000000*/http://wakenews.net/Evidence_of_the_use_of_pandemic_flu_to_depopulate_USA.pdf
https://sites.google.com/site/mrmetanoja/genetsko-oruzje?tmpl=%2Fsystem%2Fapp%2Ftemplates%2Fprint%2F&showPrintDialog=1

(pp. 31-36):

VII. Evidence as to the role of Baxter and WHO in producing and releasing pandemic virus material in Austria.

Baxter Pharmaceutical http://www.baxter.com/ has been chosen by the WHO to lead the efforts in finding a vaccine cure for the swine flu H1N1 virus.

Baxter AG, headquartered in Vienna, and the Austrian subsidiary of the pharmaceutical company Baxter International, headquartered in Deerfield, IL, USA, sent vaccine material contaminated with deadly live H5N1 bird flu virus to 16 laboratories in four countries in winter 2009 before a technician caught the mistake.

The deadly mixture of live bird flu virus and human flu virus were mixed in a biosecurity level 3 facility, where basic protocol and procedures would make it impossible to ever mix a live virus bioweapon with vaccine material by accident. In the first place, the strain of bird flu that is lethal to humans has no place in the the Baxter facility in Austria. So what was it doing in the facility designed for research into normal flu viruses and vaccines and their production to begin with?

The material released was a combination H3N2 seasonal flu viruses and live, unlabeled H5N1 viruses. If both strains were to incubate and recombine in a human host, a virulent airborne weapon that would cause a pandemic would be released, potentially killing billions.

The Baxter facility did not radiate the material before they sent it out, leaving the deadly virus alive.

To sum up, Baxter International, a global pharmaceutical corporation that has secured lucrative contracts to supply bird flu vaccines in pandemic, mixed live bird flu with human flu vaccine material in a Biosecurity level-3 facility, fail to radiate it and sent it under a false label to 16 labs as vaccine material.

About eight weeks later, a artitificial, genetic worldwide interspecies flu pandemic breaks out in Mexico City, close to another Baxter facility, and the same company is given government and WHO contracs to produce vaccines for the outbreak.

According to Austrian Health Minister Alois Stöger, 72 kilograms of vaccine material was contaminated with the live bird flu virus which WHO supplied.

http://www.parlament.gv.at/PG/DE/XXIV/AB/AB_01457/fnameorig_158854.html

Parliamentary answers 1457/AB (XXIV. GP) May 20th, 2009,

Fragen 14 und 15:

Das für Forschungszwecke bestimmtes Material – 72 kg waren als kontaminiert anzusehen – wurde in die Firma zurückgeholt und kontrolliert vernichtet."

It is still not clear how 72 kilograms of the world's deadliest bioweapon can be sent by accident from a high biosecurity facility, not irradiated and under a false label.

However, we know from Baxter itself that it produced the 72 kilograms contaminated material using a wild type live bird flu virus obtained from the WHO reference center.

http://www.promedmail.org/pls/otn/f?p=2400:1001:53103::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:10001,76322

A statement on behalf of Baxter

I would like to provide the following update to a posting on ProMED dated 25 Feb 2009 (Avian influenza, accidental distribution – Czech Rep. ex Austria: RFI).

The H5N1 strain was the A/Vietnam/1203/2004 strain, received from a WHO reference centre. All information concerning this incident has been provided to the involved national authorities and appropriate international bodies such as ECDC and WHO.

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Christopher Bona

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Corporate Communications

Baxter International Inc.

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Also, Baxter is the only flu vaccine manufacturer to work with wild type flu viruses, felt to be more dangerous than the altered and attenuated (weakened) viruses other manufacturers use.

http://chealth.canoe.ca/channel_health_news_details.asp?news_id=27436&news_channel_id=1020&channel_id=1020

The Austrian police have launched an investigation into the incident that almost triggered a global pandemic. The mixture of the deadly H5N1 virus with a mix of H3N2 seasonal flu viruses is classified as one of the most deadly bioweapons in the world with a mortality rate of 63 per cent.

So, with the Baxter incident in Austria, there is proof that Baxter not only created flu material with help from WHO, but also distributed them in large quantities to trigger a pandemic, while also positioning themselves to produce the vaccine allegedly to "protect" against the virus they created and released.

In criminal charges filed against Baxter on April 8th, 2009 at the Vienna City Prosecutor’s office, Landesgerichtstr 11, 1080 Vienna, Austria, it was alleged that Baxter unlawfully, wilfully and knowingly, in the period between December 2008 and February 2009, employed manipulative and deceptive devices and contrivances in violation of national and international laws on the manufacturing, possession, release and dissemination of biological weapons of mass destruction and on organised crime, to manufacture and distribute a biological agent that is classified as a bioweapon among the population in order to profit from the pandemic.

First, Baxter manufactured influenza material contaminated with a bird flu virus in its biomedical research laboratories in Orth on the Danube in December 2008.

Baxter uses BSL 3 (Biosafety Level 3) precautions in its laboratories, a system for the safehandling of toxic substances, which makes an accidental contamination of ordinary flu material with the dangerous bird flu virus virtually impossible.

The 72 kilograms of contaminated vaccine material contained a mixture of a seasonal H3N2 human influenza virus and the deadly bird flu H5N1 virus. By adding a virus of the type H5N1 to an ordinary flu virus of the type H3N2, The H5N1 virus is restricted in its human-to-human transmissibility, especially because it is less airborne. However, when it is combined with seasonal flu viruses, which are airborne and easily spread, a new bioweapon is created.

Second, Baxter distributed via Avir this contaminated vaccines using false concealment and a false label to 16 laboratories in Austria and in other countries at the end of January/beginning of February, potentially infecting at least 36-37 laboratory staff, who had had to be treated preventively for bird flu and ordinary flu in hospital.

A total of 18 laboratory staff belonging to Avir had to undergo preventative treatment for the bird flu and ordinary flu at the Otto Wagner Hospital in Vienna on February, 9th, 2009, because of their exposure as part of their work to the highly pathogenic bird flu virus.

This indicates that, in the opinion of medical experts, there was a risk that the staff of Avir had contracted bird flu, and, unknowingly, acted as carriers of a pandemic virus into the population of a densely built up Vienna city district and in wintertime.

The material was only discovered when staff working for BioTest (in Konarovice in the Czech Republic), tested the vaccination on ferrets, who then died.

BiotTst was supposed to test anti-flu vaccination that should serve Europeans during the next flu season, and the labels on the material sent to them from Baxter via Avir gave no indication of the lethal contents.

The 13 BioTest staff were treated with Tamiflu and were placed in quarantine for fear they had been contaminated with the bird flu virus, which is on the list of the possible biological weapons and one of the most dangerous biological agents on the Earth with more than 60% death rate.

Subsequently the same problem of Baxter contaminated vaccine material was found in the laboratories in Slovenia, Austria and Germany, who had received the material from Baxter.

First, the company Baxter evoked the 'trade secret" and refused to explain how exactly how a Level 3 biological warfare pathogen found its way into H3N2 material, regardless whether or not this experimental vaccine material was 'intended' for eventual use in humans or not.

Baxter representatives have said that the material sent to the Czech republic, Austria, Slovenia and Germany was in fact a pure H5N1 sent by accident - maybe to mask the previous assumption,

that it was in fact an ordinary flu vaccine, which was contaminated. It is still not clear whether it was in fact the pure H5N1 or contaminated vaccine.

The Austrian Health Minister Alois Stöger confirmed on May 20th 2009 that the 72 kilograms of contaminated vaccine material has been destroyed, but no information has been released as to the genetic sequences of the contaminated material or what Clade was Baxter's H5N1 vaccine from, whether from Clade 1? Clade 2? Clade 3? Other?

Therefore, it is not possible to know whether H5N1 resembles the strains circulating in waterfowl.

Was the contaminated H5N1 strain genetically engineered? If so, by whom? Does the NS protein in Baxter's H5N1 material contain polymorphisms which suppress human interferon production? Was Baxter's H5N1 a full set of influenza genes? Or was it just the hemaglutanin and neuraminidase? Did Baxter's H5N1 contain a poly-basic cleavage site on the Hemaglutanin surface protein? Why were the samples of experimental vaccine material not irradiated?

Coinfection of H5N1 and H3N2 would not produce simple reassortment but a complex in vivo recombination of many competing strains in the infected host.

Furthermore the complex coinfection of H5N1 and H3N2 in a human would produce natural selection pressure for maximum virulence.

The book "Evolutionary Dynamics" suggest that viral coinfection selects for both maximum virulence and infectivity.

How close the world came to a pandemic is underlined by the reaction of Panasonic Japan.

On February 9th – on the very same day as 18 employees of Avir were given preventative treatment for the bird flu in the Otto Wagner Hospital in Vienna – AFP reported that Panasonic Japan intended to bring back to Japan the families of many of its staff working around the world because of the threat of a bird flu pandemic.

"Panasonic to fly home workers' families over bird flu fears Feb 9, 2009

TOKYO (AFP) – Panasonic Corp. has ordered Japanese employees in some foreign countries to send their families home to Japan in preparation for a possible bird flu pandemic, a spokesman said Tuesday."

The firm decided to take the rare measure "well ahead of possible confusion at the outbreak of a global pandemic," he said.

The Times of India reported on March 6th, 2009, that a pandemic was nearly triggered as a result of Baxter's actions.

http://timesofindia.indiatimes.com/Health--Science/Science/Virus-mix-up-bylab-could-have-resulted-in-pandemic/articleshow/4230882.cms

"It's emerged that virulent H5N1 bird flu was sent out by accident from an Austrian lab last year and given to ferrets in the Czech Republic before anyone realised. As well as the risk of it escaping into the wild, the H5N1 got mixed with a human strain, which might have spawned a hybrid that could unleash a pandemic.

Last December, the Austrian branch of US vaccine company Baxter sent a batch of ordinary human H3N2 flu, altered so it couldn't replicate, to Avir Green Hills Biotechnology, also in Austria. In February, a lab in the Czech Republic working for Avir alerted Baxter that, ferrets inoculated with the sample had died. It turned out the sample contained live H5N1, which Baxter uses to make vaccine. The two seem to have been mixed in error.

Markus Reinhard of Baxter says no one was infected because the H3N2 was handled at a high level of containment. But Ab Osterhaus of Erasmus University in the Netherlands says: "We need to go to great lengths to make sure this kind of thing doesn't happen."

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences."

It needs to be stressed that the bird flu virus was developed in US military laboratories from 1995 onwards by researchers who reconstructed the genetic code of the Spanish Flu pandemic virus of 1918-1919.

So, using the argument that they need to find an antidote to the lethal bird flu virus, researchers have actually resurrected this lethal bird flu virus and created the danger in the first place, and with funds provided by organisations such as WHO.

"Reviving the Spanish Flu virus is a recipe for a catastrophe. It could put any attack using anthrax or the plague in the shade, "said Jan van Aken, head of the German section of the Sunshine Project.

In the summer of 2008, US researchers found that this newly reconstructed lethal bird flu virus could be mixed with ordinary human flu virus in laboratory conditions and so, in theory, could acquire easy human-to-human transmissibility.

It was precisely this very virus, a mix of a lethal H5N1 bird flu virus and an ordinary human flu H3N2 virus that Baxter manufactured in its laboratory in Orth/Donau in December 2008, and then distributed via Avir to 16 laboratories in Austria and abroad employing fraudulent misrepresentation.

The Canadian Press explains the issue:

"While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people."

According to media reports, Dr Rebecca Carley maintained in March 2009 that this was a deliberate attempt to start a pandemic.

"Basically, they're trying to cause the pandemic. They have already stockpiled at least 250 million doses of the bird flu vaccine. The shelf life of that vaccine has a certain amount of time by which they'll have to throw it in the garbage. So they have to start the pandemic so that they can give the vaccines, which will then cause the bird flu pandemic…In fact, this is an associated press article that says that our government is reluctant to give bird flu vaccine to some of the rogue nations for fear they will use the vaccine as biological warfare. So when you actually look at what's out there, folks, it becomes crystal clear. This is genocide. This is population reduction. And it's happening right now. "

"Well, let me also state that this is very intentional because the H5N1 bird flu virus is not actually able to be picked up by humans in a regular scenario. So by putting it with a regular human flu, they're intentionally causing it to create a hybrid virus. And this is how they're going to make the bird flu virus be contracted by the people because it's very virulent. And basically, the scenario that it creates is very disturbing. You actually bleed out into your lungs and suffocate on your own blood."

THE FLU CASE

Phil Segrave

A strong case for medical tyranny

The Flu Case, 13 December 2009
https://web.archive.org/web/20100102032601/http://theflucase.com/index.php?option=com_content&view=article&id=2265%3Aa-strong-case-for-medical-tyranny&catid=1%3Alatest-news&Itemid=64&lang=en

The World Health Organization [WHO], under the auspices of the UN, decreed in 2005, in the advent of a level 6 pandemic declaration, it reserved the right to make decisions about your health that can be enforced under the color of law. Each member state, of which the U. S. is one, signed just such a treaty.

Why should this be of concern to you? The WHO is composed of the greatest medical experts and scientists in the world. Who would know more about what is in the best interests of the public health than this distinguished team of health care professionals?

According to the New England Journal of Medicine, the H1N1 swine flu virus, after the infamous swine flu epidemic of 1918, all but disappeared in 1957 only to be resynthesized in 1977 by a bio-lab.

In April of 2009, a new swine flu strain was identified as A-H1N1 (S-OIU) as if the strain that had not mutated in forty years had suddenly had an antigenic shift to become a new subtype with a relatively high infectivity rate and low mortality rate.

Now let's take another look at *Baxter's infamous 'accident'* being exposed by a chance security check by an unsung Czech hero who possibly saved more lives than anyone in the world. Most informed people are aware of how *Baxter sent 1000's of doses of a contaminated 'regular season' flu vaccine to several European countries in February of 2009.*

According to Dr Theresa Forcades I Vila and the National Medical Ethics Committee of France, there are two aspects of this irregularity that have been underreported to say the least:

1. The first aspect is the contaminated vaccine contained two viruses. One virus had a high infection rate and low mortality rate. The other virus had a low infection rate and a high mortality rate.
2. The second aspect is the *two viruses were unattenuated*, meaning they were *live viruses* devoid of radiation treatment to weaken them.

Why these two aspects of this case are significant is if a lab technician at a point of distribution laboratory had not decided to conduct an independent security test on the Baxter vaccine, then 1000's of doses of the then unknown tainted vaccine would have been distributed all over Europe; the two viruses given out as shots of regular flu vaccine would have become a recombinant virus, instead of being two separate viruses, and/or would have become an antigenic shift virus (depending on how many virus strains of the two viruses were in the doses), with a high infection rate and a high mortality rate and caused millions of deaths in a global pandemic. What the world is experiencing now is one virus, an A-H1N1 virus, that has a low infection rate and a low mortality rate.

Knowing the sinister implications of what Baxter could have intentionally tried to do, *WHO initially sent only one individual to investigate the 'accident'; a veterinarian*.

Speaking of mortality rates. WHO, in 2005, arbitrarily took the mortality standard out of the pandemic definition, according to the British Medical Journal. Thus, WHO has declared a pandemic under conditions we now have regarding the swine flu virus that has to date an infection rate and a mortality rate less than the regular flu in a relatively bad year for the flu. In reality, WHO has made itself into a medical dictatorship by changing and controlling the guidelines it set up.

In 2009, WHO issued a policy directive to all member governments that clinical lab tests to determine if a patient actually suffers from or actually dies from the swine flu are not usually required. What is WHO trying to hide?

If it was documented conclusively that the swine flu virus was manmade, not of natural origins, would WHO claim it was another accidental laboratory release?

How could WHO claim that a manmade virus like the one created by the CDC scientists above was accidentally released when *WHO acknowledges on its own web site that it has an official policy of deliberately releasing manmade viruses to 'prime' populations into 'herd immunity' with experimental vaccines* that were created to treat the viruses that was developed and intentionally released from their laboratories as 'mock-up trials'?

WHO Admits to Releasing Pandemic Virus Into Population Via 'Mock-Up' Vaccines

Posted by: Dr Mercola, August 14, 2009

The document on the *WHO website* linked below states that *it is common procedure to release pandemic viruses into the population in order to get a jump ahead of the real pandemic*, so as to 'fast track' the vaccine for when it is needed.

In Europe, some manufacturers have conducted advance *studies* using a so-called 'mock-up' vaccine. *Mock-up vaccines contain an active ingredient for an influenza virus that has not circulated recently in human populations* and thus mimics the novelty of a pandemic virus.

According to the website, "Such advance studies can greatly expedite regulatory approval".
https://web.archive.org/web/20091231140236/http://www.who.int/csr/disease/swineflu/notes/h1n1_safety_vaccines_20090805/en/index.html

Do not be lulled into a false sense of relief that H1N1 is a 'no show'. Corrupt politicians have many medical martial laws on the books based on bad science that can be activated anytime they decide to declare forced vaccinations in the name of public health. In the U. S., states are funding and training first responders and law enforcement officials with federal grants to detain and/or force vaccinate everyone.

Educate yourself, share the truth with others and just say no to forced vaccinations.

THE FLU CASE

More Questioning about WHO and the Vaccines and the Declaration of a Level 6 Pandemic - When no need

The Flu Case, 13 December 2009

https://web.archive.org/web/20100102034621/http://theflucase.com/index.php?option=com_content&view=article&id=2251%3Amore-questioning-about-who-and-the-vaccines-and-the-declaration-of-a-level-6-pandemic-when-no-need&catid=1%3Alatest-news&Itemid=64&lang=en

World Health Organization (WHO) declared the pandemic of swine influenza in the interest of large pharmaceutical companies. With such charges were made by scientists from several countries, who believe that the epidemics of pharmacists earn up to 7 billion euros. At the same time anywhere in the world death rate from swine flu has not exceeded deaths from seasonal flu, while the WHO insisted that the epidemic was declared by all the rules, writes "Kommersant".

The British newspaper Guardian Òhe and some European media have published the views of independent epidemiologists - Englishman Thomas Jefferson from the independent association of scientists Cochrane Collaboration and his colleagues from the United States William Engdahl, - accuse the WHO of inflating the risk of swine flu. Scientists believe that the WHO's lead expert associated with the pharmaceutical companies. According to Mr. Jefferson, a team of WHO experts, in particular the head of strategic advisory group on Influenza British Professor David Salisbury, "gets them a salary and working with them."

Independent experts believe that the panic over the virus A/H1N1 provoked expert WHO virologist from the Netherlands, Albert Ostenhaus, which has been in professional circles the nickname Dr. Influenza. Mr. Ostenhaus many occasions expressed deadly swine flu and urged European countries to mass vaccination.

According to independent scientists, such policies have led to the fact that the WHO in June this year, announced the upgrade of the threat of swine flu pandemic to the maximum, the sixth level in the interests of business structures, although the mortality rate from this disease did not exceed the death rate from normal seasonal influenza.

PreventDISEASE.com
Aiming Towards Better Health

Reports on H1N1 by the CDC are designed to withhold key information

Prevent Disease, 14 December 2009
https://web.archive.org/web/20100102064444/http://preventdisease.com/news/09/121409_reports_h1n1_by_cdc_withholding_key_info.shtml

The failure of the CDC to report critical changes of the H1N1 virus and its effective transmission, indicates their weekly reports are carefully designed to withhold key information.

A recent spike in cases with antiviral resistance have been reported in the U.S. Of the 29 total cases identified, 19 patients had documented exposure to Tamiflu through either treatment or chemoprophylaxis. Of the cases identified, 16 of them have come in the past 4 weeks, which is much higher than previous weeks, which were typically sporadic.

This recent spike in cases has also been reported by WHO and raises concerns that an upgraded form of the H1N1 virus efficiently transmitting. Moreover, recent deaths of patients with the upgraded form in the US (four of ten) and the Netherlands (four of eleven) have raised concerns that these patients may also have inherited other changes to the virus which have been associated with fatal cases in the US, Ukraine, Norway, Brazil, and France.

However, the CDC report does address those concerns. They do not distinguish between these recent samples and those collected in the spring or summer. Similarly, the location of these cases or outcomes are not made public, and there is no differentiation between patients who developed resistance during treatment and patients who were resistant prior to treatment. They only classify "suspect" cases on the basis that they failed to respond to Tamiflu which conveniently leaves the issue interpretation by other experts and agencies.

The Vietnam cluster described in this week's New England Journal of Medicine would represent such cases. Seven passengers on a train developed H1N1 infections that had the resistant strain. However, like most patients worldwide, the resistance was not discovered until long after treatment and discharge. The infections were in July, but the first lab confirmations were in September. Although Tamiflu treatment is not effective against H1N1 with the resistant strains (H275Y/H274Y), all patients recovered, but clearly represented infections of a fit and readily transmissible version of H1N1.

However, using the CDC classification system, these patients would have "documented exposure to Tamiflu" but would not be examples of resistance that developed due to treatment.

Although this is the CDC's largest category, they have yet to show a single example of a case that developed resistance after treatment with Tamiflu.

The failure of the CDC to report critical information such as changes to the virus and resistance to treatment raise concerns that the weekly reports by the CDC are carefully designed to withhold key information, including status prior to treatment, the dates and locations of samples, as well as outcomes of patients who are positive for H1N1 resistant strains.

In early November, the CDC and World Health Organization (WHO) were strongly criticized for manipulatiing swine flu deaths by stating that 4,000 Americans – rather than about 1,200 – had died of swine flu since the disease emerged in April. That new estimate by the CDC combined deaths from laboratory-confirmed cases of the flu and deaths that appeared to be brought on by flu, even though the patients may have ultimately died of bacterial pneumonia, other infections or organ failure.

This intrinsic manipulation and lack of transparency by the CDC continues to be hazardous to the world's health.

THE FLU CASE

Johan Niklasson

Lies about climate change shows pattern

The Flu Case, 17 December 2009
https://web.archive.org/web/20100102015156/http://theflucase.com/index.php?option=com_content&view=article&id=2316%3Alies-about-climate-change-shows-pattern&catid=3%3Anewsflash&lang=en

Many readers contact us and ask how it is possible that all journalists, doctors and scientists play along with the obvious pandemic hoax. Not all do but those who do certainly gets a lot of exposure in mass media and in that way makes it seem as if there is a consensus when there in reality is none.

Many aspects and tactics used in the massive vaccine propaganda, the lies, the deceit, the junk science and the political agendas behind the mass vaccinations are the same as those seen used to scare us all about the "coming climate change apocalypse", all depending on humanity we are assured.

The link behind the scene between these two horror stories is that the ruling elite is using fear and junk science to scare us into agreeing with actions we never would otherwise, and these actions are smoke screens for hidden agendas aiming at a one world government. Mass media is an effective tool to make the bulk of the population believe that the suffering and the sacrifices we all will have to live with is necessary to save humanity and the planet.

As we have clearly shown through our reporting on this site, the pandemic scare has nothing to do with health but everything to do with population reduction, control and enormous financial profits.

The pattern we have discovered is clearly used also in the ongoing massive campaign about global warming.

You have probably heard about dying polar bears, rising waters and dangerous weather due to CO2 levels in the atmosphere. But is it all true? Is it really scientific?

To better understand what is happening regarding the pandemic scare, it is very educational to watch this presentation made by Lord Monckton where he part by part reveal the enormous and blatant lies about global warming.

Parliamentary Assembly
Assemblée parlementaire

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Faked Pandemics - a threat for health

Motion for a recommendation Doc. 12110

PACE, 18 December 2009,
https://web.archive.org/web/20100130094504/http://assembly.coe.int/Documents/WorkingDocs/Doc09/eDOC12110.pdf
http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=12720&lang=en

This motion has not been discussed in the Assembly and commits only those who have signed it.

In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide. They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines.

The "birds-flu"-campaign (2005/06) combined with the "swine-flu"-campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health budgets, but also to the credibility and accountability of important international health agencies. The definition of an alarming pandemic must not be under the influence of drug-sellers.

The member states of the Council of Europe should ask for immediate investigations on the consequences at national as well as European level.

Signatories:
Mr Wolfgang WODARG, Germany;
Ms Fátima ABURTO BASELGA, Spain, SOC;
Mr Lokman AYVA, Turkey, EPP/CD;
Mr Agustín CONDE, Spain, EPP/CD;
Mr Imre CZINEGE, Hungary;
Mr Paul FLYNN, United Kingdom, SOC;
Ms Dzhema GROZDANOVA, Bulgaria, EPP/CD;
Mr Mike HANCOCK, United Kingdom, ALDE;
Mr Jean HUSS, Luxembourg, SOC;
Mr Bernard MARQUET, Monaco, ALDE;
Ms Christine McCAFFERTY, United Kingdom;
Ms Carina OHLSSON, Sweden, SOC;
Mr Mustafa ÜNAL, Turkey, EPP/CD;
Mr Luca VOLONTÈ, Italy, EPP/CD

See Vol. 1, Chapter 16

PACE Health Committee investigated the False Pandemic declared by WHO

Natural News.com
Natural Health, Natural Living, Natural News

Aaron Turpen

New Study Admits the Obvious: Swine Flu is Overhyped

Natural News, 21 December 2009
https://web.archive.org/web/20100104103508/http://www.naturalnews.com/027776_swine_flu_propaganda.html

An international team of researchers, headed by Marc Lipsitch of the Harvard School of Public Health, released a preliminary report that suggests a milder "pandemic" than the early reports in Mexico were made out to be. The 4% death rate attributed to H1N1 in March and April was found to have been a misleading estimate. The estimate was culled not from infections in the population as a whole, but from serious cases involving hospitalization. This significantly reduces the death rate.

The study group calculated the number of people with flu-like symptoms against those who sought medical care, those who were hospitalized, those who were assigned to intensive care units, and those who died. They used a telephone survey conducted in the Milwaukee and New York City areas to get their initial flu data and medical records for the rest.

About 1 in 70 of those reporting flu symptoms to a health care provider required hospitalization. 1 in 400 required admittance to the ICU and 1 in 2,000 with H1N1 symptoms died.

Using the telephone survey as their total population number with flu symptoms, they estimated that 1 in 600 people might be hospitalized, which is 7 to 9 times lower than other estimates including that of the Centers for Disease Control (CDC).

On average, about 36,000 people in the U.S. will die from influenza (seasonal flu). The majority of those are older people of retirement age. Given the controversy surrounding the CDC's handling of Swine Flu case counting nationally, counting every flu case as H1N1 and with many areas mis-diagnosing by the use of faulty or unverified tests, the new numbers are likely more accurate.

In the Spring, the CDC estimated a death rate of 2% and went into full panic for a pandemic. The new Lipsitch study puts the number well below that at 0.048%. As of September 11, 2009, the World Health Organization estimates the total number of infections, worldwide, to be 209,000 and the total number of deaths to be 3,205. Or about a 0.15% death rate.

The study was completed in September in anticipation of the fall resurgence that might happen. PLos Medicine released the study to the public on December 7, publishing officially on December 8. The study was funded by the UK Medical Research Council, the U.S. National Institutes of Health, and others.

=> Reference to:

Presanis AM, Lipsitch M, Daniela De Angelis; et al.

The severity of pandemic H1N1 influenza in the United States, April - July 2009.

PLoS Curr. 2009 Sep 25;1:RRN1042. doi: 10.1371/currents.RRN1042
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2762775/

reliefweb

Comparing deaths from pandemic and seasonal influenza

ReliefWeb, 22 December 2009
https://reliefweb.int/report/world/comparing-deaths-pandemic-and-seasonal-influenza

22 December 2009; Geneva - Efforts to assess the severity of the H1N1 influenza pandemic sometimes compare numbers of confirmed deaths with those estimated for seasonal influenza, either nationally or worldwide. Such comparisons are not reliable for several reasons and can be misleading.

Numbers of deaths for seasonal influenza are estimates. They use statistical models designed to calculate so-called excess mortality that occurs during the period when influenza viruses are circulating widely in a given population.

Estimates using all-cause mortality

The models use data, as recorded in death certificates and medical records, indicating mortality from all causes, and compare the number of deaths during epidemics of seasonal influenza with baseline data on deaths during the rest of the year. The assumption is that infections with influenza viruses contribute to the "excess mortality" observed during the influenza season.

During epidemics of seasonal influenza, around 90% of deaths occur in the frail elderly, who often suffer from one or more chronic medical conditions. Although influenza can worsen these conditions and contribute to death, testing for influenza viruses is not done in most cases, and deaths are usually attributed to an underlying medical condition.

Methods for estimating excess mortality were introduced in the 19th century to capture these influenza-associated deaths that would otherwise be missed. Such estimates have helped counter assumptions that influenza is a mild illness that rarely kills.

Laboratory-confirmed deaths

In contrast, numbers of deaths from pandemic influenza, as notified by national authorities and tabulated by WHO, are laboratory-confirmed deaths, not estimates. For several reasons, these numbers do not give a true picture of mortality during the pandemic, which is unquestionably higher than indicated by laboratory-confirmed cases.

As pandemic influenza mimics the signs and symptoms of many common infectious diseases, doctors often do not suspect H1N1 infection and do not test. This is especially true in developing countries, where deaths from respiratory diseases, including pneumonia, are common occurrences. Moreover, routine testing for pandemic influenza is costly and demanding, and beyond the reach of most countries.

When testing confirms H1N1 infection in patients with underlying medical conditions, many doctors record these deaths as due to the medical condition, and not to the pandemic virus. These cases are also missed in official statistics.

As recent studies have shown, some tests for H1N1 infection are not entirely reliable, and false-negative results are a frequent problem. Accurate test results further depend on how and when samples were taken. Even in the best-equipped hospitals, doctors have reported seeing patients with distinctive and virtually identical disease profiles, yet only some have positive test results.

Moreover, in a large number of developing countries, systems for vital registration are either weak or non-existent, meaning that most deaths are neither investigated nor certified in terms of the cause.

Younger age groups

Comparisons of deaths from pandemic and seasonal influenza do not accurately measure the impact of the pandemic for another reason. Compared with seasonal influenza, the H1N1 virus affects a much younger age group in all categories – those most frequently infected, hospitalized, requiring intensive care, and dying.

WHO continues to assess the impact of the influenza pandemic as moderate. Accurate assessments of mortality and mortality rates will likely be possible only one to two years after the pandemic has peaked, and will rely on methods similar to those used to calculate excess mortality during seasonal influenza epidemics.

Jane Burgermeister

WHO Massages Data to Exaggerate Swine Flu Deaths

The Flu Case, 23 December 2009, 11:05
https://web.archive.org/web/20100102054222/http://theflucase.com/index.php?option=com_content&view=article&id=2399%3Awho-massages-data-to-exaggerate-swine-flu-deaths&catid=1%3Alatest-news&Itemid=64&lang=en

After the Scottish government was caught reclassifying all seasonal flu deaths as swine flu deaths to exaggerate the danger of the pandemic, WHO has issued a press briefing maintaining that the swine flu is more severe than the seasonal flu in spite of causing fewer deaths and in spite of the fact that most lab tests – if performed at all – have proved negative for swine flu in the US and UK.

"Accurate assessments of mortality and mortality rates will likely be possible only one to two years after the pandemic has peaked, and will rely on methods similar to those used to calculate excess mortality during seasonal influenza epidemics," says WHO, admitting it has no basis for its figures.

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Comparing deaths from pandemic and seasonal influenza

Pandemic (H1N1) 2009 briefing note 20.

22 December 2009; Geneva - Efforts to assess the severity of the H1N1 influenza pandemic sometimes compare numbers of confirmed deaths with those estimated for seasonal influenza, either nationally or worldwide. Such comparisons are not reliable for several reasons and can be misleading.

Numbers of deaths for seasonal influenza are estimates. They use statistical models designed to calculate so-called excess mortality that occurs during the period when influenza viruses are circulating widely in a given population.

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ONLINE
STUTTGARTER
NACHRICHTEN

Wolfgang Molitor

"Schweinegrippe wurde aufgebauscht"

Stuttgarter Nachrichten, 28 December 2009, 19:32 Uhr
https://web.archive.org/web/20100102022735/http://www.stuttgarter-nachrichten.de/stn/page/detail.php/2331609

Berlin - Transparency International hat wegen der Schweinegrippe-Impfung schwere Vorwürfe gegen die Pharmaindustrie erhoben. Die Krankheit sei "katastrophenmäßig aufgebauscht" worden.

Die Grippe habe sich als "Papiertiger entpuppt", sagte Anke Martiny, Vorstandsmitglied der Anti-Korruptions-Organisation. Sie äußerte den Verdacht, "dass es im Wesentlichen den Anbietern der Impfstoffe genützt hat". Zudem kritisierte sie die Verbindungen von Mitgliedern der Ständigen Impfkommission (Stiko), die die Schweinegrippe-Impfung empfohlen hat, zu Pharmaherstellern. Im konkreten Fall "hätte von der Stiko der Nachweis erbracht werden müssen, dass Interessenkonflikte keine Rolle spielten", so die frühere SPD-Abgeordnete. Die Bundesregierung bestätigte, dass sie afrikanische Länder bei der Bekämpfung der Schweinegrippe mit 14 Millionen Euro unterstützt.

Millionen Krankenversicherten drohen unterdessen die ersten Zusatzbeiträge. Im Jahresverlauf müssen wohl immer mehr die acht oder mehr Euro im Monat zahlen. Es könnte sogar noch teurer werden, sollte der Staat angesichts der ab 2011 greifenden Schuldenbremse den Geldhahn drosseln. Trotz eines einmalig um 3,9 Milliarden erhöhten Zuschusses fehlen den Kassen 2010 fast vier Milliarden Euro. "Wir wissen nicht, ab wann die Zusatzbeiträge in welchem Umfang genau kommen - dass sie kommen, ist aber gewiss", so Kassenverbandschefin Doris Pfeiffer. Finanzminister Wolfgang Schäuble (CDU) kündigte am Sonntag mittelfristig die Reduzierung der Steuerfinanzierung für das Gesundheitswesen an.

Auch ein mögliches Aus der Praxisgebühr wird laut AOK Baden-Württemberg die Patienten finanziell nicht entlasten. Vorstandschef Rolf Hoberg: "Man muss genau hinschauen, ob im Geschenk nicht die bittere Pille der Leistungseinschränkung eingepackt ist." Bundesgesundheitsminister Philipp Rösler (FDP) stellte am Sonntag klar, dass die Praxisgebühr nicht ersatzlos abgeschafft werden soll. Im Koalitionsvertrag sei lediglich vereinbart, dass die Lenkungswirkung der Praxisgebühr überprüft wird.

=>

German Corruption Watch Dog criticises Big Pharma over Swine Flu

The Flu Case, 28 December 2009, 11:56
https://web.archive.org/web/20100220011902/http://www.theflucase.com/index.php?option=com_content&view=article&id=2417%3Agerman-corruption-watch-dog-criticises-big-pharma-over-swine-flu&catid=1%3Alatest-news&Itemid=64&lang=en

Transparency International, a corruption watch dog based in Germany, has criticised the mass swine flu vaccination campaign for being „blown up to a catastrophe“ in order to serve the interests of pharmaceutical companies.

Anke Martiny, former SPD MP, said the swine flu had turned out to be a "paper tiger."

She criticised the links between the members of Germany’s permanent vaccine commission (Stiko) and pharmaceutical companies.

Stiko "should have given proof that there was no conflict of interests," she said.

In the meantime, millions of Germans are facing a rise in their contributions for indebted medical insurance of eight euros or more in 2010, in part to pay for the billion-euro swine flu campaign.

MERCOLA
Take Control of Your Health

Harvard Takes it Back and Says Swine Flu was Oversold

Dr Mercola // The Flu Case, 2 January 2010 14:53

http://articles.mercola.com/sites/articles/archive/2010/01/02/Harvard-Takes-it-Back-and-Says-Swine-Flu-was-Oversold.aspx
https://web.archive.org/web/20100220011957/http://www.theflucase.com/index.php?option=com_content&view=article&id=2450%3Aharvard-takes-it-back-and-says-swine-flu-was-oversold-by-dr-mercola&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A new analysis from Harvard University, using H1N1 deaths in the U.S. in the spring and projecting likely outcomes for this fall, suggests that the swine flu "pandemic" has been oversold.

The new paper suggests swine flu was unlikely to create a severe epidemic. In light of this, officials have taken many steps that may have been unnecessary, including mass vaccinations.

It is not clear how H1N1 will act in the coming months, but swine flu cases seem to have already hit their peak.

Sources: ABC NEWS

Mercola's Comments

While many so-called scientific experts have criticized me and others who have spoken out about the fear-mongering and senseless mass-vaccination campaign surrounding the swine flu, more of the scientific community is now coming to the same conclusions we've been talking about for months.

The swine flu pandemic was a pandemic that never materialized, just exactly as I predicted.

Now it looks as though the H1N1 scare of 2009 will go down as one of the biggest government and pharmaceutical scams ever, renewing a healthy, and necessary, skepticism about government fear-mongering, the swine flu vaccine and the dubious dealings behind the implementation of worldwide mass-vaccination programs.

It started last month when British and French media began saying the H1N1 pandemic has been "hyped" by medical researchers to further their own cause, boost research grants and line the pockets of drug companies.

Ontario health officials have also declared H1N1 a "dud" pandemic, stating the huge government investment made so far may have been unjustified. And now, a new study by researchers at Harvard University and the Medical Research Council Biostatistics Unit in the U.K. is finding that this "pandemic" was never a cause for alarm.

After analyzing H1N1 deaths in the United States in the spring, then projecting outcomes for this past fall, they found the fu season should have been no different than a typical flu season – and possibly even milder than average!

Early Studies Showed H1N1 Was not Dangerous or Highly Contagious

In the beginning, even before it was declared a level 6 pandemic by the World Health Organization (WHO), a group of "scientists" were sounding the alarm that this might indeed be the terrifying, deadly pandemic they had been expecting for over half a century.

We were told that young, healthy people, pregnant women and small children were falling ill and quickly dying, and the virus was spreading rapidly. They even suggested it could mutate into an even more dangerous form that could kill countless numbers of people.

Well, Dr. Russell Blaylock recently shared some information that shows health officials knew very early on that H1N1 was probably not much more of a threat than the seasonal flu that surfaces every year. He says:

"Once the pandemic had been declared, virologists tested the potency of this virus using a conventional method, that is, infecting ferrets with the virus. What they found was that the H1N1 virus was no more pathogenic than the ordinary seasonal flu, even though it did penetrate slightly deeper into the lungs.

It in no way matched the pathogenecity of the 1917-1918 H1N1 virus. It also did not infect other tissues, and especially important, it did not infect the brain.

Next, they wanted to test the ability of the virus to spread among the population. The results of their tests were conflicting, but the best evidence indicated that the virus did not spread to others very well.

In fact, an unpublished study by the CDC found that when one member of a family contracted the H1N1 virus, other members of the family were infected only 10% of the time – a very low communicability."

Of course, nothing sells vaccines like panic, so you likely did not hear about this in the media. That is, until now.

The CDC Was Way Off … Why are They Still Pushing the Vaccine?

The CDC previously estimated that the U.S. death toll from the swine flu would be around 90,000. Even using their own bloated numbers -- some 80 percent of which are in all likelihood unrelated to H1N1 – 9,820 people have actually died from H1N1 from April through November.

That would still, according to their own statistics stating that the flu kills 36,000 Americans a year, put us squarely in the middle of the mildest flu season in recent memory.

Meanwhile, the CDC's own data states that flu activity is continuing to fall across the United States, with only 11 states still reporting widespread flu activity as of mid-December.

Yet, they are still touting the H1N1 vaccine as the best way to protect again st this "pandemic" virus.

Well, as the word continues to get out that swine flu is another "pandemic" that never was … ranking right up there with the bird flu hoax back in 2005 … it looks as though the CDC is going to have a heck of a lot of surplus H1N1 vaccines on their hands.

So now they are stating that supplies of H1N1 vaccine are increasing and many places have opened up vaccination to anyone who wants it. Fortunately, many do not.

But the U.S. federal government has contracts to purchase 250 million doses of swine flu vaccine, which may explain why the Los Angeles Times recently reported that:

"Health officials' biggest fear now is that, with the perception that the pandemic is waning, many people will decide they don't need the vaccine."

That the swine flu is "waning" is not a perception, it's a fact, but Health and Human Services Secretary Kathleen Sebelius is not giving up on selling those shots, either. She stated in a news conference:

"We have a wonderful window of opportunity to prevent or lessen a third wave."

A third wave?

Excuse me, but we're still waiting for the first and second to show up!

So it appears the WHO and governments around the world are going to keep pushing their H1N1 vaccines through the winter and into spring, even though swine flu cases are dwindling and are nowhere near what you would call a true, dangerous pandemic.

The latest news confirms that H1N1 peaked in October.

In Britain, health authorities' original worst-case scenario – which said as many as 65,000 could die from H1N1 – has twice been revised down and the prediction is now for around 1,000 deaths. This is way below their average annual toll of 4,000 to 8,000 deaths from seasonal flu.

And the National Institute for Health and Welfare in Finland actually removed swine flu from a list of diseases considered dangerous to the public – and that was back in July!

So I have just one further sentiment I'd like to say to the media and health officials in the United States who are still trying to perpetuate the swine flu myth:

… It's time to let it go now – the jig is up.

onet.wiadomości

Italy: the new influenza is a bluff?

Wiadomosci.onet, 3 January 2010
http://wiadomosci.onet.pl/2104314,12,wlochy_nowa_grypa_to_blef,item.html (deleted)
https://web.archive.org/web/20100322233933/http://www.theflucase.com/index.php?option=com_content&view=article&id=2451%3Aitalian-parliament-to-investigate-fraudulent-h1n1-vaccine-contracts&catid=1%3Alatest-news&Itemid=64&lang=en

(Polish Press Agency) For the initiation of parliamentary investigation into the mass purchase of a new influenza vaccines in Italy, opted the Club's head of the ruling People of Freedom Party in the Senate, Maurizio Gasparri.

In his opinion behind the decision to buy millions of vaccines are powerful pharmaceutical companies. The coalition politician, quoted by the Ansa agency, noted that type A/H1N1 flu turned out to be similar to the seasonal and usually mild.

Meanwhile – he noted - huge stocks of vaccines were bought, which were not used. In this way, Gasparri referred to the reports that only 1 in 70 doses were used, because the vast majority of Italians did not take the possibility of inoculation.

It's hard not to think about speculative maneuvers on a global dimension by unscrupulous pharmaceutical multinationals concerns, powerful enough to influence the information that, with its alarmist tone, serves those sharks - said senator Gasparri.

He added: - They won't get away with the illegal profits. - We must determine whether the person who earned without a reason, can return the profits accumulated through the lies – said the Italian politician.

The Italian health ministry planned to immunize 40 percent of the population against the new flu. According to the press about 200 million euro has been spent on vaccines. But so far approximately 800 thousand people got immunised. Influenza type A sickened about 4 million people, but because of complications caused by other serious diseases and chronic ailments, 193 people died.

ЦЕНТР ТИБЕТСКОЙ МЕДИЦИНЫ

Виктор Орёл

Не вдохнуть «мёртвый дух»

Центр Тибетской Медицины, 7 января 2010
http://www.kunpendelek.ru/library/westmed/information/corruption/

Так некогда звучало это выражение в сказках, написанное в первом лице единственного числа. «Живой дух» придавал главному герою сказки силищу неимоверную, а «мёртвый» - вызывал моментальную смерть.

Напоминание о сказке вызвало название книги «Не вдохните зла», написанной известным американским исследователем, писателем-документалистом Стивеном Квейлом («Breathe No Evil» by Steven Quayle). Около 35 лет Стивен посвятил изучению вопросов истории, политики, экономики, религии и современных научных достижений. В своих исследованиях Квейл находит взаимосвязь между всеми, вышеназванными аспектами и доказывает их влияние на направление развития современной науки и прогресса.

Из всей этой обширной темы, основанной на связях политики с экономикой, истории и на сложных переплетениях причин и обстоятельств, хотелось бы вновь заострить внимание на аспекте свиного гриппа H1N1. В этом материале исследования Стивена Квейла будут взяты за основу, но также будут использованы и другие источники, продолжающие расследование внезапного возникновения пандемии.

Это исследования авторов из Южной Африки (Майка Талленгера), Австралии (Эдрю Девье), США (Ричарда Долана, Джима Маррса, Даррела Симса), членов ЦКЗ (U.S. Center for Disease Control and Prevention), а также журналистов из США - Джорджа Нури, Алекса Джонса и других.

Прошла (как считают одни) и спала (как считают другие) волна так называемого свиного гриппа H1N1. Международные СМИ, большая часть которых, скрывая своё лицо от стыда в ворохе архивов собственных изданий, не хотели затрагивать тему. Возможно, потому что не знали, о чём писать или не получили необходимый минимум информации, а может и не считали эту тему достойной внимания.

Так или иначе, когда паника улеглась, все облегчённо вытерли пот со лба. С одной стороны, их можно понять: ни один редактор не взял бы на себя ответственность писать о всемирной биологической диверсии против человечества, не имея на руках доказательств. И кто бы поверил в то, что некая тайная организация собирается намеренно уничтожить семь восьмых населения планеты, потому что им так захотелось, так сказать «с жира бесятся».

По логике вещей, вся эта история с диверсией не совсем вяжется, и в нормальной голове не укладывается. Ведь, если разделить весь мир на отравителей и отравливаемых, то первых со всеми причастными к ним (федералы, полиция, армия, учёные, их семьи и родственники) должно быть много, чтобы справиться с пятью миллиардами, подлежащими отравлению.

Только одних отравителей миллионов триста наберётся. И на всю эту братию нужно, по крайней мере, в два раза больше рабов оставить, чтобы обеспечивали новых руководителей планеты и всю их армию сельскохозяйственными продуктами, полезными ископаемыми и промышленными товарами.

С другой стороны, если бы человечество слегка приоткрыло своё воображение, а не зацикливалось на стандартных жизненных клише, и представило себе, что это возможно, то надо было бы объединить силы всего прогрессивного человечества и вместе со СМИ действительно «бить тревогу». История преподносит немало примеров, когда информации, переданной даже самыми надёжными источниками, не верили. Один из таких примеров – предупреждение Советского Правительства о намерении немцев напасть на Советский Союз.

В ситуации с пандемией свиного гриппа обстановка была и по сей день остаётся более сложной и запутанной, чем в примере с началом Великой Отечественной войны.

Во-первых, ни в самом начале, когда группа американских фармацевтических компаний ошибочно или намеренно совершила диверсию против восемнадцати европейских стран, ни в конце, когда свиной грипп распространился по всему миру, американские СМИ фактически не дали ни капли правдивой или полезной информации.

Во-вторых, из-за того, что в ходе расследования международной копенгагенской следственной группой стало известно о получении взяток высшими чинами некоторых европейских правительств от фармацевтов, было потеряно доверие к информации, поступавшей из правительственных источников.

В-третьих, после того, как американский доктор Ленард Горовиц подал официальное заявление в ФБР, документально обвинив верхушку ВОЗ в соучастии и пособничестве диверсантам, стало невозможно полагаться и на её статистику.

Вспышки свиного гриппа действительно были. Во всём мире достаточно свидетельств компетентных врачей и учёных. Невозможно, однако, было определить, сколько и от какого вида гриппа, на самом деле, умерло людей, особенно, когда политики ряда европейских и восточно-европейских стран поняли, что на пандемии можно заработать не меньше, чем на войне и сами решили воспользоваться шумихой и «урвать лакомый кусок пирога».

Так кому же верить?!

Одни СМИ тихо подчинились своим правительствам и, опубликовав статьи, написанные чуть ли не под диктовку политиков, завалили читателей дезинформацией и посеяли ненужную панику. Другие - взяли позицию нейтралитета и не проронили ни слова, мол, не наша тема. А остальные, решив «плыть по течению», поставили в свои издания статьи центральных газет и журналов, не изменив ни строчки.

Сама Америка осталась в стороне, потому что ни шумихи, ни присутствия свиного гриппа в ней не наблюдалось. Конечно, осенью отдельные, единичные издательства СМИ упоминали о возможном присутствии свиного гриппа «там и здесь», иногда даже назывались конкретные населённые пункты, в которых, якобы обнаружен случай-другой, но было ли это правдой? Ни в одном штате или даже районе Америки карантин объявлен не был. Границу с Мексикой - изначальным очагом свиного гриппа - никто не закрывал. Школы и другие учебные заведения работали в обычном режиме, международные авиарейсы вылетали за пределы страны без задержки на карантин. Единственное, что вызвало массовое обсуждение американцев, были два вопроса: насколько надёжна вакцина H1N1 и почему её нет в продаже в достаточном количестве?

Прошло время. Америка по своим внутренним причинам начала самостоятельное расследование пандемии. И нельзя сказать, что расследование пандемии и причин её возникновения пошло, «как по маслу», без препонов и трудностей. Однако надо отдать должное Америке в том, что если она за что-то берётся, то делает это тщательно и профессионально.

Одним из первых вопросов, который поставили перед собой исследователи, учёные, журналисты и правоохранительные органы: «Был ли на самом деле распространён свиной грипп?»

Существует три основные версии происшедшего. Американские врачи-микробиологи, выступившие в прессе, подтверждают изначальный факт присутствия свиного гриппа, искусственно подмешанного в вакцину H1N1. Этот же факт подтверждают врачи многих стран мира, имевшие доступ к вакцине.

Версия 1. Однако, пойманные за руку в самом начале диверсии фармацевты, могли получить указание от организаторов диверсии приостановить массовое распространение отравленной вакцины, так как поняли, что фактор массовости уже не сработает, утерян фактор внезапности. Даже после одного, двух миллионов смертных случаев следствие легко выйдет на зачинщиков диверсии, и их идея мирового господства провалится, так и не воплотившись в жизнь.

Версия 2 претендует на то, что организаторы диверсии не планировали массового распространения заражённой вакцины на этот раз. Её распространяли выборочно, используя страны третьего мира для того, чтобы проверить, насколько эффективно и быстро она работает, и какие могут понадобиться доработки. Для этой цели Украину могли выбрать (или выбрали?) основным испытательным полигоном.

Основанием для сказанного послужил короткий телерепортаж, отснятый и прокомментированный 7-м каналом телевидения Лос-Анджелеса. Журналистка телеканала прокомментировала буквально следующее:

«13 августа в деловом центре Лос-Анджелеса был арестован гражданин Израиля Джозеф Моше. Он пытался силой пройти на популярное ток-шоу, которое транслировалось из федерального здания города. Моше заявил охранникам здания, что он агент Моссада, микробиолог, и у него есть важная информация о том, что фармацевтическая компания Бакстер в Украине производит бактериологическое оружие вместо вакцины против свиного гриппа. Его заявление слышали сразу несколько охранников и присутствовавших на входе свидетелей. Однако охранники решили, что человек на ходу выдумал историю, чтобы пройти на популярное шоу и вызвали спецподразделение полиции SWAT Team. Моше был задержан и немедленно отправлен в Израильское посольство. Полиция и подоспевшие ранее сотрудники ФБР не позволили Джозефу Моше общаться с американскими журналистами».

Сноска, сохранённая мною (http://www.youtube.com/watch?v=6_7QqYwTDqQ&NR=1), оказалась бесполезной, так как видеоматериал об аресте Джозефа Моше был убран с YouTube. Однако удалось найти фотографию из американской газеты, где сохранился изначальный текст американской тележурналистки 7-го канала.

Я также обратился к другому печатному источнику, перепечатавшему телекомментарий в оригинальном виде. Однако, к своему удивлению, обнаружил в статье абсолютно новый текст, которого раньше на странице данного источника не было. В новом тексте говорилось о том, что Моше подошёл к охранникам здания и начал произносить угрозы в адрес Белого Дома. Читатели, владеющие английским языком, могут сравнить текст сноски – http://www.huffingtonpost.com/2009/08/14/man-suspected-of-making-t_n_259330.html - с текстом между фотографиями.

Бакстер на Украине

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Ниже показана копия логотипа с контактным адресом и телефоном компании Бакстер на Украине. Разночтение в текстах и убранный с YouTube репортаж могут являться косвенными доказательствами того, что кому-то не хотелось, чтобы эта информация сохранилась в первозданном виде для широкого круга читателей.

Версия 3 заключается во мнении, что отравленная вакцина против свиного гриппа (в этот раз) вообще ни на ком не применялась. Был какой-то другой вирус, характер которого установить не удалось. Некоторые врачи придерживаются мнения, что распространение отравленной H1N1 было бы не так просто остановить, и факт её применения неизбежно стал бы явным.

У сторонников каждой версии есть один общий знаменатель: организаторам этой скандальной акции необходимо было на практике увидеть и изучить реакцию мировой общественности, а также убедить её в том, что вакцина безвредна. Пример: H1N1, применённая на американских, британских и австралийских беременных женщинах и детях, не вызвала рецидивов и смертных случаев. Кроме того, американские СМИ широко осветили тот факт, что 2800 американских добровольцев получили прививку, и она способствовала выздоровлению.

Большинством исследователей и врачей этот факт был воспринят, как некий политический фарс, потому что все врачи, проводившие наблюдение за добровольцами, оказались контрактниками Министерства Обороны США, и «посторонние», нейтральные врачи не имели доступа ни к диагнозам «добровольцев», ни к тому, какие именно прививки им кололи. Ведь вместо вакцины H1N1 им могли ввести обыкновенное плацебо, либо вакцину от обыкновенного гриппа.

Исследователей, учёных и обыкновенных обывателей, внимательно следящих за событиями, интересует, зачем нужно было так широко и навязчиво рекламировать по Америке акцию с добровольцами? Уж, не для того ли, чтобы выработать у американцев условный рефлекс: «вакцина H1N1 – это хорошо»?

Исследователи темы писатели/журналисты Стивен Квейл и Майк Талленгер, радиожурналисты Джорж Нури, Алекс Джонс и Глен Бек, писатели-исследователи Ричард Долан и Даррел Симс единодушно считают, что акция с добровольцами была проведена именно с целью успокоить общественность и внушить американцам, что вакцина - это хорошо. Вся эта группа исследователей темы свиного гриппа придерживается твёрдого мнения, что шумиха 2009 года - это только «репетиция перед большим концертом» с рекламой положительных эффектов вакцины и низкими цифрами общей смертности от свиного гриппа (благодаря вакцине) по сравнению со средней цифрой смертности в полмиллиона от ежегодного обыкновенного гриппа.

Можно разделять или не разделять высказанную выше точку зрения, которая, так или иначе не совсем доказана. Однако, не бесполезно знать альтернативную точку зрения, которая в будущем могла бы оказаться востребованной.

Стоило ли поднимать шумиху, если учёные и врачи знали заранее, что свиной грипп проходит в более лёгкой форме, чем обыкновенный? Зачем тогда нужно было поднимать столько крика вокруг необходимости вакцинации? И ещё: почему во многих странах, включая Америку, ощущалась острая нехватка вакцины H1N1? Уж не потому ли, что огромная партия уже произведённой отравленной вакцины на этот раз просто не понадобилась?

Нехватка вакцины в Америке - это нереально. Каждый американец знает, что в Америке не бывает дефицита. Если возникает нехватка чего-либо, то деньги решают проблему со скоростью мановения волшебной палочки. Так что же получается, что фармацевтические компании сами себе враги и отказываются от прибыли? Или, может быть, они знают, что в 2010 году на законсервированной где-то на секретных военных складах отравленной вакцине заработают в сто раз больше?

Пока эти вопросы остаются без ответа. Но расследование продолжается.

Цена служения злу

В поле зрения расследования попали факты гибели/смерти при странных обстоятельствах самых знающих и знаменитых микробиологов Америки и других стран. Стивен Квейл скрупулёзно собрал список 102-х микробиологов, погибших и умерших с 2001 года по конец ноября 2009-го, и проанализировал причины их смерти. Похоже, что из 102-х микробиологов только четыре, возможно, умерли своей смертью.

Группа русских микробиологов - специалистов по определению и сортировке ДНК, погибла в авиакатастрофе над Чёрным морем при перелёте из Израиля. Самолёт был сбит украинской ракетой (по заявлению Министра Обороны Украины) случайно.

Майкл Патрик Кайли (*Michael Patrick Kiley*) доктор, профессор - американский «Энштейн» в микробиологии, один из ведущих микробиологов в мире. Долгие годы преподавал микробиологию и химию в Ейльском университете. Один из основных разработчиков программы биозащиты при Министерстве Обороны Канады. Последние годы работал в военной лаборатории в городе Гальвестон, Техас вместе с Робертом Шоупом(Robert Shope). Шоуп и Кайли собрали уникальную коллекцию из пяти тысяч редчайших вирусов. Оба учёных знали формулы практически всех антидотов против существующих естественных и искусственно модифицированных вирусов. Кайли (62 года) и Шоуп (74 года) скончались в январе 2004 года с разницей в пять дней. Незадолго до смерти Роберт Шоуп публично объявил о том, что нашёл формулу эффективного лекарства от СПИДа
(http://www.rense.com/general48/moredead.htm).

Роберт Лесли Бергофф (*Robert Leslie Burghoff,* 45 лет) - микробиолог, был сбит на стоянке возле лаборатории белым микроавтобусом, который скрылся. Преступник не найден.

Майкл Перич, 46 лет (*Michael Perich*), по определению коллег - звезда микробиологии из West Nile Research Laboratories, погиб в автомобильной катастрофе.

Доктор Уайли(*Dr. Wiley*) - микробиолог, был похищен возле своей лаборатории, найден мёртвым через пять месяцев после исчезновения. К его груди была привязана бомба.

Однофамилец - один из самых выдающихся учёных по микробиологии Дон Уайли, 57 лет (Don Wiley) был сбит в своём автомобиле. Грузовик почти столкнул автомобиль с моста. Позже тело Дона Уайли обнаружили в трёхстах километрах южнее от места аварии распятого на дереве.

Кэролин Коффи, 28 лет (Caroline Cjffey) была найдена с перерезанным горлом в нескольких местах. Её муж был тяжело ранен, дом сожжён.

Доктор Роберт Шварц, 57 лет, зверски зарублен мечом у себя в загородном доме.

Доктор Сет Ван Нгуен, 44 лет, Австралия, найден мёртвым в промышленном холодильнике.

Доктор Владимир Пасечник был похищен из своего загородного дама в Англии и позже найден мёртвым... (http://www.stevequayle.com/dead_scientists/UpdatedDeadScientists.html)

Кому и зачем нужна смерть учёных? Ведь убийства этих специалистов в разных странах никак не похожи на почерк неких «народных мстителей», разозлившихся на учёных за то, что те прямо или косвенно были причастны к изобретению биологического оружия. Скорее наоборот, явно просматривается почерк спецслужб, получивших неограниченные полномочия от лиц наивысшего уровня.

Ни одно из преступлений против микробиологов раскрыто не было, а вскрытия якобы умерших естественной смертью производились либо специально назначенным медперсоналом, либо под строгой опёкой секретных агентов военных ведомств и ЦРУ, и медицинские заключения, видимо, писались под их диктовку.

Американские исследователи, журналисты и учёные, занимающиеся расследованием отравленной вакцины H1N1, единодушно пришли к неутешительному для человечества выводу: организаторы пандемии 2009 года пытаются организованно и методично избавиться от людей, способных помочь планете в критический момент.

Можно, конечно, предположить, что все микробиологи вместе или по одиночке осознали, какое страшное оружие они создали. Их начала мучить совесть, и они решили публично признаться в содеянном, за что и лишились жизни.

Но важнее всего осознать, что многие из ныне покойных были уникальными в своём роде и единственными, кто знали антидоты (противоядия) от своих жутких и опасных для человечества изобретений. Хочется ещё раз подчеркнуть слово единственными, потому что если «бактериологический демон» вырвется из сейфов секретных лабораторий, остановить его будет некому! Это обстоятельство не может не волновать здравомыслящих людей.

Jean-Jacques
Crèvecœur

Jean-Jacques Crevecoeur

Il y va de Notre Vie, de Notre Liberté, de Notre Souveraineté.
Le temps presse ! Mettez-vous debout, de Grâce

Changementclimatique, 7/9 Janvier 2010
http://changementclimatique.over-blog.com/article-message-du-7-janvier-de-j-j-crevecoeur-42601866.html

Montréal, le 7 janvier 2010

Madame, Monsieur,

Chers amis,

C'est devenu une tradition que je nourris jalousement depuis des années. Dans l'hémisphère Nord, le solstice d'hiver marque la période où nos nuits sont les plus longues (aux alentours de 16 heures à Bruxelles, Paris ou Montréal) et les jours les plus courts. Pour moi, c'est un rendez-vous annuel que la Nature m'offre pour prendre le temps de méditer, de tirer les enseignements de l'année qui s'achève et de faire le bilan. Depuis des années, j'ai décidé de fuir toutes ces fêtes bruyantes et superficielles pour m'offrir une retraite, souvent accompagné de celle que j'aime ou de quelques amis particulièrement chers.

2009 : finalement, une excellente année !

Cette année 2009 se termine pour moi avec un sentiment que je n'ai jamais connu. Le sentiment qu'après les événements que nous avons vécus, rien ne sera plus jamais comme avant. Vous me direz que cette année fut une année difficile, douloureuse, révoltante, répugnante, en bref, une année de merde ! Oui, c'est un point de vue. Mais je voudrais citer cette phrase célèbre de Richard Bach (né en 1936), tirée de «Illusions ou le Messie récalcitrant »: « ce que la chenille appelle la fin du Monde, le Maître l'appelle le papillon ».

Car, bien sûr que de notre point de vue de chenilles, il y aurait de quoi désespérer de l'Humanité (qu'il s'agisse des peuples moutons inconscients ou des dirigeants corrompus et cyniques). Et je ne vous cache pas qu'à quelques reprises, j'ai, moi aussi, été pris par la tristesse et le découragement. Mais en prenant un peu de recul et de hauteur, en regardant cette vie sur Terre comme une grande pièce de théâtre où le but du jeu est d'évoluer en conscience grâce aux événements que nous vivons sur cette scène, la perspective devient alors extraordinairement positive.

Démonstration

Depuis des dizaines d'années, nous n'étions qu'un faible pourcentage a être convaincus que le système mondial était devenu une machine à broyer les individus et les peuples au profit d'une élite minoritaire qui concentre de plus en plus de richesses dans des mains de moins en moins nombreuses. Jusqu'à présent, nous n'étions qu'une minorité à dénoncer les mensonges, les corruptions, les collusions, les complots ourdis par les gouvernements et les instances supranationales (comme l'ONU, l'OMS, le FMI, la FAO) contre leurs propres citoyens ou les citoyens du Monde. Chaque fois que nous pointions du doigt une loi, un décret, un accord en démontrant qu'une fois de plus, c'était une partie de notre liberté et de notre souveraineté (individuelle ou collective) qui était

bafouée et piétinée, nous nous faisions traiter de conspirationnistes, de révisionnistes, de théoriciens du complot, d'anarchistes d'extrême gauche, de sectes, d'agitateurs dangereux, et j'en passe (vous compléterez la liste vous-même !).

Le changement extraordinaire que 2009 nous a offert, c'est que cette machine à broyer s'est emballée, croyant atteindre bientôt son but ultime : le pouvoir absolu. Et trop sûre d'elle, cette machine a accéléré la cadence pour réaliser son but, en multipliant les mensonges, les falsifications, les manipulations, à l'échelle planétaire. C'est vrai que le directeur de la propagande d'Hitler, Joseph Goebbels, disait déjà à l'époque : «Plus le mensonge est gros, plus ça passe !» À voir ce qui s'est passé en 2009, il faut croire qu'il se trompait.

Le voile se lève sur le dossier de la vaccination

Dans le dossier de la grippe H1N1, une majorité d'individus a compris qu'il y avait quelque chose de louche dans la gestion de cette soi-disant crise. Et les centaines de millions de dollars ou d'euros investis pour diffuser la propagande pro-vaccinale n'ont pas réussi à convaincre les gens qu'ils devaient se faire vacciner. Au contraire, ces efforts propagandistes ont eu l'effet inverse. Des millions de personnes ont reçu des informations qu'ils n'auraient jamais reçues autrement ; à présent, nombreuses sont les personnes qui sont devenus conscientes qu'un vaccin, ça peut être dangereux ! Par ailleurs, de plus en plus de gens se sont rendu compte que la corruption existe au sein de l'OMS et chez les responsables de santé publique. À cet égard, il est intéressant de noter que pas moins de six pays, à ma connaissance, ont lancé (ou vont lancer) des demandes d'enquêtes pour corruption dans ce dossier:

- la Russie, par la voix d'Igor Barinov, qui a même menacé de se retirer de l'OMS à cause de la corruption qui y règne (voir :

=> https://web.archive.org/web/20100112031743/http://planeteattitude.ning.com/forum/topics/la-russie-lance-un-serieux
Newsru.com (28-11-2009) https://www.newsru.com/russia/27nov2009/vozz.html

- la Hollande, qui a lancé une enquête contre Albert Osterhaus, l'expert-clé numéro un auprès de l'OMS dans le dossier pandémie et qui a gagné des centaines de millions d'euros personnellement grâce au déclenchement de cette alerte à la pandémie (voir : => F. William Engdahl. OMS: le «pape de la grippe A» accusé de corruption; https://web.archive.org/web/20091228104431/www.voltairenet.org/article163315.html

- l'Italie, qui a exigé une enquête pour corruption (voir :

=>https://web.archive.org/web/20100220012925/http://www.theflucase.com/index.php?option=com_content&view=article&id=2630%3Awill-italys-class-action-lawsuit-be-the-first-of-many&catid=41%3Ahighlighted-news&Itemid=105&lang=en

- la France, par la voix de certains parlementaires de l'opposition (voir :

=> https://web.archive.org/web/20100111130216/http://www.tdg.ch/depeches/people/h1n1-gouvernement-francais-critique-gestion-vaccins

- ***le Comité* santé du Parlement européen**, présidé par le docteur Wolgang Wodarg, qui a l'unanimité, a exigé une enquête sur la corruption au sein de l'OMS (voir : => L'OMS est-elle soumise aux industries pharmaceutiques? NBiou, 22 December 2009.

https://web.archive.org/web/20100101223802/http://www.nbiou.com/science-et-sante/loms-est-elle-soumise-aux-industries-pharmaceutiques/

- la Pologne, qui, par la voix de sa ministre de la Santé, *Ewa Kopacz* et de son premier ministre, a refusé de commander et d'imposer des vaccins à sa population (voir: => Ministre de la santé polonaise sur le vaccin H1N1. – 5 November 2009; https://www.youtube.com/watch?v=XOecrY1JIUQ

À noter aussi que Roselyne Bachelot a été convoquée (voir le texte complet de la demande en référé sur http://www.politiquedevie.net/index.htm) devant le tribunal de grande instance de Paris (TGI) ce lundi 4 janvier, pour répondre à une plainte de tentative d'empoisonnement (voir :

Roselyne Bachelot assignée en référé le 4 janvier 2010 au TGI de Paris par Marc Vercoutère/Cri-Vie et Christian Cotten/Politique de Vie. – Politique de Vie, 19 décembre 2009 - https://www.politiquedevie.net/index.htm

Roselyne Bachelot hier au Tribunal: C'est parti! – Francoise Blanche, 5 Janvier 2010;

https://web.archive.org/web/20100110063922/http://francoiseblanche.hautetfort.com/archive/2010/01/05/roselyne-bachelot-hier-au-tribunal-c-est-parti.html

etc.

=>

Jean-Jacques Crèvecœur

Jean-Jacques Crevecoeur

This applies to our life, our freedom, our sovereignty.
Time is running out!

The Flu Case, 7/10 January 2010 // The Flu Case, 10 January 2010
https://web.archive.org/web/20100315181956/http://www.theflucase.com/index.php?option=com_content&view=article&id=2514%3Aqnothing-will-ever-be-the-same-againq-jean-jacques-crevecoeur-reflects-on-the-swine-flu-scam-translated-by-carolyn-dunning&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Stand up! I beg you.

Dear Madam, Dear Sir,
Dear friends,
It has become a tradition that I have cherished jealously for years. In the Northern Hemisphere, the winter solstice marks the time when our nights are longer (around 16 hours in Brussels, Paris or Montreal) and the days are shortest. For me it is an annual event that nature offers me to take time to meditate, to learn from the past year and take stock. For years, I have decided to escape all these noisy, superficial parties to offer myself a retreat, often accompanied by the woman I love or some particularly dear friends.

2009: Finally, a great year!
The year 2009 ended for me with a feeling I've ever known. The feeling that after the events we have experienced, nothing will ever be the same again. You may say that this year was difficult, painful, disgusting, repulsive, in short, a year of shit! Yes, this is a point of view. But let me quote the famous words of Richard Bach (born 1936), extracted from "Illusions or the Reluctant Messiah": "what the caterpillar calls the end of the World, the Master calls the butterfly."

Because, of course from our point of view as caterpillars, there would be enough to despair of Humanity (whether we are mindless sheep or corrupt, cynical leaders). And I will not deny that several times I, too, have been submerged by sadness and discouragement. But by taking a step back and upwards to view life on Earth as a great stage where the goal of the game is to evolve according to our conscience thanks to events that we live on this stage, the prospect then becomes overwhelmingly positive.

Proof. For decades, only a small percentage of us has been convinced that the global system has become a machine to crush people and peoples for the benefit of an elite minority who concentrate more and more wealth in fewer and fewer hands. So far, we were a minority denouncing the lies, corruption, collusion and conspiracy hatched by governments and supranational bodies (like the UN, WHO, IMF, FAO) against their own citizens or citizens of the World. Whenever we pointed our finger at a law, decree, agreement, demonstrating once again that a part of our freedom and our sovereignty (individual or collective) had been scorned and trampled, we were called conspirers, revisionists, conspiracy theorists, extreme left anarchists, sects, dangerous agitators, and so on ...

The extraordinary change that 2009 has given us is that this crushing machine was turned on, in the belief that it would soon reach its ultimate goal: absolute power. And too sure of itself, this machine accelerated pace to achieve its goal, increasing the lies, falsifications, manipulations, all over the planet. It is true that the director of the Hitler's propaganda, Joseph Goebbels, once said at the time: "The bigger the lie, the better it works!" Seeing what happened in 2009, we must believe he was mistaken.

The veil is lifting off the immunization file

In the case of influenza H1N1, a majority of people understood that there was something fishy in the management of this so-called crisis. And the hundreds of millions of dollars or euros invested to disseminate pro-vaccine propaganda failed to convince people that they should be vaccinated. Instead, these propagandist efforts backfired. Millions of people received information that they would never have received otherwise, and now, many people have become aware that a vaccine can be dangerous! Furthermore, more and more people have realized that corruption exists within the WHO and among public health officials. In this connection it is interesting to note that no less than six countries, to my knowledge, have launched (or will start) applications for investigations into corruption in this file:

Russia, through the voice of Igor Barinov, who even threatened to withdraw from the WHO because of the corruption that prevails;

=> https://web.archive.org/web/20100112031743/http://planeteattitude.ning.com/forum/topics/la-russie-lance-un-serieux
Newsru.com (28-11-2009) https://www.newsru.com/russia/27nov2009/vozz.html

Holland, who has launched an investigation against Albert Osterhaus, the key-expert number one to the WHO pandemic dossier who has earned hundreds of millions of euros personally with the outbreak of the pandemic alert: => F. William Engdahl. OMS: le «pape de la grippe A» accusé de corruption
=> https://web.archive.org/web/20091228104431/www.voltairenet.org/article163315.html

Italy, who demanded an investigation for corruption:

=>https://web.archive.org/web/20100220012925/http://www.theflucase.com/index.php?option=com_content&view=article&id=2630%3Awill-italys-class-action-lawsuit-be-the-first-of-many&catid=41%3Ahighlighted-news&Itemid=105&lang=en

France, through the voice of certain parliamentary members of the opposition:

=> https://web.archive.org/web/20100111130216/http://www.tdg.ch/depeches/people/h1n1-gouvernement-francais-critique-gestion-vaccins

The European Parliament Health Committee, presided by Dr. Wolgang Wodarg, who unanimously demanded an investigation into the corruption within the WHO:

=> L'OMS est-elle soumise aux industries pharmaceutiques? NBiou, 22 December 2009.
https://web.archive.org/web/20100101223802/http://www.nbiou.com/science-et-sante/loms-est-elle-soumise-aux-industries-pharmaceutiques/

Poland, which, by the voice of his health minister, *Ewa Kopacz* and his prime minister, has refused to order or impose vaccines for its population. => Ministre de la santé polonaise sur le vaccin H1N1. – 5 November 2009; https://www.youtube.com/watch?v=XOecrY1JIUQ

Note also that Roselyne Bachelot was summoned before the tribunal de grande instance de Paris (TGI) on Monday January 4, in response to a complaint of attempted poisoning:

Roselyne Bachelot assignée en référé le 4 janvier 2010 au TGI de Paris par Marc Vercoutère/Cri-Vie et Christian Cotten/Politique de Vie. – Politique de Vie, 19 décembre 2009 - https://www.politiquedevie.net/index.htm

Roselyne Bachelot hier au Tribunal: C'est parti! – Francoise Blanche, 5 Janvier 2010;
https://web.archive.org/web/20100110063922/http://francoiseblanche.hautetfort.com/archive/2010/01/05/roselyne-bachelot-hier-au-tribunal-c-est-parti.html

But curiously, have you heard about it on TV???

What is great is that all these complaints come from elected politicians (mostly members or ministers). Difficult to call those people conspirators! Or sects! In nine months, WHO and public health officials have furthered the cause of anti-vaccine more than vaccines critics have in decades (at the same time, fortunately, these pioneers have worked to inform us and to prepare the ground for this massive awareness!). So thank you to people like Sylvie Simon, Michel Georget, Raymond Hauglustaine Marc Vercoutère Christian Tal Schaller, Jean-Marie Mora, Jacques Viau and many others, for having alerted us long ago to the futility and danger of vaccines. But thank you also to Margaret Chan (Director General of WHO), Albert Osterhaus, Alain Poirier, Roselyne Bachelot, Laurette Onkelinx, Bruno Lina, experts and all the corrupt leaders of drug companies: without you we would have taken another thirty years to achieve the same result of awareness about vaccines and corruption in the medical and pharmaceutical field.

Which just goes to show, once again, that shadow and light cooperate together to uplift and edify humanity's conscience! Let us never forget that!

THE FLU CASE

"The Citizens Have Won", Says Dr Marc Girard: Victory in Swine Flu Information War made possible by Internet

The Flu Case, 8 January 2010, 12:08
https://web.archive.org/web/20100112082934/http://www.theflucase.com/index.php?option=com_content&view=article&id=2510:qthe-citizens-have-wonq-says-dr-marc-girard-victory-in-swine-flu-information-war-made-possible-by-internet&catid=41:highlighted-news&Itemid=105&lang=en

French doctor and author of a book on the swine flu scam, Marc Girard, has declared victory in the information battle in Europe surrounding the swine flu vaccine following the decision by the French government to cancel 50 million doses and abandon the vaccine centers under intense political pressure.

Some other key turning points in the campaign were:

*the decision by the German army in September to refuse to take the toxic Baxter Celvapan jab forcing Baxter to drop mercury and adjuvants at the last moment when seeking EU approval for its vaccine and so triggering a storm of protest inside Germany about the two classes of vaccines with and without adjuvants.

*protests by Belgium citizens groups stopping a parliamentary law allowing forced vaccination to go through.

*the announcement by the Polish Health Minister and family doctor Ewa Kopacz that she would order the inadequately tested jab for Poland

*the legal action by Marc Vercoutere and Christian Cotton that forced French Health Minister Roselyne Bachelot to start to account, through her lawyer, in a Paris court on January 4th for the swine flu campaign irregularities.

"In the flu affair, by the sole force of the internet and an unprecedented majority, the citizens have won: against the lobbies supported by the large media, and in spite of the objective collusion of all the politicans - including those who are today calling for a commission of inquiry. The time has already come to think about the time after the flu and to reflect on the factors that allowed such a scandal possible."

"Dans l'affaire de la grippe, par la seule force d'internet et à une majorité sans précédent, les citoyens ont gagné: contre les lobbies soutenus par tous les grands médias, et malgré la collusion objective de tous les politiques – incluant ceux qui réclament aujourd'hui une commission d'enquête. Il est déjà temps de penser l'après-grippe et de réfléchir aux facteurs qui ont rendu possible un tel scandale. Réalisée dans des conditions techniques précaires imposées par une situation que tout le monde connaît, la vidéo qui suit vise à susciter une réflexion citoyenne sur la question centrale des conflits d'intérêts. ... Bonne écoute – bonne réflexion … Marc Girard"

=> http://www.rolandsimion.org/spip.php?article108

However, while we, in Europe, have beyond a doubt achieved a fantastic victory, much remains to be done to stop the swine flu jabs being sent to developing countries, among other things.

Also, we need to start legal actions and insist on parliamentary inquries to identify those responsible for this scam.

Since this is the same international corporate crime syndicate organised around the Bilderbergs that is also responsible for Codex Alimentatarius, GMO foods, poisoning us through water and other means, as well as for the financial crisis and instigating numerous false flag terrorist attacks and wars (Afghanistan, Iraq and now Yemen), there is a unique opportunity to deal with a multitude of problems by systematically dismantling the power structure of this group.

Jean-Jacques Crevecoeur

Jean-Jacques Crevecoeur

What awaits us in 2010?

The Flu Case, 10 January 2010

https://web.archive.org/web/20100315181956/http://www.theflucase.com/index.php?option=com_content&view=article&id=2514%3Aqnothing-will-ever-be-the-same-againq-jean-jacques-crevecoeur-reflects-on-the-swine-flu-scam-translated-by-carolyn-dunning&catid=41%3Ahighlighted-news&Itemid=105&lang=en
http://changementclimatique.over-blog.com/article-message-du-7-janvier-de-j-j-crevecoeur-42601866.html

Now, what awaits us in 2010? Will I still take the risk of making predictions for 2010? Well yes, although I recognize that exercise is dangerous and risky. For, since my retirement from public life, I have never stopped reviewing documents related to this famous influenza H1N1. What are the facts that have caught my attention? There have been many, here is a summary:

Margaret Chan, General Director for the WHO, announced that the pandemic would last at least until 2011 (ref: L'OMS ne veut pas crier victoire avant 2011. – L'OBS, 29 December 2009;
https://web.archive.org/web/20160205063338/http://tempsreel.nouvelobs.com/la-grippe-a/20091229.OBS2023/l-oms-ne-veut-pas-crier-victoire-avant-2011.html

Ukraine experienced an epidemic of extremely deadly lung disease (death occurring 24 hours after onset) in November 2009. According to the autopsies performed on the corpses of victims, the symptoms were different from those of influenza and the virus that attacked the lungs was different from the H1N1 virus, but by combining with it, became extremely deadly (ref: Yashchenko A. Ukraine: Nouveau virus découvert, mortel pour les systèmes immunitaires affaiblis. – New of Tomorrow, 13/17 Novembre 2009
https://web.archive.org/web/20091121062319/http://newsoftomorrow.org/spip.php?article6802Unian:
https://web.archive.org/web/20091119024614/http://www.unian.net/rus/news/news-346721.html

But what is disturbing about the case in Ukraine is that two months beforehand (in Warsaw, Poland on 29th and 30th September, 2009), Interpol had proposed to six of Central and Eastern European countries a drill *simulating a bioterrorist attack against the Ukraine*, an attack in which the terrorists' modus operandi was to spread a virus of pneumonic plague by air ;

=> International Bioterrorism Table Top Exercise: Warsaw, Poland, 29-30 September 2009
https://web.archive.org/web/20091110084341/http://www.interpol.int/Public/BioTerrorism/tabletop/default.asp

Two months later, thousands of testimonies from the people of Ukraine reported that planes had flown at low altitude during the night, a few days before the outbreak of the deadly epidemic first describes as pneumonic plague. A coincidence?

Dr. Taubenberger, whom I spoke about in several of my lectures, is the head of the Laboratory of Molecular Pathology in the American Armed Forces. It was he who in 2004 removed lung tissue from the corpse of an Inuit, who had died in 1918 of the Spanish flu, to resurrect and recombine the deadly strain of the famous pandemic flu with the help of laboratory CDC (Center for Disease Control). What I am saying is anything but Internet gossip: this work was the subject of several scientific publications

- in *Nature* (Taubenberger J. Characterization of the 1918 influenza virus polymerase genes. Nature, 2005, 437, pp 889-893) and
https://www.nature.com/scitable/content/characterization-of-the-1918-influenza-virus-polymerase-54873/
- in *Science* (Tumpey T. Characterization of the reconstructed 1918 Spanish influenza pandemic virus. Science, 2005, 310, pp 77-80). https://pubmed.ncbi.nlm.nih.gov/16210530/

One can already find it suspicious that the Armed Forces and the CDC should invest substantial resources to recombine an extinct virus responsible for the deaths of 20 to 60 million people;

This same professor Taubenberger has just released the results of the autopsies he performed on the first casualties of the H1N1 flu, in the region of New York, between May and July 2009. Two questions came to my mind: why give this man the privilege of carrying out autopsies on the first victims of the new flu, when this geographic area was neither under his jurisdiction nor part of his normal duties? And why did he wait until late November to make public its findings on observations made in May? Especially when his conclusions showed that the victims had not died from the flu (oh, really?), but a lung disease which is very similar to what the Ukrainians are dying from now!!!

=> New York Autopsies Show 2009 H1N1 Influenza Virus Damages Entire Airway. – NIH, 7 December 2009. https://www.nih.gov/news-events/news-releases/new-york-autopsies-show-2009-h1n1-influenza-virus-damages-entire-airway

L'Ukraine aurait-elle été le terrain de test d'une contamination à plus large échelle, pour plus tard ?). Had the Ukraine been the testing ground for later contamination on a larger scale?

WHO continues to recommend ***Tamiflu*** as a way to fight against influenza and flu symptoms. Roselyne Bachelot, has dutifully recommended the systematic prescription of this useless, dangerous and deadly poison, for any person suffering from flu-like symptoms or influenza (see:

=> (09.12.09) https://web.archive.org/web/20100107232943/http://www.formindep.org/IMG/pdf/Grippe_A-H1N1-v_prescription_d-antiviraux-2.pdf

When you know that Tamiflu has not been proved efficacious – see the articles about Tamiflu:

See: Les Dangers du Tamiflu: https://web.archive.org/web/20100130102252/http://www.jean-jacques-crevecoeur.com/index.php?option=com_content&view=category&layout=blog&id=117&Itemid=155

One can question the motivation of such a measure. But when we know in addition that Tamiflu often causes within hours super infection and acute respiratory distress leading to death (see: (05.01.06) https://web.archive.org/web/20081114004021/http://www.agriculture-environnement.fr/spip.php?article56

... it is reasonable to question the criminal intent of this measure (see: C'est le Tamiflu qui tue, pas la grippe! (06.12.09) https://web.archive.org/web/20091212233000/http://newsoftomorrow.org/spip.php?article6968

Since then I have came across an in vitro study which explains that the antiviral has the effect of boosting the virulence of H1N1 (see: Lin X, et al. Oseltamivir boosts 2009 H1N1 virus infectivity *in vitro*. Biochem Biophys Res Commun. 2009 Dec 25;390(4):1305-8. https://pubmed.ncbi.nlm.nih.gov/19879239/

Based on this, I am convinced that these so-called new types of flu victims (those that the virus does not usually touch) *were rather victims simply of Tamiflu*. And that's why we've been told that the flu attacked young and healthy adults!

Bills are under consideration in several countries in the world (including the United States, Great Britain and others) to allow governments to censor or ban subversive websites (17.12.09) https://web.archive.org/web/20091221001722/http://www.infowars.net/articles/december2009/171209Internet.htm

The company *Verichip* announced it had won the race for a patent, to bring to market a microchip which could be implanted in the body and whose function was to detect the presence of the H1N1 virus in the body. This announcement is dated September 21, 2009: VeriChip Corporation Granted Exclusive License to Patents Used in Virus Triage Detection System for H1N1 Virus, 21 September 2009; https://web.archive.org/web/20090924225211/http://www.verichipcorp.com/092109.html

Since then, the firm has taken the name of *Positive ID* (to make us forget its sinister reputation for transforming us into micro-chipped cattle) and is preparing to expand its range of services in the medical field) and is preparing to expand its range of services in the medical field (see: 03.12.29) https://web.archive.org/web/20101206072801/http://www.bnet.com/blog/drug-business/positiveid-deal-advances-use-of-microchip-implants-in-florida-health-system/3647

What can we expect in the coming months?

Based on the above information, different scenarios are possible. To imagine them, just put yourself in the shoes of those who orchestrated the staging of this pseudo-epidemic. If I was the mastermind of this case, given my failure to enforce the vaccination to the entire population, I would go about things as follows:

- Firstly, ensure no leakage is relayed by the mainstream media about the *side effects of vaccines*. This is to reassure the non-vaccinated population in the countries of the northern hemisphere, as well as developing countries and countries in the Southern Hemisphere. It would be very bad for trade if rumours of deaths and disabilities came to the ears of people in these countries, before they themselves are vaccinated;

- At the same time, ensure faster passing laws permitting *censorship of subversive websites*. Meanwhile, the old methods of intimidation and death threats may still be applied (they were used by the DCRI (Central Directorate of Internal Intelligence) in France against two websites, who both spread essential information against the H1N1 vaccination campaign: www.artemisia-college.org and www.spreadthetruth.fr

- Continue to *communicate regularly about the dangers and deaths* from influenza H1N1, so as to maintaining the fear of the flu (which could become as virulent and deadly as Spanish flu - note that the argument was already used in 1976 at the first alert for swine influenza and for the bird flu alert in 2004). Continue to mention the deaths from influenza H1N1, so as to instil in the public mind that the flu is a deadly disease (thereby making people forget that many diseases are much more deadly than the flu, even in the West);

- Continue *talking about a third pandemic wave*, a fourth and fifth wave, of a pandemic peak, finally, all the vocabulary needed to justify preventive action and press releases;

- Recommend the use of *Tamiflu*, to increase the chances of *killing people with ordinary flu symptoms*. It's good for statistics, and good for sales of vaccines, too! Going on the experience of Canada, 400 deaths attributed to influenza H1N1 convinced 15 million Canadians to be vaccinated. That makes 37,500 vaccinated for each death! One understands better why each death was so hyped the media;

- Next, *artificially cause outbreaks of influenza*, but this time much more virulent, inspired by the Ukrainian experience. Causing some outbreaks with the new virus strain, spread through the air or water, would create a state of the art panic. Suggestion: take advantage of major international gatherings to conduct biological and bacteriological attacks: first target: the Winter Olympics in Vancouver (Canada) in February 2010. Second target: World Football Cup in South Africa in June-July 2010. And perhaps other targets to be determined if needed. That should motivate the most reluctant to be vaccinated

- Once a real pandemic has been installed, convince the entire population of the need for a *chip for detecting the H1N1 virus* to prevent its spread from one country to another. Thus, those who wish to leave a country will be forced to wear the chip produced by Positive ID (formerly Verichip) so that customs can check if they are carriers or not the deadly virus. To kill two birds with one stone and accelerate security procedures at airports, propose a chip implanted with elements of their identity and criminal record for registering the same people. Let us not forget that at any moment dangerous terrorists can blow up the plane we could be taking (except that they, even when they are listed by the CIA, pass security checks imposed on us and which we find a drag!);

- The presence of this chip will allow authorities to completely monitor the immunization program for each individual (the famous *vaccine tracking* Roselyne Bachelot was so intent on setting up). In other words, to move around, it will soon be absolutely necessary to be in order as regards vaccination. As websites denouncing the dangers and uselessness of vaccines will not be there to warn people, it will become easier to convince the population to be vaccinated against all sorts of diseases, arguing that the cost of vaccine is less than the cost of treating a cancer (I have heard Dr. Poirier make this argument to justify the price of the vaccine against HPV).

- One could imagine a deal with the insured, either they participate in a vaccination program in a cooperative manner, and they can continue to benefit from social security, or they refuse vaccination,

and in this case, *they are no longer covered for their Free health care for illness* (this is already required in France for cancer patients who refuse chemotherapy: OK, no chemo, but then, no cover for health care costs);

- And finally, thanks to this program where vaccination will gradually be widespread, the *fertility of the population* will have dropped drastically to the point of becoming largely sterile. This will solve the problem of world overpopulation, in one generation, without having to resort to genocide (strategy which is a bit too showy and shocking). That is why it is absolutely imperative to maintain squalene as an adjuvant in vaccines because its presence interferes strongly with the production of steroids, our sex hormones.

This is the program I would set up if I was the mastermind of this case.
Now, don't make me say what I haven't said. I haven't said this will happen. But I say *it's a possible scenario* that could arise logically from the facts cited above. In any case, I shall be particularly attentive to what happens in Vancouver in a few weeks. Because I strongly question the reasons why Stephen Harper (Prime Minister of Canada) has extended the working sessions of parliament from 25 January to early March (after the Olympics). No observer, no lawyer, has understood the intention behind this totally unjustifiable measure. It is not because the Olympics are going to take place in a country that parliament should stop meetings and their work! Unless a bioterrorist attack in the very middle of the games obliges a select committee to take action by declaring a health emergency, without democratic debate, since the parliament would be missing! I'm not saying this is the Prime Minister's intention. But thanks to time and experience, for as long as I've been observing all these power games, this is the kind of twisted plan I can imagine world leaders have.

What should we do in 2010? Whether the catastrophic and diabolical scenario I describe above happens or not is to me irrelevant.

- What is important to remember is that everything indicates, through the announcements of public health officials, that *they will continue trying to convince us that we are facing a pandemic*, while common sense proves that there never was a pandemic (12,000 dead in eight months, whereas seasonal influenza which has never fired any emergency program causes 250,000 to 500,000 annually). At this point, remember that I predicted 13,000 deaths by December 31, 2009, in my e-mail No. 6 dated October 13, 2009. => https://web.archive.org/web/20091018044210/http://www.jean-jacques-crevecoeur.com/index.php?option=com_content&view=article&id=105:courriel-6&catid=65:grippe-a-h1n1&Itemid=98

Once again, I was accurate!

- What is also important to remember is that the probability we will get more and more vaccines is far from zero.
- What is important to note, finally, is that behind the false attacks of September 11, behind false origins of global warming, behind the false threat of a pandemic, the same security logic is at work: the aim **to** *restrict more and more our freedoms* of choice, opinion, travel, information, expression, assembly, etc… And the likelihood of us all being chipped in a few years time is one of the most plausible scenarios, when one sees the convergence of a whole series of technological innovations occurring. I recall that almost all our ID cards are now endowed with a RFID chip, our identification card, driver's license, Medicare card, bank card, credit card, etc… From there to transferring information from these different chips into a single chip implanted in the body, there is only one step, one that our leaders are willing to take.

If we do not want such a world, we only have a few months to transform this great awakening of consciousness caused by the events of 2009 to implement concrete actions. If we want to counteract the eventual totalitarian tendencies of the global elite, we must focus our priorities on the following:
· continue personal research for information and learn to decipher the information that the media give us, so as to understand the scenarios that are being staged behind our backs;

· seek alternative sources of information to better understand the logic behind the apparent events;
· form citizen alliances in each city, to coordinate activities for information and training, but also to challenge people with political duties to initiate legal action and to organize protests and non-violent acts of civil disobedience;
· put pressure on each elected politician in our region and our country so that corruption and conflicts of interest are charged and convicted;
· put pressure on each elected politician in our region and our country to demand that our country permanently withdraws from all the international bodies who have stolen our sovereignty (beginning with WHO, the European Community or NAFTA and NATO);
· become, each and every one of us, disseminators of information in our immediate environment (co-workers, families, neighbours, friends). For if we do not gather a critical mass of knowledgeable people, the next attack of so-called avian or so-called pneumonic plague will put us in a minority position within a frightened flock face to governmental actions and manoeuvres by the WHO.

In fact, for our individual freedom (selfish motivation), we can no longer afford to help others to open their eyes (altruistic motivation). *In other words, we can not save ourselves alone.* And this is the last good news the events of have triggered: to reclaim our freedoms and our individual sovereignty, we are obliged to rebuild the social fabric and networks of solidarity that have been carefully unravelled over the past fifty years. Without these alliances which must be rebuilt between us, between neighbours and colleagues, we are condemned to live in fear and helplessness.

Let us never forget that the motto of the dictators of the Roman Empire was: *divide et impera*, divide and conquer. *It is because we are so divided* that it is possible today for a leader to lead, for a security guard to impose idiotic measures to which we all submit, for the medical association to threaten doctors with exclusion, etc.. When there are ten thousand of us saying no to a ban, what will the mayor of our city be able to do? Put all of us in jail? The prisons are already so full!

Nor should we forget what was said by Benjamin Franklin (1706 - 1790), writer, philosopher and diplomat, who was co-editor and a signatory of the Declaration of Independence United States of America in 1776: "Those who would give up essential liberty to purchase a little temporary safety, deserve neither liberty nor safety." I do not think any sentence best describes the choice which faces us now. Because we still have choices, even if dictatorship is already at work in our world. We have little time to act, but we there is still time. We have the choice to permanently abandon the illusion of security offered to us by our puppet governments and reclaim our essential freedom. Or to let ourselves be lead by this movement which seems inevitable, to enter into the "Brave New World" (book by Aldous Huxley in 1923 and which is extraordinarily pertinent today! I read it again just before Christmas. What a shock!).

Nor should we forget the famous statement of the German philosopher, Georg Hegel (1770 - 1831), the father of dialectical thinking: “When a slave dies, the master disappears”. In other words, the Masters of the World can only exist and be maintained if we give them the power to wield power over us. In this regard, I invite you all to reflect on the extraordinary power of a simple refusal, a simple “NO”. Roselyne Bachelot (France) and Alain Poirier (Quebec) were at a loss to see their vaccination centres desperately empty. And if people had kept their televisions switched off, if they had stopped listened to the media taking advantage of the slightest death to feed their fear of death, if they had they been better informed and trained, vaccination centres would have stayed permanently empty.

That's why I shall take up my pilgrim's staff again, from the beginning of March, in Europe and in Quebec, to educate, inform and train all those who wish, but also to help to create the citizens committees desired.. I am convinced that this action is absolutely necessary, because the more people are informed and aware, the less they will fall into the traps of misinformation and manipulation. And the more chances we will have to emptying power of its substance.

It is my hope that many of you will respond to my invitation.

And that 2010 will be the year we regain control over our own sovereignty, our liberty and our lives.

More than ever, we must stand, aware and awake. But together!!!

Sincerely and fraternally, Jean-Jacques Crevecoeur

Jean-Jacques
Crèvecœur

"Nothing will ever be the same again"
Jean-Jacques Crevecoeur reflects on the Swine Flu Scam
(Translated by Carolyn Dunning)

The Flu Case, 10 January 2010
https://web.archive.org/web/20100315181956/http://www.theflucase.com/index.php?option=com_content&view=article&id=2514%3Aqnothing-will-ever-be-the-same-againq-jean-jacques-crevecoeur-reflects-on-the-swine-flu-scam-translated-by-carolyn-dunning&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Scientist Jean-Jacques Crevecoeur believes nothing will ever be the same again after the swine flu vaccine scam.

The scandal is unprecedented. But the response has been unprecedented too.

All around the world, people are waking up to the corruption of governments, the mainstream media and the pharamceutical companies.

What used to be ridiculed as "conspiracy theories" are increasingly being recognised to be fact-based issues that need to be investigated by parliaments.

People are more aware today than ever before that their national governments do not represent them or their interests, but march in lock step to increase the profits and power of an international corporate crime syndicate, which is organised around groups Bilderbergs – attended by top ranking Freemasons – , and which seeks to expand their sphere of influence at the expense of the freedom and prosperity of rest of the population.

Crevecoeur says, 2009 has finished off an "excellent year".

He warns, though, we are not out of danger yet.

The same international corporate crime syndicate behind the swine flu and the climate change scam as well as the financial meltdown continues to pursue their plans for a one-world totalitarian government with a parallel drastic reduction in the global population.

While removing these people from power might not be a sufficient condition to restore good government, it is a necessary condition, and we can accomplish their removal in 2010 by insisting that the law and parliaments do their job and bring the perpetrators of the swine flu vaccine crime to justice.

The Guardian

Simon Jenkins

Swine flu was as elusive as WMD
The real threat is mad scientist syndrome

The Guardian, 14 January 2010, 20:30 GMT
https://www.theguardian.com/commentisfree/2010/jan/14/swine-flu-elusive-as-wmd

Remember the warnings of 65,000 dead? Health chiefs should admit they were wrong – yet again – about a global pandemic.

Let me recap. Six months ago I reviewed the latest bit of terrorism to emerge from the government's Cobra bunker, courtesy of Alan Johnson, home secretary.
=> Cobra: The UK's emergencies team. – BBC News, 8 July, 2005, 09:43 GMT 10:43 UK
https://web.archive.org/web/20060113101517/http://news.bbc.co.uk/1/hi/uk_politics/4663369.stm

Swine flu was allegedly ravaging the nation. The BBC was intoning nightly statistics on what "could" happen as "the deadly virus" took hold. The chief medical officer, Sir Liam Donaldson, bandied about any figure that came into his head, settling on "65,000 could die", peaking at 350 corpses a day.
Bowcott O. Swine flu could kill 65,000 in UK, warns chief medical officer. – The Guardian, 16 July 2009
=> https://web.archive.org/web/20091204145645/http://www.guardian.co.uk/world/2009/jul/16/swine-flu-pandemic-warning-helpline

Donaldson knew exactly what would happen. The media went berserk. The World Health Organisation declared a "six-level alert" so as to "prepare the world for an imminent attack". The happy-go-lucky virologist, John Oxford, said half the population could be infected, and that his lowest estimate was 6,000 dead.
=> Simon Jenkins. Swine flu? A panic stoked in order to posture and spend. - The Guardian, 29 April 2009.
https://web.archive.org/web/20090827001405/http://www.guardian.co.uk/commentisfree/2009/apr/29/swine-flu-mexico-uk-media1

The "Andromeda strain" was stalking the earth, and its first victims were clearly scientists. Drugs were frantically stockpiled and key workers identified as vital to be saved for humanity's future. Cobra alerted the army. Morgues were told to stand ready. The Green party blamed intensive pig farming. The Guardian listed "the top 10 plague books".

If anyone dared question this drivel, they were dismissed by Donaldson as "extremists". When people started reporting swine flu to be even milder than ordinary flu, he accused them of complacency and told them to "wait for next winter". He was already buying 32m masks and spending more than £1bn on Tamiflu and vaccines.
Smith R, Britten N. and Cockcroft L. Swine flu: NHS orders 32m face masks. – The Telegraph, 29 April 2009.
https://web.archive.org/web/20100116120438/http://www.telegraph.co.uk/health/swine-flu/5239353/Swine-flu-NHS-orders-32m-face-masks.html

Surgeries refused entry to those with flu symptoms, referring them to a government "hotline" where prescription drugs were ordered to be made available without examination or doctor's note. Who knows how many died of undiagnosed illness as a result? Lines were instantly jammed. It was pure, systematic government-induced panic – in which I accept that the media played its joyful part.

This week the authorities admitted that, far from a winter upturn in swine flu, there has been a slump. From 100,000 a week at the peak, there were just 12,000 last week. After the coldest winter

for decades, when deaths might be expected to rise, the rate is below that of seasonal flu. In the UK, 360 people have died under its influence, most with prior "non-flu" conditions. Swine flu is not nice – I have had it – but bears no relation to the government hysteria.

I accept that anyone can make a mistake, and authority has some duty to err on the side of caution. As Alastair Campbell implied on Tuesday, Iraq might have had weapons of mass destruction, so Blair was right to go to war just in case. But it is reasonable to ask, as the Chilcot inquiry is doing, why precaution on such a colossal and potentially destructive scale was justified when those who questioned the need for it have since been proved right. Is anyone asking about flu?

Swine flu is not the first time we have suffered this nonsense. I have a stack of predictions by senior scientists on BSE/CJD in 1995. It would "lead to 136,000 deaths" – a spurious exactitude used to convey plausibility – and "could infect up to 10 million Britons".

=> Radford T. CJD: the news improves, but the mystery remains. – The Guardian, 10 August 2000
https://web.archive.org/web/20100126162552/http://www.guardian.co.uk/news/2000/aug/10/food.foodanddrink

This led to an obscene £5bn campaign of cattle destruction and compensation. When the prediction proved wildly wrong, the government excused itself with a classic Rumsfeld-ism: "The absence of evidence is not the evidence of absence."

This was followed by SARS 2003, a "panic gripping the world". The World Health Organisation declared that "One in four Britons could die". The medical doom-monger, Dr Patrick Dixon, said that Sars had "a 25% chance of killing tens of millions", whatever that meant. The madcap Tory health spokesman, Liam Fox, demanded the arrest and quarantining of all recent travellers from Asia, including 30,000 Asian students. In the event, some 800 people died with Sars worldwide, against 21,000 who died in Britain in the seasonal flu epidemic of 1999/2000.

Undaunted, within a year the same alarmists were at work on avian flu. With now habitual hyperbole, Donaldson predicted 50,000 deaths, with "an upper limit", graciously conceded, of 750,000. When one dead swan slumped on a beach in Scotland, BBC reporters went crazy as inspectors stumbled through the seaweed, clad in anti-nuclear armour. Within a year the horror had passed. The global mortality was put at 262, with not one death in Britain. Another fiasco was brushed under the carpet.

The Blair government, and now Brown's, have proved adept at using scare politics to divert attention from other troubles. During foot-and-mouth Blair was quick to don a yellow jumpsuit for photographers and intone as if he alone stood between an illness (that is in fact harmless to humans) and armageddon. This time the swine flu coincided with two other "mystery diseases", MRSA and C-difficile, which killed 10,000 Britons in 2007 alone. But those deaths lay squarely at the doors of unclean NHS hospitals. Hence there were no scary stories or predictions about them from Donaldson.

Donaldson and his eager virologists will doubtless stick loyally to their predictions since it is "too early to be complacent". His allies at the BBC did their bit on Wednesday with a Horizon programme that turned a serious study of virology into grotesque scaremongering, with solemn music and voices crying, "there's no escape", "this could take a devilish turn", and "we don't even know how many viruses there are!" Children writhed in agony from smallpox.

Mad scientist syndrome is rampant. Had these scares been disseminated by a private firm, a local authority or a newspaper (as was anti-MMR), they would be damned from on high with demands that heads roll. As it is, the government's Scientific Advisory Group for Emergencies sails gaily on, still graced by the presence of Sir Roy Anderson, who happens also to draw a six-figure salary as a non-executive director of GlaxoSmithKline, which made hundreds of millions from the government's panic. Anderson, and GSK, vigorously deny any conflict of interest.

=> Professor Sir Roy M Anderson FRS, FMedSci, Theoretical Epidemiology. I recently completed a 3 year secondment to the Ministry of Defense as Chief Scientific Adviser and returned to the department as Professor of Infectious Disease Epidemiology in October 2007.
https://web.archive.org/web/20100108060936/http://www1.imperial.ac.uk/medicine/people/roy.anderson/

The Council of Europe's head of health, Wolfgang Wodarg, is one of the few who have dared blow the whistle on the links between "Big Pharma" and national and supranational agencies. He this week persuaded the council to stage a debate on the "enormous gains" made by GSK and others from the swine flu pandemic. He seeks details of relations between the companies and the WHO, given that stockpile contracts kick in the moment that organisation uses the word "pandemic". It did so for the first time last year, with reckless alacrity.

I am not aware of the WHO or the General Medical Council or any of the medical colleges investigating these matters, or any check on conflicts of interest of government doctors who work for drugs companies. I am not aware of any Whitehall or Commons committee, any National Audit Office or competition inquiry into the supply of these drugs. All I know is that a huge amount of health money, time and effort was last year diverted from possibly critical therapies into what looked from the start to be yet more terror virology.

This is why people are ever more sceptical of scientists. Why should they believe what "experts" say when they can be so wrong and with such impunity? Weapons of mass destruction, lethal viruses, nuclear radiation, global warming … why should we believe a word of it? And it is a short step from don't believe to don't care.

THE GLOBE AND MAIL | OPINIONS

Richard Schabas, Neil Rau

How the WHO overshot

The Globe and Mail, 19 January 2010, 4:47PM EST
https://web.archive.org/web/20100121112245/http://www.theglobeandmail.com/news/opinions/how-the-who-overshot-on-h1n1/article1436739/

The dust is now settling on the H1N1 "pandemic." After all the ballyhoo, the impact of H1N1 was not very different from that of a typical seasonal flu. There were more young people sick but a lot fewer older people sick and no health-care crisis or economic or social collapse.

Some European politicians are alleging that pressure from drug companies led the World Health Organization to overshoot. Indeed, pharmaceutical and medical supply companies heavily profited. But, despite the appeal of a conspiracy theory, we believe the fundamental error was a rigid adherence to pre-existing pandemic plans.

Overshoot #1: Definition of a Pandemic

The power of words is enormous. Much of the worldwide overreaction to H1N1 can be traced to the WHO's zeal to declare a "pandemic." Just before the new H1N1 was identified, the WHO made a subtle but important change in its own definition of "pandemic." It dropped the key requirements that a pandemic virus had to be completely novel – an antigenic shift – and cause widespread and severe disease. These were characteristics of previous pandemics.

Almost immediately, as luck had it, a virus appeared that fit the new pandemic definition – but not the old one. The difference turned out to be crucial. Most of the older population had been exposed to a similar virus that circulated for many years before 1957 and were protected from the new H1N1. As a result, the people most vulnerable to severe disease were largely spared.

This pattern was obvious from the start, when the number of deaths in Mexico was far lower than the tens of thousands predicted by pandemic plans. Ignoring the rapidly accumulating contrary evidence, the WHO took the position it had to adhere to its new definition. Once a pandemic was declared, there was no turning back. On WHO instructions, all countries dutifully activated their pandemic plans.

Overshoot #2: Everyone 'Needs' Vaccine

World pandemic plans, which are designed to respond to catastrophes, called for mass immunization. These plans were followed religiously, even as H1N1 proved far milder than expected. Moreover, by early October, it was obvious that the vaccine would not arrive until the peak of the outbreak and then, initially, in small amounts. This called for a change in plan. The focus for immunization needed to shift exclusively to those at high risk – specifically, people with serious underlying chronic diseases.

The "worried well" needed to hear the bad news that they would not get the vaccine in time and the good news that they really didn't need it. Instead, our public health leadership wanted to have it both ways. They terrorized the public with exaggerations and misinformation, then tried to limit clinics to a high-risk minority. Chaos ensued.

Overshoot #3: Carry on Regardless

The H1N1 outbreak peaked in October, and disease rates dropped off rapidly in North America. Any benefit from immunizing healthy people had virtually vanished by mid-November, the very time when the vaccine became readily available to all. Speculation about a serious “third wave” is fading fast, as high population levels of immunity make it implausible.

Instead of sharing the good news – the danger has come and gone for otherwise healthy people – the current risk is exaggerated to justify ongoing futile vaccination efforts directed at the worried well.

Total deaths worldwide from H1N1 probably will end up lower than from typical seasonal flu. Yet, the WHO still labels this a moderate pandemic and has no plans to downgrade or simply call it off.

To be fair, a modicum of pandemic planning served a good purpose during the WHO's initial response. The WHO quickly moved into Mexico to gather information. International laboratory co-operation led to rapid identification of the H1N1 virus. Surveillance capabilities were enhanced worldwide, and countries quickly detected H1N1 in their midst. The impossibility of containment was quickly acknowledged, and futile travel advisories were discouraged. Vaccine development was started quickly.

It was once said that no plan survives the first five minutes of any battle. What this means, of course, is that any plan can be quickly superseded by events. The good public health leader, like the good general, needs to put more value on utilizing new information and less on simply following orders. This is the real lesson of H1N1.

Mike Adams

H1N1 swine flu hoax falls apart at the seams

Natural News, 20 January 2010
https://www.naturalnews.com/027984_swine_flu_vaccines.html

The great swine flu hoax of 2009 is now falling apart at the seams as one country after another unloads hundreds of millions of doses of unused swine flu vaccines. No informed person wants the injection anymore, and the entire fear-based campaign to promote the vaccines has now been exposed as outright quackery and propaganda.

Even doctors are now calling the pandemic a complete hoax. As reported on FoxNews, Dr. Wolfgang Wodarg, a leading health authority in Europe, says that drug companies "organized a 'campaign of panic' to put pressure on the World Health Organization (WHO) to declare a pandemic. He believes it is 'one of the greatest medicine scandals of the century,' and he has called for an inquiry."
H1N1 Flu Is a False Pandemic, Health Expert Claims. – Fox News, 11 January 2010
https://web.archive.org/web/20100114051851/http://www.foxnews.com/story/0,2933,582749,00.html

H1N1 swine flu was never dangerous, and it never should have been escalated to a level-six pandemic in the first place. It was all a big marketing scam whose purpose was to simply *sell vaccines*. (And the CDC and WHO were in on it...)

And it worked! Big Pharma made out with billions of dollars in profits for a *useless vaccine* that's now being dumped by the truck load. These vaccines were, of course, paid for with taxpayer dollars, making the Great Swine Flu Hoax of 2009 nothing more than an elaborate financial scam whose goal was to transfer wealth from the People to the shareholders of Big Pharma.

In just the fourth quarter of 2009, GlaxoSmithKline shipped $1.4 billion worth of vaccines.
Greece halts purchases of H1N1 flu vaccines. – Reuters, 19 January 2010.
https://web.archive.org/web/20100123031951/https://www.reuters.com/article/idUSLDE60I0RI20100119/

That's $1.4 billion worth of taxpayer dollars, by the way. Dollars that could have been spent on nutrition or real health education. $1.4 billion worth of free vitamin D supplements would have done far more to protect public health than vaccines could ever hope to accomplish.

A bailout for Big Pharma

Wall Street hucksters have nothing on Big Pharma, the CDC and the WHO, all of which conspired to mislead the public and generate irrational fear in order to make money selling people vaccine shots they never needed in the first place.

The drug companies raked in billions of dollars in revenues while providing a product that offered absolutely no net reduction in mortality. In fact, as the long-term side effects of the vaccines remain unknown, it could turn out that the vaccines actually result in a net *increase* in mortality.

Meanwhile, countless people were harmed by the swine flu vaccine frenzy (it's "countless" because nobody's counting). In addition to those who were nearly paralyzed after receiving the vaccine shots,

grade school staffers in Massachusetts who lined up to receive swine flu vaccine shots were instead *injected with insulin.* (Insulin injections can put you into a coma.)
=> https://www.washingtonpost.com/wp-dyn/content/article/2010/01/19/AR2010011903366.html - deleted

The school sent a letter home to staffers and parents blaming the mishap on the school nurse. But if they weren't injecting people with a useless vaccine for a non-pandemic, none of this would have happened in the first place. (Editor's note: The press originally reported this story as "children" being injected with insulin, but they later changed their report to "staffers." This paragraph has been updated to reflect that change.)

Total swine flu deaths for 2009 were far lower than the number of deaths from regular seasonal flu. And yet it turns out that thousands of Americans who died from the swine flu had been previously injected with the vaccines. => See: Adams M. Thousands of Americans died from H1N1 even after receiving vaccine shots. – Natural News, 17 January 2010; https://www.naturalnews.com/027956_H1N1_vaccine_CDC.html

In fact, according to calculations derived from official CDC estimates, *thousands of vaccinated Americans died from swine flu anyway.* The vaccines, it seems, don't really work after all. You're just as safe doing nothing.

Actually, getting the vaccine may *harm* your health. Outspoken Dr. Wodarg even says that the full extent of the damage from the insufficiently-tested vaccines may not be known for years. "The vaccine developed by Novartis was produced in a bioreactor from cancerous cells, a technique that had never been used until now," he says.

Just what we need, huh? Cancer cells being injected into the population as part of a vaccine campaign.

Cancelling vaccine orders

The Swine Flu hoax has fizzled out, and countries like Greece, France and the UK have cancelled orders for vaccines that they now realize won't be needed.

But even the fizzling of this hoax doesn't mean it was a failure from the point of view of Big Pharma.
=> Hirschler B, Glaxo shipped $1.4 bln of H1N1 vaccine in Q4. – Reuters, 15 January 2010.
https://web.archive.org/web/20100124123933/https://www.reuters.com/article/idUSLDE60E1SU20100115/?type=marketsNews
=> Wilkinson E. Talks to offload swine flu vaccine under way. BBC News, 8 January 2010.
http://news.bbc.co.uk/2/hi/health/8448080.stm

The swine flu hoax was a huge success not only for drug company profits, but also for certain influential individuals including Dr Julie Gerberding, former head of the CDC who has now accepted a high-paying job as the president of Merck's global vaccine operations.
Adams M. Former head of CDC lands lucrative job as president of Merck vaccine division. – Natural News, 22 December 2009. https://www.naturalnews.com/027789_Dr_Julie_Gerberding_Merck.html

One minute you're running the CDC, warning the country about a pandemic while urging everybody to get vaccinated, and the next minute you're running the for-profit vaccine division of the world's largest drug company. Amazing how that works, huh?

We called it right

I called much of this months ago in my popular hip-hop song, "Don't Inject Me" which you can listen to here: => Adams M. Don't Inject Me. – Natural News, 23 August 2009.
https://www.naturalnews.com/Dont_Inject_Me_The_Swine_Flu_Vaccine_Song.html

Or watch on YouTube here: http://www.youtube.com/watch?v=EiXmw5a9kiM - deleted
=> https://web.archive.org/web/20170301170731/https://www.youtube.com/watch?v=EiXmw5a9kiM

As I stated in the song lyrics, which were written in early August, 2009:
The truth is outrageous
Don't you know the drug companies made this flu
Don't you know the swine flu is made by man

Pharmaceutical scam
It's all part of the Big Brother population plan
They don't want you to see the remedies
you can stop influenza with vitamin D for free
Herbal medicine is all that you need
But they can't charge a fifty dollar fee
Unless
They inject you
The big drug companies are makin' a killing
Collectin' the billions and gettin' away like a James Bond villain
Cuz' they're willin' to do almost anything
Just to make money with the flu vaccine

Many clueless critics thought this song was some sort of outrageous conspiracy rant at the time. Turns out it was a spot-on prediction of the truth behind *The Great Swine Flu hoax of 2009*.

THE FLU CASE

Why WHO must lower its pandemic level immediately

The Flu Case, 27 January 2010

https://web.archive.org/web/20100220013100/http://www.theflucase.com/index.php?option=com_content&view=article&id=2638%3Awhy-who-must-lower-its-pandemic-level-immediately&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WHO's flu chief Dr Fukuda yesterday announced at the hearing at the Council of Europe that WHO intended to keep the pandemic emergency level at 6 for another two years. This must not be allowed to happen.

Crucially, a declaration of a pandemic level 6 emergency triggers the application of a completely new set of standards for the approval of drugs and vaccines.

Under the pretext of having to tackle a pandemic emergency, drugs and vaccines can be given to people even though there are no clinical studies proving they are safe and effective under special EMEA guidelines.

This is not allowed when a disease is not declared formally to be a pandemic disease. These new and "emergency" standards came into force in June when WHO declared a pandemic emergency level 6, and they are the only reason why the swine flu vaccines were allowed onto the market.

The swine flu vaccines have not been tested for safety or efficacy. There are no data on their impact on children or pregnant women and only limited data on their impact on adults mainly from the pharmaceutical companies. They contain the adjuvant squalene known to cause autoimmune and other diseases in US and UK vets.

The only clinical studies of these vaccines are being carried out right now by pharmaceutical companies. GlaxoSmithKline is carrying out a clinical study in the UK on Pandemrix, but few details are available.

Also, Tamiflu which has passed ist selll buy date can be sold as long as a pandemic level 6 emergency is in force.

In addition, a pandemic level 6 declaration allows pharmaceutical companies to claim immunity.

The declaration creates a wild west when it comes to approving drugs at a time when US researchers are developing vaccines that can be made using plants and given as pills.

This cannot be allowed to continue for 2 more years.

In addition, the declaration of a pandemic level 6 significantly increases the power of WHO over national governments.

France came within days of full scale martial law in December: a secretive crisis committee set up in Paris to manage the pandemic was under the ultimate authority of WHO. But it was only one of many countries.

US President Barack Obama declared a national emergency over the swine flu on October 23rd, opening the door to semi martial law.

As long as pandemic declaration 6 continues to be in force, these special crisis committees under the direction of WHO and the UN continue to have extraordinary powers to intervene in the public health services, military and law enforcement.

WHO cannot be allowed to consolidate its grip on the functions of national government over the next to years behind close doors. If it does, WHO (and the corporate interests that control it) have an incentive for creating another crisis, just so it can use ist new power.

Niko Kyriakou

Swine Flu Didn't Fly

Truth Out, 28 January 2010
https://truthout.org/articles/swine-flu-didnt-fly/

For makers of the swine flu vaccine, 2009 was a year to remember. By June, CSL Limited's profits rose 63 percent above 2008 levels, while in the third quarter of 2009 - just about the time H1N1 contracts picked up steam - GlaxoSmithKine enjoyed a 30 percent jump in earnings to $2.19 billion. Roche, the maker of Tamiflu, which prevents H1N1, saw second quarter profits leap to 12 times what they were in that quarter of 2008. But in 2010, drug companies may get their comeuppance.

On Tuesday, the Council of Europe launched an investigation into whether the World Health Organization (WHO) "faked" the swine flu pandemic to boost profits for vaccine manufacturers. The inquiry, held in Strasbourg, France, vindicates a worldwide movement of insiders, experts and elected officials who accuse the United Nations organization of misleading the world into buying millions of unnecessary vaccines.

"I have never heard such a worldwide echo to a health political action," said Dr. Wolfgang Wodarg, an epidemiologist who formerly led the health committee for the Council of Europe, at Tuesday's hearing.

Also present was Dr. Ulrich Keil, director of the WHO's Collaborating Centre for Epidemiology. Keil hammered his own organization and WHO flu chief, Dr. Keiji Fukuda, for "producing angst campaigns."

"With SARS, with avian flu, always the predictions are wrong ... Why don't we learn from history?" Keil asked. "It [swine flu] produced a lot of turmoil in the pubic and was completely exaggerated " exaggerated" in contrast with all the really important matters we have to deal with in public health."

Last year the WHO predicted that H1N1 could infect two billion and claim hundreds of thousands of lives, while President Obama's science advisers said the outbreak could infect up to 120 million Americans and kill 90,000.

But in the end, H1N1 turned out to be one of the milder flu strains on record. The type-A influenza is confirmed to have taken around 14,000 lives worldwide, according to WHO numbers from January 22. The CDC said in December confirmed US deaths had reached 4,000, although it recently estimated that due to underreporting, the true death toll could be as high as 16,500 - a tragic sum, but less than half of what the CDC attributes to seasonal flu-related illness. In most of the northern hemisphere, hog flu has been on the decline for some ten straight weeks. New transmissions are largely contained to North Africa and South Asia, according to the WHO.

Throughout 2009, the WHO and domestic health agencies around the globe ignored mounting signs that swine flu wasn't much of a killer, choosing instead to man the war bugles at full volume. The result was that governments poured tens of billions of dollars into vaccines. The US alone has spent $2 billion on the drugs and has allocated $7.5 billion in supplemental spending for H1N1 preparedness.

Now that the disease has petered out ahead of schedule, however, countries are stuck with millions of unused doses. French and German governments have had to cancel millions of orders of the vaccines due to falling demand and late-breaking news that European health authorities had recommended twice the necessary dosage. The CDC has dealt with the glut in another way. It now says all Americans should go and get the shot – a shift from its earlier recommendation that at-risk groups such as the young, sick, pregnant and nurses seek injections first. But why should everyone get a shot when that the disease appears to be over?

On January 22, the WHO issued a statement calling allegations that it irresponsibly stoked H1N1 fears, "scientifically wrong and historically incorrect." The statement defends figures the WHO publicized on transmission rates, mortality and the virulence of swine flu.

"The world is going through a real pandemic. The description of it as a fake is wrong and irresponsible. We welcome any legitimate review process that can improve our work."

Previously, the WHO had offered scant response to allegations of corruption, but deigned to defend itself after the Council of Europe meeting was announced. At the hearing, the WHO's flu director, Dr. Fukuda, denied the accusations against the WHO. "Let me state clearly for the record - the influenza pandemic policies and responses recommended and taken by WHO were not improperly influenced by the pharmaceutical industry."

The public meeting to examine accusations against WHO was set up by the Parliamentary Assembly of the Council of Europe (PACE), which represents 800 million people in 47 countries.

=> see: http://assembly.coe.int/CommitteeDocs/2010/20100119_HearingProgrammeSOC.pdf

Established by various European nations in 1949 to promote human rights and the democratic rule of law, the Council's January 26 meeting involved WHO officials, European drug makers and medical experts. PACE's findings are expected to be announced January 29 and will likely be followed by an in-depth study and recommendations to European governments.

The PACE hearing is the latest in a series of investigations into the WHO's propriety, which also includes a 2009 Danish Parliamentary inspection of links between WHO expert, Albert Osterhaus, and makers of the swine flu drugs. Russian lawmaker Igor Barinov has also started an inquiry into the WHO's ties to H1N1 drug makers.

Similar critiques have been leveled at domestic health authorities as well, which generally took their cues on how to deal with swine flu from the WHO.

In France, Health Minister Roselyne Bachelot was forced to a Paris court on January 4 over swine flu campaign irregularities - including ordering millions of unnecessary vaccine doses. Demonstrations over statistical improprieties have taken place in Scotland and Canada.

Inquiries into WHO misdoing are likely to plunge deep into the statistical methods for data collection, however, it takes no expertise to see that health agencies' data about H1N1 was wildly misleading.

For example, a study released December 7 by the Harvard School of Public Health found that the CDC predicted that H1N1 mortality rates would be 80 to 500 times higher than they turned out to be - with the WHO doing only slightly better. The CDC also overshot the likelihood that pig flu causes serious illness by seven to nine times, the study found. Another study, done by the CDC itself and published in the New England Journal of Medicine on December 31, found that swine flu was far more difficult to transmit that it had initially claimed. See: =>

[NEJM, 2009, Dec 31, 361: 2619-2627] => https://www.nejm.org/doi/full/10.1056/NEJMoa0905498

The larger question begged by health agencies' bad data and the media's dutiful reporting of it is this: if fears are overstated every time there's a flu outbreak, when the public really does need a vaccine, who will believe the boys who cried wolf?

Should the European Council's investigations conclude that the WHO deliberately incited H1N1 paranoia to help drug makers, it could spark reform of how infectious diseases are handled. The paramount questions experts will try to address are how dangerous a disease must become before a global vaccination campaign is advised, and when a disease should truly qualify as a "pandemic".

Proof of direct corruption may be difficult for the Council to establish, but the string of clues which points to this corruption - as befits the trail of a wild pig - is not hard to follow.

Pandemic or Just Plain Panic?

Swine flu took center stage in June of 2009, when the WHO declared H1N1 the first "pandemic" in 42 years. It was this label that caught the eye of every health authority from Tampa to Timbuktu, and which revved drug company engines. But to do it, the WHO had to redefine the word.

One month after swine flu appeared in April, the WHO rewrote the definition of "pandemic." Under the new meaning, a pandemic does not need to cause high numbers of death or illness.

=> M. Teppone. The Historical and Epidemiological Events ... doi:10.20944/preprints202309.1179.v2

A month after changing the definition, with just 144 people dead from H1N1, the flu was given the WHO's highest threat classification: a "stage-six pandemic alert." By comparison, the mildest 20th century pandemic killed a million people.

Before the change, the WHO had classified a pandemic as a disease that has "simultaneous epidemics worldwide with enormous numbers of deaths and illness." After the alteration, the organization's web site stated, "Pandemics can be either mild or severe in the illness and death they cause." In May, WHO spokesperson Natalie Boudou told CNN that the original definition was an error.

On Tuesday, the WHO's Fukuda backed that assertion, saying, "Severe death has never been part of WHO's pandemic [definition] - in earlier discussions it is often pointed out that severity may be high, but it has also been pointed out that they can be very low."

Moving ahead, Fukuda said his organization "will definitely consider whether we can define things better." Some participants wondered why the WHO hasn't already come up with a better definition, since complaints about the change have poured in from all sides.

The Associated Press reported on May 19, 2009, "China, Britain, Japan and other countries urged the World Health Organization on Monday to be very cautious about declaring the arrival of a swine flu pandemic, fearing that a premature announcement could cause worldwide panic and confusion."

Peter Gross, an infectious disease specialist with the Hackensack University Medical Center in New Jersey wrote that the WHO's new definition was fuzzy and might incite ill-founded panic. His September editorial in the British Medical Journal echoed epidemiologist Tom Jefferson. Jefferson, formerly a general practitioner in the British Army, who has worked for the well-respected Cochrane Collaboration for 15 years, asked in July, "Don't you think there's something noteworthy about the fact that the WHO has changed its definition of pandemic?"

"The WHO and public health officials, virologists and the pharmaceutical companies ... They've built this machine around the impending pandemic," Jefferson told Der Spiegel, a German magazine with a weekly circulation of one million. "And there's a lot of money involved, and influence, and careers, and entire institutions! And all it took was one of these influenza viruses to mutate to start the machine grinding."

The opinion given by Dr. Wodarg at Tuesday's meeting is that the definition change was designed to boost vaccine sales. "There is no other explanation for what happened. Which reasons could lead to those [WHO] decisions? I don't find any other explanation. It's not for health. And who profits? Why else would you change the definition?"

Yet, the WHO stands by its decision to label H1N1 a pandemic, citing geographic spread and the virus' novelty as its primary reasons. Critics however, say the redefinition wasn't based on science.

Critics say what was needed was not a frightful label, but hard scientific data to show how many people were getting swine flu.

"Rational scientific independent advice should be supreme, but there was an imperative behind this which was a financial one. I think what we need is evidence from industry that is more science-based," said Paul Flynn, a parliamentary representative in the UK, who presented at the Council of Europe's hearing.

Hard scientific data on how many people were getting swine flu might have been derived through rigorous testing, but on July 16, the WHO quit tracking cases of infection and told governments they should stop testing for individual cases, ostensibly because the speed of H1N1's spread had already been confirmed.

Following that advice, in mid-2009, the CDC decided laboratory tests to confirm whether patients had H1N1 were no longer necessary, and advised doctors to save resources and stop conducting them. A CBS news investigation found "overwhelming" evidence that despite the inflammatory estimations of the CDC, very few flu cases could truly be attributed to H1N1.

In response to questions about the CBS story, CDC media spokesman Jeff Dimond said, "We, as a matter of policy, do not comment on stories by other publications."

As of July 24, the CDC has used a statistical multiplier to come up with its total count of H1N1 cases – meaning it inflates confirmed cases using estimates about the number of infected people who never go to the doctor or are never tested during visits. In mid-December, using this model, CDC approximated that as many as 80 million, or some one in four Americans had gotten swine flu. But with no flu-strain tests to crosscheck, virtually anything that looks like a bad cold could end up in that total.

The Sky Is Falling ... Again

Considering the WHO's and the CDC's abysmal track record foreseeing the severity of flu outbreaks, it's surprising so many doctors bought their story. But then, early on, it was natural to suspect a nightmare scenario: a repeat of the Spanish flu.

Swine flu looks a lot like Spanish flu, which began in pigs and killed between 40 and 100 million people from 1918 to 1919. H1N1 shows three of the key traits which made the Spanish flu so dangerous: our immune systems aren't used to the virus, which is a new mutation; the flu can be passed from human to human; and, it has triggered immune responses in young people, not just the vulnerable elderly, according to Dr. Dawn Motyka, a vaccination expert in Santa Cruz, California.

Despite apparent similarities between the two flu's, a cursory look at history should have made the medical community more skeptical.

Characteristics akin to Spanish flu also sparked vaccination campaigns during the last two flu pandemics in 1957 and 1968, but neither of these outbreaks turned out to be major killers. The 1976 US swine flu epidemic - which refers to a domestic disease that kills a relatively high number of people - killed just one person. The hurried vaccine rollout however, killed 30 and cost the government $500 million in today's money. It also led hundreds more people to contract the crippling Guillian-Barre syndrome.

The trend toward overestimated contagions continued with SARS, the 2002-2003 respiratory disease. Nail-biting projections led the world to spend $80 billion to stop an emergence that ultimately killed 800 people and made 8,000 sick. In 2005, avian, or bird flu, cost the US government a billion dollars in vaccines and billions more in preparation for future outbreaks. The WHO warned it could kill 150 million people, yet the Hitchcockesque ailment felled just 250 people worldwide.

Perhaps, doctors went along with the sloppily-conceived H1N1 vaccination campaign because they tend to see vaccines as the single greatest lifesaver in modern medicine. The general medical view is that administering vaccines is a wise precaution, especially when dealing with a disease that

could mutate into a mass killer. But critics say this concern has to be balanced against the loss of public confidence in health authorities should a disease end up a blowout, the risk of side-effects in recipients of scantily tested drugs and the enormous cost of vaccines.

In retrospect, more doctors acknowledge that swine flu was oversold. The Intelligence firm Synovate released a survey of physicians on January 26, 2010, which found that 61 percent of all physicians in the UK, France, Germany, Italy, Spain, US, China, Taiwan and India felt the media over dramatized the H1N1 pandemic.

Corruption in Health Organizations?

Critics of the WHO say they promoted bad data to help drug makers get rich selling vaccines. This attack implies drug makers have a network of influence within the decision-making structure of the organization, a suggestion various officials confirm.

One high-level, long-term WHO employee, who preferred to remain anonymous for job security, described the WHO as follows: "WHO is infested by corruption. There is big corruption, like the management of H1N1, and there is small corruption; and between the big and the small corruption there is [corruption] in all imaginable forms. Unfortunately, it's not only the WHO."

Similar comments have come from other WHO insiders, such as William Aldis, a retired senior official who worked on the bird flu crisis. In a Huffington Post article from September 24, Aldis characterized the WHO's handling of swine flu in the following way:

"I am concerned WHO's communications is corrupted by the fact they push the buttons in the public's brains that will raise the most funds. That is incompatible with what the organization should be doing: serving the public with technically correct factual information, pure and simple."

Aldis Louise Voller, a journalist at the Danish Daily Information newspaper, has reported that pharmaceutical companies are present at meetings of WHO experts, and that purportedly independent scientists hired by the WHO are also consultants to the drug companies that make the vaccines.

=> https://www.information.dk/udland/2009/11/staerk-lobbyisme-bag-who-beslutning-massevaccination?lst_cntrb

On Tuesday, WHO’s Fukuda insisted that its swine flu scientists’ were not tainted by their private sector associations. The reason, he said, is that before each meeting, scientists are asked to declare all possible conflicts of interest. “These documents are gone over and examined. If there is some potential conflict of interest we go back and talk with them.”

While the WHO was initially set up to rely on funding from UN member countries, in recent years, this source has been rapidly overtaken by "voluntary contributions," which are provided by the private sector, national governments and NGOs. According to the WHO's 2008-2009 budget, $958 million was supplied by the UN, while three times as much - $3.2 billion - came from voluntary donations.

The WHO reports that only around 1 percent of these voluntary contributions come from the private sector, but the real total of private influence may be obscured. For example, companies can donate to foundations or NGOs which support their interests, thereby concealing the source of their contributions. According to internal WHO emails received by the British Medical Journal and described in a February 17, 2007, article, Benedetto Saraceno, the director of the WHO's department of mental health and substance abuse, advised a patient group to accept money from GlaxoSmithKline and then pass it on to the WHO in order to mask the money's origins.

Dr. Wodarg told the Council of Europe Tuesday that there has been dissent ever since the shift toward public-private partnership began in earnest in 2001.

"Already then there were very critical voices against the influence. [WHO's] administration is made of people not well paid who can't fight against the pay of people in and from the industry - they are simply swept aside ... [private] influence is rampant and that is why we can't understand why the WHO we used to love ... has become unrecognizable to us."

Journalist and author William Engdahl has made it his mission to focus on one WHO expert in particular, Dr. Albert Osterhaus. Osterhaus sat on the WHO's Strategic Advisory Group of Experts (SAGE), which made strategic decisions regarding swine flu. Osterhaus is linked to "every major virus panic of the past decade, from the mysterious SARS ... [to] publicizing dangers of what he claimed was H5N1 Avian Flu," and even to swine flu, Engdahl reported.

On October 16, Science magazine said this about Osterhaus:

"For the past 6 months, one could barely switch on the television in the Netherlands without seeing the face of famed virus hunter Albert Osterhaus talking about the swine flu pandemic. Or so it has seemed. Osterhaus, who runs an internationally renowned virus lab at Erasmus Medical Center, has been Mr. Flu. But last week, his reputation took a nosedive after it was alleged that he has been stoking pandemic fears to promote his own business interests in vaccine development."

=> https://www.science.org/doi/full/10.1126/science.326_350b

A Science blog from November 3 said Osterhaus had emerged from the investigation unscathed.

Russian lawmaker, Igor Barinov, chairman of the Duma Health Committee, recently launched an investigation into corrupt relations between the WHO and the pharmaceutical industry. If the investigation confirms allegations against the WHO, Barinov said Russia should withdraw from the WHO.

A similar scheme for potential corruption is present at the CDC. On June 8, just a few days before the WHO declared swine flu a pandemic, the CDC was taken over by Dr. Thomas Frieden. Prior, Frieden had been the top health official in New York City and worked overseas for the WHO. In both capacities, he was an active proponent of mass vaccinations against tuberculosis. Under Frieden's direction, the CDC announced a hefty vaccine-based response to the virus and outlined a distribution effort that some doctors say constitutes the largest vaccine experiment ever on pregnant women.

The former CDC director, Dr. Julie Gerberding, was hired by Merck in December to serve as president of the vaccine department. While in charge of the CDC, Gerberding came under intense criticism for bonuses she gave to employees who worked closely with her. And during the Bush presidency, Gerberding oversaw a drastic, multi-year revamping process at the CDC in which dozens of the organization's most respected experts quit their jobs.

The Washington Post reported on August 31, 2004, that a number of CDC officials thought the restructuring plan was "part of a larger administration effort to politicize science." In one organizational shift, vaccine safety was moved out of the domain of the National Immunization Program.

Robert A. Keegan, a high-level official, circulated a memo among the CDC's top leaders in which he revealed that employees who disagreed with official data had been "cowed into silence," the Post reported on March 6, 2005. Margaret Scarlett, who spent 15 years in the Centers' AIDS program before leaving in 2001, was quoted as saying, "Political ideology is being substituted for science."

A possible source of monetary influence by drug makers is the CDC Foundation, a nonprofit organization, which raises money for the CDC's efforts through private donations. Whatever the means, clearly the capacity and incentive for drug makers to lean on science are enormous.

Pandemic Profit

All US contracts for H1N1 vaccines went to just five companies: CSL Limited, Novartis, Sanofi Pasteur, GlaxoSmithKline and MedImmune. All five also produced shots for either SARS or avian flu. When the response to swine flu took full flight in the second and third quarters of 2009, these firms' earnings skyrocketed. But according to British MP, Paul Flynn, that was part of the drug makers' plan. Prior to winning any contracts, drug makers invested $4 billion in preparations for swine flu, he said. That investment may have gone to developing and patenting new, super-fast methods to create vaccines, such as using a bioreactor to grow viruses, said Dr. Wodarg. These patents were key to drug industry profits, since companies can charge much more for patented drugs than unpatented ones, Wodarg said.

"If you have a patent you can monopolize ... and this is what industry did: Invented a fast way to produce vaccines and had it patented, which is much more expensive ... The alternative is not to have vaccines patented ... By decentralizing the production you could be as fast and you wouldn't have this small way you have to pass negotiating with one enterprise that has monopoly, or with four enterprises. It's the economic dimension of the problem which we have to have in mind as we consider how this all happened."

Food and drug agencies in Canada, the UK, France, the US, and elsewhere guaranteed vaccine manufacturers that they would be shielded from any lawsuits connected to the vaccines. This enabled companies to fast track the testing process, reducing some trials to as little as five days.

Wodarg has also voiced concern that the hastily developed vaccines are not entirely safe. He is a fierce opponent of adjuvanted vaccines, which contain a kind of immune booster shown to produce autoimmune responses in some children. Adjuvanted vaccines were sold in parts of Europe and Canada, but are banned in the US.

The private research group, Markets and Markets, estimated that the global H1N1 vaccine market will be worth over $7 billion a year by 2011.

Such incredible profits have sparked a wider shift in medicine from care to profit, according to Marcia Angell M.D., former editor in chief of The New England Journal of Medicine and a senior lecturer at Harvard Medical School.

"Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself."

Angell wrote a book called "The Truth About the Drug Companies: How They Deceive Us and What to Do About It." She reported that the drug industry spent around 14 percent of sales profits on research and development in 2000, while spending closer to 35 percent on "marketing and administration." How that expenditure breaks down is not public knowledge, but 35 percent comes out to a lot of money.

See: Charatan F. The Truth About the Drug Companies: How they deceive us and what to do about it. BMJ. 2004 Oct 9;329(7470):862. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC521592/

In 2002, just ten drug companies in the Fortune 500 made more profits than all the other 490 companies put together, according to Angell. Pfizer, GlaxoSmithKline and Merck alone made $287 billion in 2007, according to the 2008 Pharma Report by IMS, a market intelligence firm.

In the words of Alyaksandr Lukashenka, president of the eastern European country Belarus, who spoke on Radio Free Europe last December: "I know very well what is going on in this super-corrupt, gangster circle of medicine producers. Today, [pharmaceutical companies] squeal like swine; tomorrow, perhaps, they'll purr like cats or moo like cows."

Dud Vaccines for Dud Diseases?

Perhaps the most sinister thing about the swine flu fluke is not that the disease has turned out to be a dud, but that the drugs themselves may be duds as well.

The Atlantic magazine ran a piece last November entitled, "Does the Vaccine Matter?" which concluded that medical data showing flu vaccines don't work has been squashed.

The Atlantic piece cites a rigorous study done by the Group Health Research Center in Seattle, which found seasonal flu vaccines to be ineffective. The study was marginalized to a little-read journal, The Atlantic said.

The December issue of The Lancet cites a master study which reviewed all previous flu vaccine studies. The report found, in the final assessment, no evidence that flu vaccines prevent death in children 2 and under - and advises they not be vaccinated.

As Dr. Wodarg put it: "*Our children are vaccinated unnecessarily with the new vaccine*. Scientifically this is a very big error and they don't deserve our trust when they go on like this."

But perhaps the oddest study concerning flu shots was done in Canada. The paper is still under peer review, yet the results were apparently leaked. According to a September 30 article in The Globe and Mail, the study found that Canadians who received last year's seasonal flu vaccine were twice as likely to get swine flu this year. =>

https://web.archive.org/web/20100406062751/http://www.theglobeandmail.com/news/technology/science/study-prompts-provinces-to-rethink-flu-plan/article1303330/

Well-respected researchers Dr. Gaston de Serres of Laval University and Dr. Danuta Skowronski of the British Columbia Centre led the major study for Disease Control. Ethan Rubinstein, who leads the adult infectious diseases department at the University of Manitoba, said the study has "a large number of authors, all of them excellent and credible researchers," and added that the "solid" research drew on a huge sample size of around 12 million people.

[This study was published only after pandemic was over and considered to be a fake pandemic]

=> Janjua NZ, Skowronski DM, et al. Seasonal influenza vaccine and increased risk of pandemic A/H1N1-related illness: first detection of the association in British Columbia, Canada. Clin Infect Dis. 2010 Nov 1;51(9):1017-27. doi: 10.1086/656586. https://pubmed.ncbi.nlm.nih.gov/20887210/

Scientists have no idea how seasonal flu vaccines and H1N1 might be connected.

One frightening possibility is suggested by the work of one of the most extreme voices in the budding movement of people who question the motives behind the swine flu vaccination plan.

Austrian science journalist Jane Burgermeister is suing the drug company Baxter for allegedly sending out about 160 pounds of seasonal flu vaccines containing bird flu-contaminated vaccine. Baxter's intent, she claims, was to instigate a pandemic. Burgermeister, who formerly wrote for the *British Medical Journal*, *Nature* and *The Scientist*, was recently fired from her job as European correspondent of the *Renewable Energy World* web site. Burgermeister believes she lost her job due to the lawsuit.

H1N1 is composed of flu strains from flu viruses found in birds, humans and pigs from both the US and Europe. One leading theory is that the international pig trade enabled the crossing of strains, but according to a Virology Journal article from November 24, how the H1N1 formed remains a mystery to science. The new strain of swine flu emerged last April, with the first cases found in Mexico. However, it is now widely believed to have spawned at hog farms in the US, the Journal reported. =>

Gibbs, A.J., Armstrong, J.S. & Downie, J.C. From where did the 2009 'swine-origin' influenza A virus (H1N1) emerge?. *Virol J* **6**, 207 (2009). https://doi.org/10.1186/1743-422X-6-207

Forbes

Michael Fumento

Why the WHO Faked a Pandemic

Forbes, 5 February 2010, 4:35 pm EST
https://web.archive.org/web/20201011163656/https://www.forbes.com/2010/02/05/world-health-organization-swine-flu-pandemic-opinions-contributors-michael-fumento.html#4295c65248e8

The World Health Organization has suddenly gone from crying "The sky is falling!" like a cackling Chicken Little to squealing like a stuck pig. The reason: charges that the agency deliberately fomented swine flu hysteria. "The world is going through a real pandemic. The description of it as a fake is wrong and irresponsible," the agency claims on its Web site. A WHO spokesman declined to specify who or what gave this "description," but the primary accuser is hard to ignore.

The Parliamentary Assembly of the Council of Europe (PACE), a human rights watchdog, is publicly investigating the WHO's motives in declaring a pandemic. Indeed, the chairman of its influential health committee, epidemiologist Wolfgang Wodarg, has declared that the "false pandemic" is "one of the greatest medicine scandals of the century."

Even within the agency, the director of the WHO Collaborating Center for Epidemiology in Munster, Germany, Dr. Ulrich Kiel, has essentially labeled the pandemic a hoax. "We are witnessing a gigantic misallocation of resources [$18 billion so far] in terms of public health," he said.

They're right. This wasn't merely overcautiousness or simple misjudgment. The pandemic declaration and all the Klaxon-ringing since reflect sheer dishonesty motivated not by medical concerns but political ones.

Unquestionably, swine flu has proved to be vastly milder than ordinary seasonal flu. It kills at a third to a tenth the rate, according to U.S. Centers for Disease Control and Prevention estimates. Data from other countries like France and Japan indicate it's far tamer than that.

Indeed, judging by what we've seen in New Zealand and Australia (where the epidemics have ended), and by what we're seeing elsewhere in the world, we'll have considerably fewer flu deaths this season than normal. That's because swine flu muscles aside seasonal flu, acting as a sort of inoculation against the far deadlier strain.

Did the WHO have any indicators of this mildness when it declared the pandemic in June?

Absolutely, as I wrote at the time. We were then fully 11 weeks into the outbreak and swine flu had only killed 144 people worldwide--the same number who die of seasonal flu worldwide every few *hours*. (An estimated 250,000 to 500,000 per year by the WHO's own numbers.) The *mildest* pandemics of the 20th century killed at least a million people.

But how could the organization declare a pandemic when its own official definition required "simultaneous epidemics worldwide with enormous numbers of deaths and illness." Severity – that is, the number of deaths – is crucial, because every year flu causes "a global spread of disease."

Easy. In May, in what it admitted was a direct response to the outbreak of swine flu the month before, WHO promulgated a new definition matched to swine flu that simply eliminated severity as a factor. You could now have a pandemic with zero deaths.

Under fire, the organization is boldly lying about the change, to which anybody with an Internet connection can attest. In a mid-January virtual conference WHO swine flu chief Keiji Fukuda stated: "Did WHO change its definition of a pandemic? The answer is no: WHO did not change its definition." Two weeks later at a PACE conference he insisted: "Having severe deaths has never been part of the WHO definition."

They did it; but why?

In part, it was CYA for the WHO. The agency was losing credibility over the refusal of avian flu H5N1 to go pandemic and kill as many as 150 million people worldwide, as its "flu czar" had predicted in 2005.

Around the world nations heeded the warnings and spent vast sums developing vaccines and making other preparations. So when swine flu conveniently trotted in, the WHO essentially crossed out "avian," inserted "swine," and WHO Director-General Margaret Chan arrogantly boasted, "The world can now reap the benefits of investments over the last five years in pandemic preparedness."

But there's more than bureaucratic self-interest at work here. Bizarrely enough, the WHO has also exploited its phony pandemic to push a hard left political agenda.

In a September speech WHO Director-General Chan said "ministers of health" should take advantage of the "devastating impact" swine flu will have on poorer nations to get out the message that "changes in the functioning of the global economy" are needed to "distribute wealth on the basis of" values "like community, solidarity, equity and social justice." She further declared it should be used as a weapon against "international policies and systems that govern financial markets, economies, commerce, trade and foreign affairs."

Chan's dream now lies in tatters. All the WHO has done, says PACE's Wodart, is to destroy "much of the credibility that they should have, which is invaluable to us if there's a future scare that might turn out to be a killer on a large scale."

СТАТЬЯ ПО ВАМ ПЛАЧЕТ!

Майкл Фументо

Как ВОЗ инсценировала пандемию «свиного гриппа»

Перевод статьи

Michael Fumento. Why The WHO Faked A Pandemic. – Forbes, 5 February 2010

https://redko-da-metko.ru/2021/05/09/kak-voz-inszenirovala-pandemiu-svinogo-grippa/

Всемирная Организация Здравоохранения внезапно перестала кричать: «небо падает!» – как кудахчущая курица. Причина: обвинения в том, что ведомство намеренно разжигало истерию вокруг свиного гриппа. [в 2009-2010 гг]

«Мир переживает настоящую пандемию. Описание его как подделки является неправильным и безответственным», – говорится в заявлении агентства на его веб-сайте.

Представитель ВОЗ отказался уточнить, кто или что дал это «описание», но главного обвинителя трудно игнорировать.

Парламентская ассамблея Совета Европы (ПАСЕ), наблюдатель за соблюдением прав человека, публично расследует мотивы ВОЗ, объявившей пандемию.

Действительно, председатель его влиятельного комитета по здравоохранению, эпидемиолог Вольфганг Водарг, заявил, что «ложная пандемия «является» одним из величайших медицинских скандалов века»

Даже в рамках агентства директор сотрудничающего центра ВОЗ по эпидемиологии в Мюнстере, Германия, д-р Ульрих Киль, по существу, назвал пандемию мистификацией [свиного гриппа].

«Мы наблюдаем гигантское нерациональное распределение ресурсов (на момент 2010 года – 18 миллиардов долларов) с точки зрения общественного здравоохранения», – сказал он.

Они правы. Это была не просто чрезмерная осторожность или просто неверное суждение. Декларация о пандемии и все сигналы опасности с тех пор отражают нечестность, мотивированную не медицинскими соображениями, а политическими мотивами

Бесспорно, свиной грипп оказался значительно мягче обычного сезонного гриппа. По оценкам американских Центров по контролю и профилактике заболеваний, он убивает от трети до десятой части населения.

Данные из других стран, таких как Франция и Япония, указывают на то, что он гораздо более опасен.

Действительно, судя по тому, что мы видели в Новой Зеландии и Австралии (где эпидемии закончились), и по тому, что мы видим в других частях мира, у нас будет значительно меньше смертей от гриппа в этом сезоне, чем обычно.

Это потому, что свиные гриппозные вирусы находятся в стороне от сезонного гриппа, действуя как своего рода прививка против гораздо более смертоносного штамма.

Были ли у ВОЗ какие-либо признаки легкого течения данного заболевания, когда она объявила пандемию в июне?

Абсолютно, как я тогда и писал . В то время мы были на 11 неделе вспышки, и свиной грипп убил только 144 человека во всем мире – то же самое число, которое умирает от сезонного гриппа во всем мире каждые несколько часов

(По оценкам ВОЗ, от 250 000 до 500 000 человек в год.) Самые мягкие пандемии 20-го века унесли жизни по меньшей мере миллион человек.

Но как организация могла объявить пандемию, когда ее собственное официальное определение требовало «одновременных эпидемий во всем мире с огромным числом смертей и болезней»

Серьезность – то есть количество смертей – имеет решающее значение, потому что каждый год грипп вызывает глобальное распространение болезни

Легко. В мае, в том, что она признала, было прямым ответом на вспышку свиного гриппа месяцем ранее, ВОЗ обнародовала новое определение, соответствующее свиному гриппу, которое просто устранило тяжесть как фактор. Теперь у вас может быть пандемия с нулевой смертностью. Как так?

В середине января на виртуальной конференции ВОЗ по свиному гриппу глава Кэйдзи Фукуда заявил: «изменила ли ВОЗ свое определение пандемии?

Ответ отрицательный: кто не изменил своего определения. Две недели спустя на конференции ПАСЕ он настаивал: «наличие тяжелых смертей никогда не было частью определения ВОЗю

Они сделали это, но зачем?

Агентство теряло доверие из-за отказа птичьего гриппа H5N1 (по прогнозам) перейти в пандемию и убить до 150 миллионов человек во всем мире, как и предсказывал его «царь гриппа» [глава ВОЗ] в 2005 году.

Страны всего мира прислушались к этим предостережениям и потратили огромные суммы на разработку вакцин и других препаратов. Поэтому, когда свиным гриппом удобно было воспользоваться.

ВОЗ по существу вычеркнула «птичий», вставила «свиной», и генеральный директор ВОЗ Маргарет Чен высокомерно похвасталась: «мир теперь может пожинать плоды инвестиций за последние пять лет в обеспечение готовности к пандемии.»

Но тут дело не только в бюрократическом эгоизме. Как ни странно, ВОЗ также использовала свою фальшивую пандемию для продвижения жесткой левой политической повестки дня.

В сентябре выступление генерального директора ВОЗ Чан сказала, что свиной грипп следует использовать в качестве оружия против «международной политики и систем, которые управляют финансовыми рынками, экономикой, торговлей и иностранными делами»ю

Мечта Чан теперь в клочьях. Все, что сделал ВОЗ, говорит Уодарт Пейса, – это разрушила «большую часть доверия, которое они должны были иметь, что бесценно для нас, если есть будущий страх, который может оказаться убийцей в больших масштабах.

Майкл Фументо. 2010 год. Журнал Forbes

Mail Online

Tom Rawstorne

Special Investigation: The men who made a killing out of Swine Flu while we wasted £1bn and were exposed to harmful drugs

Daily Mail, 6 February 2010, 2:15 AM
http://www.dailymail.co.uk/news/article-1248878/SPECIAL-INVESTIGATION-The-men-killing-swine-flue-wasted-1bn-exposed-harmful-drugs.html#

Only in her bedroom can Samantha Millard find some relief from the almost constant pain that racks her skeletal frame.

Her blistered skin is so sore that she has to moisturise it up to ten times a day, and her eyes are so painful and her vision so blurred that she can barely see. The 19-year- old cannot read or watch TV. Instead, she closes two pairs of curtains to block out the light, lies down on her bed and listens to the radio hour after hour. So much for the teenager's dreams of becoming an air hostess. For Samantha, even going to the shops with her mother is a journey too far. Samantha's probems started in December when she started to feel under the weather, called her GP's surgery and was told to ring the NHS swine flu helpline. Samantha did as she was bid and, after a brief chat on the phone, was diagnosed as suffering from the H1N1 virus.

As is government policy, she was prescribed the anti-viral drug Tamiflu, and her mother collected it for her. But just three tablets into the course, Samantha suffered an horrific allergic reaction to the medication. She spent four weeks in hospital and has only recently returned home, but has been told it could be months, even years, before she recovers fully. As if what Samantha experienced were not bad enough, her story has a final sting in the tail.

Tests carried out while she was in hospital showed that she didn't have swine flu at all and so shouldn't have been prescribed Tamiflu in the first place. 'When we were told that, I couldn't believe it,' says her mother Debbie. 'I went to pick up the Tamiflu and gave it to her - and it nearly killed her. And she didn't even need it.' The anger felt by Samantha and her family is intense. And while their experience is an extreme one, they are not alone in believing that they are the victims of one of the biggest medical scandals of modern times.

For since Christmas, the numbers estimated to have contracted the virus have been falling and now stand at fewer than 5,000 a week. During the outbreak's peak, late last summer, the figure was 100,000. The rate of GP consultations for flu-like illness is now around 12 per 100,000 – lower than normal for this time of year.

Ten months after the first cases of swine flu were identified in Mexico City, British health chiefs this week said that the NHS 24-hour flu helpline would close next Thursday – essentially heralding the end of the pandemic. However, there is a growing feeling that the threat posed by swine flu was grossly exaggerated. Further, the contention is that this exaggeration was deliberate and was stoked by the pharmaceutical companies that stood to cash in on a world desperate for their drugs.

Here in Britain, the Chief Medical Officer, no less, predicted that 65,000 people could die of the virus, putting the very fabric of society at risk. The Government, desperate to be seen to be doing something, responded in a way that has become alltoofamiliar: pouring out taxpayers' money.

In all, the British Government spent £1billion stockpiling anti-viral drugs such as Tamiflu and ordering enough vaccines to give two doses to every man, woman and child.

At the same time, normal medical procedures were abandoned so that call centre workers - unqualified and often very young – could diagnose the sick and dole out medication. But the Doomsday scenario predicted never unfolded. In fact, just 411 people in the UK have so far died as a result of swine flu. Of them, roughly 80 per cent had underlying health problems. That means that fewer than 100 people have been killed by swine flu alone. While each of those deaths is, of course, a tragedy, the question must be asked: how many other people's health has suffered, and will suffer, because of this diversion of funds and energy?

What also should not be underestimated is the stress and strain placed on families as they were left to decide whether to treat their sick children with powerful antivirals, with all their potential side-effects.

The same goes for the untested vaccine which was targeted, in particular, at pregnant women and young children.

The sense of relief that the H1N1 virus seems not to have been as virulent as was first feared is fast evaporating. In its place is a sense of betrayal and real concern that the next time a similar virus strikes, formerly trusting citizens will be far less willing to do as they are told.

So, what went wrong? First, we need to examine the role of the National Pandemic Flu Service (NPFS). More commonly known as the swine flu hotline, it was launched last July as the frontline in the Government's battle against the virus.

Designed to take pressure off GPs and prevent the spread of the bug, the service was responsible for ' diagnosing' the illness and dispensing anti-virals. Of those who contacted the NPFS between its launch and January 12 this year, 1,748,866 people were authorised to receive the anti-viral Tamiflu. Of this number, more than 1,125,000 patients went on to collect their free prescriptions.

A further 15,000 courses of Relenza, the alternative treatmentfor pregnant women, were also handed out.

Separately, the Government also embarked on a mass vaccination programme which saw 4.25 million people receive the jab. At first sight, the figures make impressive reading. But they have come at that huge £1billion cost. The money was spent primarily on purchasing the anti-virals and vaccines – and, make no mistake, they bought more than enough to go around.

Responding to warnings that 350 people could die every day in Britain, it is understood that 33 million courses of Tamiflu were purchased. Most of those remain unused. At the same time, between 90 million and 120 million doses of the vaccine were stockpiled. (It was initially believed that two jabs would be needed to provide protection – something that was subsequently disproved.) In other words, the amount of Tamiflu doled out and the amount of vaccines administered is dwarfed by the amount that stands unused. As a result, the Government is now desperately trying to renegotiate orders with suppliers, or to sell it cheap to Third World countries, and so recoup some of the money spent.

The Government argues that it is easy to be wise with hindsight and that all it was doing was following scientific advice. Further, it claims that if it had done nothing, then more people would have died.

But already experts are pointing to the experience of Poland, the only country in Europe which didn't inoculate against swine flu. There, some 150 people died from the disease – out of a population of 40 million. In December, its prime minister, Donald Tusk, said Poland had the rare 'courage' to refuse a vaccine that he believed had not undergone sufficient testing.

Contrast that with the reaction of the British government.

Last summer, Britain had effectively crowned itself Europe's swine flu capital. Indeed, such was the perception abroad of the problem that in 2009 foreign visitor numbers dropped by 5 per cent. But whether Britain was, in fact, any worse hit than elsewhere is unclear. Research suggests that as many as eight out of ten people diagnosed as suffering from swine flu by the hotline did not have it. That means that more than 800,000 of the one million-plus packets of Tamiflu – which cost around £15 each – were given out needlessly.

Further, doubt has also been cast onto the effectiveness of the Tamiflu anti-virals in treating the H1N1 virus.

While extreme adverse reactions to it, such as those suffered by Samantha, are rare – her case is being investigated by makers Roche – studies have claimed that it only marginally shortens the length of the illness.

Also, what nobody knows is how many patients suffering from potentially fatal illnesses such as pneumonia were misdiagnosed, so missing out on more appropriate treatment. In fact, scientists are now reporting that swine flu is only one-tenth as virulent as ordinary flu.

So who was to blame for all this? ***The finger is being pointed directly*** *at the World Health Organisation*, which stands accused of announcing 'a false pandemic' in June last year.

What was not widely known at the time was that in the spring, the WHO had softened its criteria for defining a pandemic. Instead of the requirement that pandemic strains should cause 'enormous morbidity and death', henceforth all that would be required for 'pandemic status' was ' sustained' transmission in at least two different parts of the world at the same time.

Critics now claim that the drug companies manipulated the WHO into downgrading its criteria for a pandemic so they could cash in on an outbreak. It is alleged that they were desperate to recoup costs, having invested some £2.5 billion developing vaccines to deal with the bird flu pandemic in 2007, which, as it transpired, never happened.

These accusations form the basis of an inquiry being conducted by the Strasbourg-based human-rights group, the Council of Europe.

Dr Wolfgang Wodarg is a former president of the council's Health Committee and is adamant that the world was misled. 'WHO advised us falsely,' he says. 'They raised a false alarm. It was stated that this was a flu that could threaten humanity.' Also giving evidence, Professor Ulrich Keil, a WHO adviser on heart disease, said the decision had led to a 'gigantic misallocation' of health budgets. 'We know the great killers include hypertension, smoking and high cholesterol,' he said. 'Despite this, governments instead wasted huge amounts of money by investing in pandemic scenarios whose evidence base is weak.'

Labour MP Paul Flynn believes the questions raised are legitimate ones: 'We need to know who is making the assessment of risk. Is it based on rational, independent epidemiological evidence, or is it influenced by the pharmaceutical industry for their own purposes?

'The main concern is that the drugs companies and the vaccine manufacturers have their tentacles in every area where decisions are taken – that includes the WHO, governments, civil service, and even charities. 'The overwhelming view now,' says Flynn, 'is that the scare was grossly exaggerated.'

In all, it is estimated that the companies behind the vaccines and anti-virals will scoop a £4 billion windfall from the pandemic. GlaxoSmithKline has revealed that sales of its vaccine reached £835 million in the fourth quarter of 2009. Sales of the drug Relenza have also earned it hundreds of millions of pounds. In the same period, Novartis notched up vaccine sales of more than £800 million, the vast majority coming from H1N1 sales. Meanwhile, drugs firm Roche reported an 8 per cent rise in annual sales last year, helped by sales of the swine flu drug Tamiflu, with profits up 14 per cent to £8.89billion.

These companies vehemently deny having influenced the way in which the swine flu pandemic was managed.

And the WHO is unapologetic. 'Let me state clearly for the record – the influenza pandemic policies and responses recommended and taken by WHO were not improperly influenced by the pharmaceutical industry,' said Dr Keiji Fukuda, the WHO's top flu expert.

'We do not wait until (these outbreaks) have developed and we see that lots of people are dying. What we try to do is take preventive actions. If we are successful, no one will die, no one will notice anything.'

Further, scientists warn that it is far too early to say that the threat from the H1N1 virus is over. They warn that a subsequent wave could strike, with more devastating impact.

For this reason, they are insisting that people continue to be vaccinated.

'When the virus returns in the 2010 flu season, those who develop complications or die will be doing so from a vaccinepreventable disease,' insists the Chief Medical Officer, Professor Sir Liam Donaldson.

But with a growing perception that the scientists have cried wolf one too many times, the fear is that people will be less inclined to follow such advice.

And in Britain there is a nagging worry that when it comes to managing a crisis, the Government simply cannot be relied upon.

This view is captured in a letter in a national newspaper written by a certain Gordon Stockley of Chester.

In January, as Britain ground to a halt in the snow, he summed up the feelings of many: 'You report that the country has grossly overstocked on swine flu medication. What a pity those responsible were not also in charge of ordering road salt.'

A rare moment of levity after what, for many, has been a worry-filled winter.

deepjournal THE NEWS BEHIND THE NEWS

Daan de Wit
Translated by Ben Kearney
WHO plays dubious role in Swine flu pandemic

Deep Journal, 6 February 2010
http://deepjournal.com/p/43/a/en/2540.html

On June 11, 2009 Margaret Chan, the Director-General of the WHO, declared the Swine Flu a pandemic. That's the highest phase – phase 6. It's the first worldwide flu pandemic in 41 years. 'Swine flu will be biggest pandemic ever, warns world health chief'. She also said: 'Based on past experience, this pandemic will be with us for some months, if not years, to come'. Chan's June 11th declaration is one that comes with great consequences.

The declaration of phase six means that emergency procedures are put into motion which bypass established systems designed to safeguard the public health. The result of this is described in part six of this DeepJournal series on the Swine Flu. Conclusion: the vaccine is being tested while being administered to the public. The definition of what a pandemic is, is therefore of great import.

WHO alters definition of pandemic

In her June 11th declaration Chan said that she had come to her decision to declare a pandemic because 'on the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met'. What she didn't say was that the WHO had previously adjusted the criteria for a pandemic downward. In May the headline of a small Reuters article read: 'WHO rethinks criteria for Phase 6 pandemic flu'.

What's clear is that in 2005 it was still necessary for a new influenza subtype to surface before it could satisfy the criterium for a pandemic. Since May of 2009, it is sufficient for an influenza virus to mutate relative to the original subtype. 'Under the new meaning, a pandemic does not need to cause high numbers of death or illness', writes Truthout. 'A month after changing the definition, with just 144 people dead from H1N1, the flu was given the WHO's highest threat classification: a "stage-six pandemic alert." => http://deepjournal.com/p/43/a/en/2527.html By comparison, the mildest 20th century pandemic killed a million people'.

Epidemiologist Tom Jefferson says on Swedish television: 'What they [WHO] have done, is that they have taken out the part that referred to simultaneous outbreaks, high morbidity - that is a very high number of severe cases - and mortality.
=> https://web.archive.org/web/20090901031548/https://www.infowars.com/scientist-tells-swedish-tv-who-pandemic-criteria-lowered-to-benefit-big-pharma/
So now, this 2009 definition, could very well fit seasonal influenza. So I don't understand what the difference is anymore. The new definition lowers the threshold. It makes [it into] a pandemic now and possibly a pandemic going on for some time'. Phase six is still in effect to this day . Jefferson goes on to say: 'And it obviously favours those who have to sell products'.
=>https://web.archive.org/web/20051124003932/https://www.who.int/csr/disease/avian_influenza/phase/en/index.html
The new classification has implications for the future, for 'according to the new definition, almost any influenza virus that mutates from the original subtype (a process known as "drift") would qualify as a pandemic strain if it spread readily from human to human'. The meaning of the term 'pandemic' has been considerably deflated by the new criterium. It's a cosmetic change that in practice is making a big difference.

WHO income streams

With an influential organization such as the WHO, independence is crucial. It's therefore justifiable to examine its sources of income. From an extensive article in the weekly Austrian magazine Profil it's evident that in 1998, the majority of the WHO's income came from governments. After the WHO entered into 'partnerships' in 2004, most of the money came from 'voluntary contributions', some of those of course coming from industry. According to last year's budget, those contributions amount to 2.3 billion euros, and that amount is about three times as much as what the countries of the UN contribute. Profil: 'The vaccine producers were invited - naturally - to all of the discussions on the pandemic'. =>

https://web.archive.org/web/20091102112547/https://www.profil.at/articles/0944/560/254615/schwindel-schweinegrippe-ist-aufregung-coup-pharmaindustrie

Big words, small numbers

'Every year an average of between 200 to 1000 people die from complications of the flu [in The Netherlands]', reports the Dutch National Institute for Public Health and the Environment. The institute made it known as early as December 24th of 2009 that the Swine Flu epidemic was over.

=>https://web.archive.org/web/20091226165729/https://nos.nl/artikel/124994-epidemie-mexicaanse-griep-voorbij.html

In The Netherlands, no more than 51 people died from it, of whom most were already sick when they contracted the flu. Worldwide the Swine Flu claimed 14,000 lives, according to the WHO.

=> https://web.archive.org/web/20100128025616/http://www.who.int/csr/disease/swineflu/coe_hearing/en/index.html

Journalist William Engdahl writes that that number is probably on the high side: 'The WHO, it turns out, lumps its statistics for flu deaths together with those from pneumonia, a completely separate and far more common illness and a far larger cause of death, in a disease classification it calls "Influenza and Pneumonia (J09-J18)."

=> https://www.globalresearch.ca/flying-pigs-saga-continued-who-admits-no-deadly-mutation-of-h1n1-swine-flu/15447

Epidemiologist Tom Jefferson adds to this the subtle distinction that only 'approximately 7 percent of influenza-like illness cases are caused by influenza viruses'.

=>https://www.spiegel.de/international/world/interview-with-epidemiologist-tom-jefferson-a-whole-industry-is-waiting-for-a-pandemic-a-637119.html

Margaret Chan said recently: 'The days when health officials could issue advice, based on the very best medical and scientific data, and expect populations to comply, may be fading'.

=>https://web.archive.org/web/20100414133052/http://www.who.int/dg/speeches/2010/executive_board_126_20100118/en/index.html

stern.de

Eine Milliarde durch den Schornstein gepfiffen

Stern.de, 9 Februar 2010, 09:20 Uhr
https://web.archive.org/web/20100211015315/http://www.stern.de/gesundheit/schweinegrippe-eine-milliarde-durch-den-schornstein-gepfiffen-1541954.html

Die Schweinegrippe ist vorbei und fast vergessen. Es gibt allerdings noch viel aufzuarbeiten, kritisiert der Epidemiologe Ulrich Keil. "Alle paar Jahre werden wir mit Epidemien geängstigt", sagt er im stern.de-Interview. "Dabei sind die großen Killer andere."

Zur Person Ulrich Keil ist Medizinprofessor an der Universität Münster und Leiter des dort angesiedelten "WHO Collaborating Centre for Epidemiology and Prevention of Cardiovascular and other Chronic Diseases". In einer Sitzung des Europarates kritisierte er das Vorgehen der WHO im Zusammenhang mit der Schweinegrippe scharf.

Herr Keil, der Hype um die Schweinegrippe ist vorbei. Können wir die Sache nun abhaken?
Nein. Bei dieser Geschichte gibt es noch viel aufzuarbeiten. Die Anhörung im Europarat war ein erster richtiger Schritt, doch es müssen noch weitere auch auf nationaler Ebene folgen.

Sie haben auf einer Sitzung des Europarates zum Thema Schweinegrippe der WHO vorgeworfen, die Angst vor H1N1 geschürt zu haben. Warum?
Alle paar Jahre werden wir mit Epidemien geängstigt. 2002/03 war es Sars, 2005/06 kam die Vogelgrippe. Jedesmal wurden große Angstkampagnen inszeniert. Bis jetzt waren das alles regionale Epidemien, die sich nur sehr begrenzt ausgebreitet haben. Weltweit erkrankten an der Vogelgrippe nur etwa 350 Menschen. Dennoch diente sie als Modell einer Pandemie. Auch bei der Schweinegrippe haben Virologen schnell Angst verbreitet, da das Virus in seiner Gefährlichkeit dem der Spanischen Grippe ähnlich sei. Der Vergleich war allerdings falsch. Damals war es eine gänzlich andere Situation. Das Virus traf auf eine durch den ersten Weltkrieg geschwächte, unterernährte Bevölkerung. Seit 1840 nimmt die Lebenserwartung in der westlichen Welt pro Dekade um zweieinhalb Jahre zu. Die letzte große Grippeepidemie in Deutschland, die sich auf die Lebenserwartung ausgewirkt hat, war 1968.

Heißt das, als gut ernährte und versorgte Menschen in der westlichen Welt müssen wir uns vor einem Pandemie-Virus gar nicht fürchten?
Dass uns nie wieder eine schwere Pandemie treffen wird, kann natürlich niemand vorhersagen. Wichtig ist aber, die größeren Abwehrkräfte der Menschen, sprich ihre Resistenz zu beachten. Die großen Killer sind in Wahrheit heute andere: chronische Erkrankungen wie Bluthochdruck oder Diabetes oder ungesundes Verhalten, wie falsche Ernährung, Rauchen oder zu wenig Bewegung. Ärgerlich ist ja: An allen Ecken und Enden fehlt uns Geld im Gesundheitssystem und dann wird bei der Schweinegrippe eine Milliarde oder mehr durch den Schornstein gepfiffen.

Wer hat falsch gehandelt?
Die WHO und die nationalen Institutionen hätte umschwenken müssen, als klar war, dass die Grippe auf der südlichen Hemisphäre im Winter einen milden Verlauf nimmt. Das war ein deutliches Zeichen, dass keine Killerpandemie droht. Stattdessen hatte man schon zuvor die Definition der

Pandemie geändert. Nicht mehr der Schweregrad sondern allein die Verbreitung eines Virus zählt nun. Ketzerisch gefragt: Wird die WHO dann im kommenden Jahr auch Schnupfen zur Pandemie erklären und dagegen impfen wollen?

Was hat die Ausrufung der Pandemie für die Verträge bedeutet, die zwischen den Regierungen und der Pharmaindustrie schon bestanden?

Ganz einfach: Die Ausrufung der Stufe sechs des Pandemieplanes durch die WHO hat die zwischen Regierungen und Pharmaindustrie bestehenden Verträge in Kraft gesetzt. Die Impfkampagne konnte anlaufen.

Warum hat die WHO so gehandelt?

Ich will die WHO nicht verunglimpfen, denn sie hat große Verdienste, zum Beispiel bei der Ausrottung der Pocken oder der fast vollständigen Ausrottung der Kinderlähmung. Bei der Schweinegrippe glaube ich, dass sie unter Druck gesetzt wurde. Ich kenne die WHO seit 1973. Viele leitende Stellen waren damals mit Leuten aus dem ehemaligen Ostblock besetzt, die von der Industrie nichts wissen wollten. Bis 1990 war die Organisation von Industrieinteressen daher fast vollkommen frei. Danach erfolgte eine starke Öffnung hin zur Industrie.

Bleiben die Alarmstufe und die Pandemiedefinition eigentlich jetzt so bestehen?

Das wurde in Straßburg debattiert. Die WHO hat in dieser Hinsicht bis jetzt nichts zurückgenommen - weder bei der Pandemiedefinition noch bei der Alarmstufe. Letztere soll noch zwei Jahre bestehen bleiben. Ich bin der Meinung, dass man den Pandemiealarm schon längst hätte zurückstufen müssen. Alles andere ist absurd.

Schweinegrippe in Deutschland Dem Robert-Koch-Institut zufolge sind mittlerweile ungefähr 220.000 Fälle von Schweinegrippe in Deutschland bekannt, 186 Neuerkrankungen kamen in der vierten Kalenderwoche 2010 dazu. Der Anstieg ist damit modert. Insgesamt wurden 216 Todesfälle im Zusammenhang mit H1N1 gemeldet. Bis Jahresende ließen sich laut Paul-Ehrlich-Institut 7,5 Prozent der Bevölkerung älter als 14 Jahre gegen H1N1 impfen. Für 30 Prozent hatten die deutschen Behörden Impfstoff eingekauft.

Wie hätte die WHO reagieren müssen, nachdem erkennbar war, dass die Schweinegrippe in den meisten Fällen mild verläuft?

Vor allem hätte man in die ursprünglichen Pandemiepläne Kontrollmechanismen einbauen müssen, die garantiert hätten, dass bei einem milden Verlauf der Erkrankung Alarmstufen zurückgefahren worden wären. Den Verlauf zu beobachten und die Gefahr abzuschätzen, ist auch die Aufgabe guter Infektionsepidemiologen und der Landesbehörden. Sie hätten eingestehen müssen: Wir haben übertrieben, es verläuft nicht so schlimm, eine riesige Impfkampagne brauchen wir nicht.

Was hat die Aktion den deutschen Steuerzahler gekostet?

Die Steuerzahler beziehungsweise die gesetzliche Krankenversicherung mindestens eine Milliarde. Aus meiner Sicht sogar mehr. In Straßburg wurde auch besprochen, dass die Industrie insgesamt für Entwicklung und Herstellung der Impfstoffe vier Milliarden ausgegeben und wohl 18 Milliarden Umsatz weltweit gemacht hat.

Warum hat man sich in Deutschland auf diese Verträge überhaupt eingelassen?

Es ist hart zu sagen, aber in den Ministerien war teilweise zu wenig Sachverstand am Werk. Das waren Knebelverträge, die Industrie hat den Staat dabei über den Tisch gezogen. Vertraglich war zugesichert, dass 50 Millionen Dosen abgenommen werden müssen, für die Nebenwirkungen und eventuelle Risiken bestand allerdings keine Haftung. Nun wird generös gesagt, dass die Länder nur Impfstoffe für 34 Millionen kaufen müssen. Im Prinzip hat sich die Industrie trotzdem schadlos gehalten.

Allerdings braucht man die Industrie ja auch.

Ja. Als Gegner der Tabakindustrie habe ich immer gesagt, dass diese Industrie etwas anderes ist als die pharmazeutische Industrie. Die Tabakindustrie produziert ein Produkt, das in jeder Menge die Menschen schädigt. Die Pharmaindustrie macht auch viel Gutes, wir brauchen sie und sie ist eine Säule unseres Gesundheitswesens. Die Impfstoffproduktion in staatliche Hand zurückzugeben, ist kaum möglich. Fachleute befürchten nicht zu Unrecht, dass dann auch die Innovation auf der Strecke bliebe. Allerdings muss die Pharmaindustrie strengeren Regeln unterworfen werden. Es ist zum Beispiel ein Skandal, dass diese Industrie ein Vielfaches ihres Forschungsetats in Werbung und Marketing steckt.

Wer soll die Industrie denn an die Kandare nehmen?

Die große Schwierigkeit auf diesem Gebiet ist es, unabhängige Gutachter zu bekommen. Von Studentenbeinen an ist in der Medizin der Einfluss der pharmazeutischen Industrie und der Geräteindustrie unverkennbar. Daher sind unabhängige Institutionen wie das Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen so wichtig. Es ist allerdings zu befürchten, dass dessen Stand unter der neuen Regierung nicht gerade gestärkt wird. Problematisch ist bei der Schweinegrippe leider auch die Arroganz mancher Fachleute. Man argumentiert, dass es so kompliziert ist, dass die lieben Leute es gar nicht verstehen können.

Aber die lieben Leute haben mit den Füßen abgestimmt.

Ja. Die Bevölkerung hat sich zum Glück nicht täuschen lassen. Die Leute haben gemerkt, dass es sich bei der Schweinegrippe um keine gravierende Krankheit handelt. Es ist ja auch falsch, die Menschen für dumm zu verkaufen. Es ist Aufgabe von Wissenschaftlern, die Fakten auch Laien verständlich und ohne Interessenkonflikte darzustellen.

Dann erklären Sie doch bitte, ob die beschworene gefährliche Mutation des H1N1-Virus noch droht?

Das sehe ich nicht. Eine so gravierende Mutation erfolgt ja nicht auf einen Schlag, das geht in mehreren Stufen. Ansonsten würde das auch bedeuten, dass sie mit einem Mal mit dem alten Impfstoff nichts mehr anfangen können. Das bestreiten aber Institutionen wie das Robert-Koch- oder das Paul-Ehrlich-Institut. Gleichzeitig verweisen sie gerade auf die gefährliche Mutation als Grund für die Pandemieimpfung. Da muss man die Logik einmal hinterfragen. Für mich sieht es jedenfalls so aus, als ob wir die Schweinegrippe überstanden haben. Auf der südlichen Hemisphäre ist sie sehr mild verlaufen und auch bisher nicht in einer zweiten Welle wiedergekommen.

=> *Stern interview – see above*

WHO scientist demands investigations at national level into swine flu scam

The Flu Case, 9 February 2010, 12:42
https://web.archive.org/web/20100220013542/http://www.theflucase.com/index.php?option=com_content&view=article&id=2718%3Awho-scientist-demands-investigations-at-national-level-into-swine-flu-scam&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Dr Ulrich Keil from the University of Münster and Director of a WHO centre, said that investigations should be opened into the role of national governments in the swine flu scam in a hard-hitting interview with the German magazine Stern.

=> https://web.archive.org/web/20100211015315/http://www.stern.de/gesundheit/schweinegrippe-eine-milliarde-durch-den-schornstein-gepfiffen-1541954.html

Keil, who participated in a Council of Europe Parliamentary Assembly hearing on WHO's declaration of a pandemic emergency over the mild swine flu, said that mechanisms should have

built into pandemic management plans to stop an emergency declaration that triggered a mass vaccination campaign with potentially dangerous jabs being made over a mild infections.

He criticised national infectious disease monitoring bodies as well as WHO for exaggerating the danger of the swine flu.

"Luckily , people didn't let themselves be taken in. People noticed the swine flu is not a serious illness. It is a mistake to think people are stupid. It is the job of scientitsts to make facts comprehensible to lay people and without conflicts of interest," he said.

In addition, he said WHO's plan to keep the world on a pandemic level six emergency for another two years in spite of the evidence there is no pandemic "absurd" and said the pandemic level should have been reduced "long ago."

"A lot more needs to be done to get to the bottom this story. The hearing in the Council of Europe was an first, correct step, but others must follow on a national level," Keil said.

If a lethal pandemic were ever to emerge, the best defence would be strenghtening people's immune system (vitamins etc), he said, gently side-lining the role of vaccines altogether.

He said that the real killer diseases of today are not pandemics, but chronic illnesses such as high blood pressure, diabetes or illnesses that come from a poor diet, smoking or too little exercise.

Also, he said that "a billion euros or more has gone up in smoke" for the swine flu, money sorely needed for other treatments at a time when the health system is suffering from underfunding.

Keil said that it had become clear early on that no lethal mutation had remained mild in the southern hemisphere in winter. Furthermore, if the swine flu virus did undergo a significant mutation to become lethal, the vaccines would be useless, undermining WHO's argument.

"You have to ask about the logic," he said.

Keil called for stronger regulation of the pharmaceutical industry, noting ist influence on governments and acdemia the lack of independent scientists.

He called it a scandal such a high proportion of ist revenue is spent on marketing and advertising.

The issue of whether bribes, off-shore bank accounts and other financial inducements have been given to officials to get them to go along with the swine flu scam has been spotlighted by the investigation into the activities of Dutch virologist Albert Osterhaus.

Keil focussed on the fact that pharmaceutical companies would still be paid for 34 million swine flu vaccines under current agreements, boosting vaccine manufacturer earnings.

The WHO scientists said WHO had opened ist doors to industry from 1990, leading to a massive influence on the organisation by the pharma lobby.

Keil attributed the relative lack of influence industry had on WHO up until then to the fact that many leading positions were held by people in the former eastern bloc, who had little interest in close contact with industry.

He criticised the current government for ist role in undermining independent institutes.

Keil's interview is sure to add to the pressure to mount a full investigation in Germany into the swine flu scandal.

A parliamentary inquiry has already been launched in France.

THE FLU CASE

Husband of health minister who signed Austrian pandemic plan embroiled in bribery scandal

The Flu Case, 9 February 2010, 12:46
https://web.archive.org/web/20100220013547/http://www.theflucase.com/index.php?option=com_content&view=article&id=2719%3Ahusband-of-health-minister-who-signed-austrian-pandemic-plan-embroiled-in-bribery-scandal&catid=1%3Alatest-news&Itemid=64&lang=en

Austrian Count Alfons Mensdorff-Pouilly was granted bail by a UK court after former minister John Gummer gave the judge a note vouching for his good character and after paying a 1 million pounds.

The unexpected leniency of a UK court has fuelled speculation in the Austrian media that charges of bribery in connection with BAE systems will also be dropped against Mensdorff-Pouilly in Austria.

Mensdorff-Pouilly is the husband of Maria Rauch-Kallat, the health minister who signed Austria's pandemic plan in 2006 allowing for forced vaccination with untested and potentially harmful vaccines.

February 5, 2010
John Gummer supports bail plea by Count Alfons Mensdorff-Pouilly on BAE charge
Alex Spence, Legal Correspondent
Times Online

John Gummer, the former Conservative minister, yesterday supported a bail request by an Austrian aristocrat accused of funnelling millions of pounds in bribes to foreign officials on behalf of BAE Systems, the defence group.

Lawyers acting for Count Alfons Mensdorff-Pouilly, who is accused by the Serious Fraud Office (SFO) of arranging payments to win lucrative contracts for fighter jets, said that Mr Gummer, the former Agriculture Minister and Environment Secretary, had written a letter to the court vouching for their client.

Count Mensdorff-Pouilly, 56, a resident of Luisig, Austria, faces a single charge of conspiracy to corrupt. Yesterday at Westminster Magistrates' Court, he was granted £1 million bail and ordered to remain in London.

Although the letter's author was not identified in court, Michael Hatchwell, Count Mensdorff-Pouilly's solicitor, said that Mr Gummer was a long-time acquaintance of Count Mensdorff-Pouilly and had vouched for him.

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Mr Gummer, who famously tried to feed his daughter a burger to convince people that British beef was safe from BSE, could not be reached for comment last night. His relationship to Count Mensdorff-Pouilly is unclear.

Count Mensdorff-Pouilly, the first person prosecuted by the SFO in its long inquiry into alleged corruption in BAE, was charged last Friday. He appeared in court yesterday, after a week in Pentonville Prison, unshaven and wearing a grey tracksuit. The SFO alleges that between 2002 and 2008, the count arranged or offered bribes to officials in Austria, the Czech Republic and Hungary to try to secure fighter jet contracts for BAE. Patrick Gibbs, QC, for the count, said that the claims are "denied wholesale".

Senior District Judge Workman gave bail subject to a £500,000 surety and a £500,000 security deposit.

The count owns Dalnaglar Castle, Perthshire. His wife, Maria RauchKallat, was a health minister in Austria.

THE FLU CASE

[Jean-Jacques Crevecoeur]

We must prepare for another round of forced vaccinations, argues Jean-Jacques Crevecoeur

The Flu Case, 3 May 2010, 11:50
https://web.archive.org/web/20100517152640/http://www.theflucase.com/index.php?option=com_content&view=article&id=3377%3Awe-must-prepare-for-another-round-of-forced-vaccinations-argues-jean-jacques-crevecoeur&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Canadian Jean-Jacques Crevecoeur argues that another attempt to trigger a pandemic event, this time *using a hybrid swine flu and bird flu virus*, as well as forced mass vaccinations could come suddenly.

In February 2009, Baxter contaminated 72 kilos of seasonal vaccine material with the live bird flu virus – which was supplied by WHO – and so nearly triggered a global pandemic if the material had not been discovered by a Czech lab worker, according to the Times of India.

Because Baxter adheres to biosafety level 3 standards in its lab in Orth an der Donua, Austria, an accidental contamination can be virtually ruled out.

Just a few weeks later, in April, the swine flu virus appeared in Mexico City and was used as pretext by WHO to move the entire world to pandemic emergency level 6.

Under the current national pandemic plans, people can be forced to take a vaccine when an emergency level 6 is declared by WHO. Not to take the vaccine counts as a criminal offence and deadly force can be used by the police on criminal suspects.

We are still on pandemic emergency level 6 today.

WHO has said it intends to keep the emergency for two more years in spite of the fact that an inquiry by the Council of Europe Parliamentary Assembly has concluded there is no justifiction for this pandemic emergency level 6 declaration and for mass vaccinations because of the mild swine flu.

That means, all of the people in the USA, Mexico, Canada, Europe, India, Australia, South America, Africa continue to live in a state of emergency that allows the police to force vaccinate us in an "emergency".

Creveceour gives a number of reasons why he thinks the world could be facing another attempt to trigger a pandemic and carry out mass forced vaccinations:

"Why since late February, have several experts told us that the next pandemic (expected this fall) will see the arrival of a new virus, resulting from the hybridization of the avian influenza virus (H5N1 - highly virulent) and swine flu (H1N1 – highly contagious). How do they know?

Why did the French Ministry of Health ask Professor Bruno Lina (leader pf a biology laboratory in Lyon - France, advisor for Roselyne Bachelot and the WHO) to stop all ongoing work in order to focus on the hybridization of H5N1 and H1N1?

Why in Poland , where the courageous Minister of Health refused to order any vaccine, was the official number of victims of H1N1 2,6 deaths per million inhabitants, whereas in Canada , the figure is 12 deaths per million inhabitants?

Why, in Europe, did the vaccine manufactured by Glaxo-Smith-Kline have more side effects reported by millions of people (reference) than in Canada , although it was exactly the same vaccine, same composition and same dosage? Are they hiding things from us here in Canada ? (reference)

How is it that no-one has questioned the real reason for the explosion in the number of patients and deaths in emergency wards last February, while Canada holds the world record for vaccination rates?

Why did no-one in Quebec come out and demonstrate in the street when they announced that we would have to pay for emergency health care and that we would have to pay in addition, a tax of 200 $ per person (reference) to support the efforts of public health, while Health Canada (Santé Canada) has squandered our money on unnecessary, dangerous and deadly vaccines, and that the provincial and federal governments have made, this fall, a gift of 60 million dollars to Glaxo-Smith-Kline to support them in their modernization efforts?

Why has Dr. Wakefield (a famous English gastroenterologist interviewed in the documentary «Silence, we're vaccinating») just been convicted and removed from the medical association, when he had not only established a link between the MMR vaccine and autism, but had also relieved and cured hundreds of children suffering from autism? (reference)

Why were the articles by this same doctor removed from the archives of the newspaper in which he had published them (The Lancet), twelve years afterwards, when his work had been validated by panels of independent experts before publication?

Why did no doctor warn parents of the mortal danger posed by the vaccine against whooping cough (pertussis)? Why do they hide from us that 70 % of sudden infant death syndrome (the third cause of death of children between 1 and 1 year) occur three weeks after vaccination against whooping cough (pertussis)? Why?

Why don't they tell us that the mercury present in vaccines causes irreversible neurological damage, making the acquisition of cognitive and intellectual skills much more difficult? Why does no-one establish a connection between the progressive degeneration of children and the increases in the vaccination schedule? (reference)

Why do they persist in presenting the vaccine against HPV as a miracle cure against cervical cancer, while no study has shown the world its ability to reduce this cancer, which accounts for only one percent of deaths from cancer among women? Why do they hide from us the hundreds of deaths and many adverse effects of an expensive and totally unnecessary vaccine, while it is consistently being imposed on our children's schools from the age of 10?"

To this list can be added

Why was half the government of the only country to refuse the vaccine – Poland – just wiped out in an engineered air crash?

Already, the "new" Polish establishment has issued pro vaccine signals.

This is a translation of part of Crevecour's letter from French by Carolyn Dunning:

Source : http://www.newsoftomorrow.org/spip.php?article7958

"On 25th April 2010, we mark the first and sad anniversary of the beginning of the swine flu pandemic alert, renamed the Mexican flu, then the influenza A H1N1 The corrupt "experts" in the World Health Organisation promised us a holocaust worse than in 1918! And the puppets in Canada-Health (Santé-Canada) sought throughout the Fall to terrorize us, telling us that 25-35% of Quebec 's population would be affected by the dreaded virus.

A year later, you certainly don't want to hear any more about it. And I understand you. Me too, I want to be left in peace by this charade that has cost Canada (that is to say, us the taxpayers) more

than one billion dollars. I want to return to what has always fascinated me, namely health, balance and fluidity.

However, whether we like it or not, the WHO is still taking us for utter idiots by denying the evidence of its state of corruption (see reference), but in addition, we are told that American health authorities and laboratories are accelerating the development of new techniques for vaccine production based on cancerous cell cultures (look forward to an explosion of cancers in the coming years) and based on the technique of genetic recombination (look forward to degenerate GMO human beings!) (see reference).

When you have read these two short articles, you will understand that we cannot take this information lightly. Because if we do nothing, this mandatory vaccination that we have narrowly escaped will come back and hit us much faster than we imagine, and without letting people launch warnings to alert the population this time …

I do not deny that I am extremely concerned and worried about what is going on. In this context, it is hard not to ask questions…

Why since late February, have several experts told us that the next pandemic (expected this fall) will see the arrival of a new virus, resulting from the hybridization of the avian influenza virus (H5N1 - highly virulent) and swine flu (H1N1 – highly contagious). How do they know?

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If you want answers to these questions (with all the scientific references), and many others, I invite you to participate in two activities that we have prepared, my wife and I.

I now specify that the information we will give during this conference and on the training session day is new, compared to what we sent last fall during our lecture tour, in the thick of the battle against the H1N1 vaccination.

We have organised these activities because, more than ever, complete and independent information is our only weapon to counter propaganda and disinformation perpetrated by Canada-Health (Santé-Canada) OFFICIALS.

More than ever, Quebec will need people like you to relay information that will protect them from these highly toxic poisons when the new campaign of fear befalls us.

Read this information and sign up quickly. We will hold these lectures and these days only once, in Montreal and Quebec."

Let us stand up and be aware, more than ever!

Jean-Jacques Crèvecœur

The INDEPENDENT

Paul Rodgers and Smitha Mundasad

Billions wasted on swine flu pandemic that never came.
How did the World Health Organisation get its prediction of a 7.5 million death toll so wrong?

The Independent, 16 May 2010
https://www.independent.co.uk/life-style/health-and-families/health-news/billions-wasted-on-swine-flu-pandemic-that-never-came-1974579.html

Schoolgirls in Cairo were given masks to wear to protect them against swine flu last October

The spectre of plague stalked the world last year with its constant companion, fear. Schools and stadiums were closed in Mexico, tourists from Egypt to Singapore were quarantined, and the surgical mask became a universal fashion accessory across Asia. Yet predictions that the global death toll from swine flu could reach 7.5 million were well off the mark. At most, the virus killed 14,000 people, and some of those had pre-existing conditions or had been infected by other dangerous bugs as well. Against a background death toll from seasonal flu of up to 500,000, the new H1N1 strain was invisible.

Professor Ulrich Keil, a World Health Organisation (WHO) adviser on heart disease, said the decision to declare a pandemic had led to a "gigantic misallocation" of health budgets. "We know the great killers are hypertension, smoking, high cholesterol, high body mass index, physical inactivity and low fruit and vegetable intake," he told the Council of Europe. Yet governments "instead wasted huge amounts of money by investing in pandemic scenarios whose evidence base is weak".

The suspicion that the response to the outbreak was an unnecessary panic has been spreading since the virus slipped from the front pages. Even the WHO, the UN body that first punched the big red button, may be having doubts. An external committee has been set up to review its reaction and will deliver an interim report this week, though at the moment no bombshells are expected.

The WHO faces two main charges. **The first** is that between the first cases of H1N1 being reported in March and the declaration of a full, phase 6 pandemic by its director-general, Dr Margaret Chan, in June, the organisation changed its definition of a pandemic. Critics say the old definition required that a virus result in "enormous numbers of deaths and illness". The new definition applies only if the virus is new, if it spreads easily between people, and if the population has little or no immunity to it. A bug that causes a mild case of the sniffles could qualify.

A spokesman for the organisation insists there has been no change at all – that the old definition was an error on a single web page about bird flu, the last great influenza scare. But Peter Doshi, a doctoral candidate at MIT whose thesis is on science, politics and influenza policy, argued in a paper in the British Medical Journal in September that the old definition had been widely applied by the WHO since at least 2003.

The second charge, prominently made by Dr Wolfgang Wodarg, the former head of health at the Council of Europe, is that the WHO is unduly influenced by the drugs industry, which stood to make a fortune from selling anti-virals and vaccines. The Swiss giant Novartis, for example, saw its profits jump by nearly a third in the first quarter of this year to $2.95 bn, much of it from delivering swine flu vaccines ordered last year. Debate rages over allegations that some experts who recommended the pandemic be declared, have links to drugs companies, although this has been denied. But critics note that it's hard to become an expert in the field without having some funding from big pharmaceutical companies.

Others say that the problem is due to the spread of false assumptions. Most people think, for example, that when they have flu symptoms they must have influenza. But Dr Tom Jenkins of the Cochrane Collaboration, which reviews the evidence for various medical treatments, notes that more than 200 agents can cause flu-like illnesses. Only 7.5 to 15 per cent of cases are actually influenza. Anti-viral drugs and vaccines are aimed just at this group. "To stop one new case of H1N1, you'd have to inoculate 100 people," says Dr Jenkins. "or you could get four people to wash their hands." Masks work too, he says, and so does sending people home from work if they have symptoms.

The usual justification for the massive response to H1N1 is that no one wants a repeat of the 1918 pandemic, which killed an estimated 50 million people. But scientists are not even sure if that plague was caused by influenza at all. The virus was not discovered until 1933. And outbreaks since then have been much milder.

The last time H1N1 showed up was in 1976, at a US army base. Washington ordered the immunisation of 40 million Americans before it discovered that it had only one death from the flu but hundreds of cases of severe side-effects to the vaccine. A review headed by Dr Harvey Fineberg put much of the blame on the "influenza fraternity", arguing that expert panels tend towards "group think" and should be backed up by independent scientific advice. Dr Fineberg is now chairman of the WHO's external committee evaluating its response to the 2009 outbreak whose final report next May could well lead to a radical rethink of the world's reaction to new viruses.

NEWS BBC

Imogen Foulkes

WHO faces questions over swine flu policy

BBC, 20 May 2010
https://www.bbc.com/news/10128604

As the 193 member states of the World Health Organization meet in Geneva, questions over the body's handling of the H1N1 swine flu pandemic are high on the agenda.

Some medical experts doubt whether this was really a pandemic at all.

For several years before swine flu first surfaced in Mexico in April 2009, WHO officials had been warning that a global influenza pandemic was simply a matter of time.

After major pandemics in 1918, 1957 and 1968, many flu experts believed another one was imminent. Though the recent H5N1 bird flu virus had not developed the ability to spread easily among humans, it raised concerns that a new virus might do so.

"We have seen 40 to 50 million people die in a year in previous pandemics," explained Keiji Fukuda, who is the WHO's assistant director general, and its special adviser on pandemic influenza.
"These are huge numbers. Our job is to get people prepared, it's a huge challenge."

So, even before swine flu emerged, the WHO supported member states in drawing up pandemic plans, including buying antiviral drugs, preparing mass vaccination campaigns, and developing procedures for banning public gatherings and closing schools.

By the time swine flu broke out, many countries had already introduced the plans, and some industrialised nations had even signed pre-contracts with the pharmaceutical companies to buy vaccines.

'Mild flu'

But even as the pandemic plans were put into action, doubts had begun to surface. Dr Wolfgang Wodarg, a German doctor and former member of parliament, had been watching the spread of swine flu in Mexico City, and was puzzled at the reaction of the WHO.

"What we experienced in Mexico City was a very mild flu," he explained, "which did not kill more than usual - which killed even less people than usual.
"This was suddenly, a fast-spreading mild flu, a pandemic. But this is not the definition of a pandemic I learned, which has to be severe, with a much higher than usual death rate."

Others also had questions. Tom Jefferson, a researcher for the international Cochrane Centre, the world's leading independent assessor of medical interventions and medical research, claims that the WHO changed the definition of what a pandemic actually was just weeks before it declared one on 11 June last year.

"On 1 May the WHO's global pandemic website had the old definition of an influenza pandemic, which included very large numbers of cases, complications and deaths," he said.
"By 4 May that definition had disappeared and what remained was simply a new virus which spreads rapidly and infects very many people."

Dr Jefferson also believes that the WHO advice put emphasis on the use of vaccines and antivirals, ahead of effective and inexpensive measures like hand-washing.

'Potential pressure'

The WHO has struggled to offer clear answers on the question of its definition of a pandemic, partly because of its policy of keeping the identity and the deliberations of its pandemic emergency advisory committee secret.

The only known member of the committee is its chairman, Australian flu specialist John MacKenzie.

WHO spokesman Gregory Hartl said names of those on the sitting committee had not been made public because of the potential "for bringing undue pressure on them when they are making decisions which have societal and economic impacts".

The lack of transparency in its decision making process, together with the WHO's advice to countries to begin widespread vaccination against swine flu, has led some observers to suspect undue influence from the pharmaceutical industry.

Looking at the balance sheets of the pharmaceutical companies it is clear that many did make a healthy profit out of swine flu. Vaccine producer Novartis, for example, posted an 8% jump in profit in 2009.

The company's annual report cites swine flu vaccine sales as a major reason for the increase - though such a profit is, of course, not proof of any undue influence by the firm.

European enquiry

These medical products have cost national health budgets billions. France, for example, spent over 600m euros ($739m, £515m) on 94 million doses of vaccine, most of which have not been used.

"Who benefited from what happened?" asked British Labour Member of Parliament Paul Flynn. "Really the only people to benefit were the pharmaceutical companies. I'm not saying I'm drawing any firm conclusions, but there are legitimate questions here."

Mr Flynn and a number of other European politicians have launched an official inquiry into the pandemic at the Council of Europe. A key question will be whether the pharmaceutical companies, which had invested around $4bn in developing the swine flu vaccine, had supporters inside the emergency committee, who then put pressure on the WHO to declare a pandemic.

But Andrin Oswald, head of vaccine production at Novartis, says he does not think the company's influence is "too great". He says company officials interact in a "natural process" with the WHO, which supplies the firm with the virus for the vaccine. – "I don't think that is influencing, that is working together to ensure that we do something that is reasonable for public health."

He adds that any pressure over swine flu came from governments desperate to buy the vaccine, rather than from producers keen to sell it. – "We received phone calls from government ministers," he recalled, "telling us to ship them more vaccine, and quicker. Some even threatened us that if we did not do so it might affect our future business in that particular country."

Pandemic planning

Governments, of course, were under pressure to buy the vaccine because the WHO had declared swine flu to be a full "Phase 6" pandemic.

Here again, the WHO's decision is questioned, from a somewhat surprising source – Dr. Klaus Stoehr, who until three years ago was in charge of the WHO's pandemic preparedness, and the man who drew up the influenza plans.

"The pandemic planning I was involved with was always based on a severe public health event," he explained. "Moving to Phase 6 meant that we wanted governments… to kick in their plans whether they thought it was urgent or not."

"I personally think that moving to Phase 6 that early was, in hindsight, not needed."

Dr Stoehr believes that, over the course of last summer, after a Phase 6 pandemic was declared, the WHO failed to read the signs about swine flu coming from the southern hemisphere winter.

"In July and August the Australia and New Zealand national influenza centres were indicating the southern hemisphere outbreak was mild," he said. – "Virologists, myself included, thought well, it's not so likely that this virus will become more severe."

"At the end of August the WHO website was still calling the virus severe. I personally would have thought there could have been more assessments, and more advice to governments."

The WHO has now launched its own review of its handling of the pandemic, a review the organisation claims is independent.

"The World Health Organization has done wonderful work over the years in eliminating diseases," insisted British MP Paul Flynn. "It's a body we all greatly respect, and we need it."

"The great danger now is that the trust in the organisation has been undermined, and that will help no-one."

To hear Imogen Foulkes' report on the WHO and swine flu for the BBC World Service's Assignment programme ... => https://www.bbc.co.uk/programmes/p007m8vv

Zeiten Schrift

Bevölkerungsreduktion: Lauert in der Spritze der Tod?

Zeiten Schrift, 2010, Quartal 1, N 65
https://www.zeitenschrift.com/artikel/bevoelkerungsreduktion-lauert-in-der-spritze-der-tod

Seuchen können in kurzer Zeit mehr Menschen dahinraffen als Krieg und Hunger. Was, wenn man sich dies zunutze machen würde? Werden Impfungen benutzt, um die Menschheit zu dezimieren?

Szenen wie aus einem Katastrophenfilm: In der Hauptstadt Kiew getrauen sich viele Menschen nur noch mit Mundschutz auf die Straße. Präsident Juschtschenko läßt für das ganze Land den Notstand ausrufen, denn neun Regionen der Ukraine sind bereits unter Quarantäne gestellt: Öffentliche Veranstaltungen und Gottesdienste dürfen nicht mehr abgehalten werden, Gesichtsmasken sind Pflicht. Es sollen rund eine halbe Million Menschen erkrankt sein. Dreihundert sind bereits gestorben, inoffiziell spricht man sogar von dreitausend Toten. Die Ukraine ist fest im Griff der Schweinegrippe.

Die Bilder, welche im Oktober 2009 über die Fernsehschirme flackern, sind bizarr. Man weiß nicht recht, was man davon halten soll. Ist es bloß ein geschmackloser Versuch politischer Kontrahenten, mit der Hysterie um die nachweislich harmlose Schweinegrippe Wahlkampf zu machen?

Die Massenmedien sahen in den Meldungen aus der Ukraine keine Knüllerstorys, bei denen man unbedingt genauer hinschauen mußte. Erstaunlich, hätte man hier doch Stoff gehabt, die so exzessiv herbeigeschriebene Schweinegrippegefahr zu untermauern. Eine Ausnahme ist die *Daily Mail.* Die britische Zeitung zitierte einen Arzt aus der westlichen Ukraine: „Bei zwei Todesopfern haben wir eine Obduktion gemacht und sahen, daß ihre Lungen schwarz wie Kohle waren. Es sah aus, als wären sie verbrannt. Das ist erschreckend."

Virologen vor Ort befürchteten, mit einem gefährlich mutierten Schweinegrippe- oder bis dahin unbekannten Grippevirus konfrontiert zu sein. Deshalb wurden Virusproben in ein Londoner Speziallabor geschickt, wo man sie analysierte. Auf eine abschließende Veröffentlichung der Resultate wartet die Öffentlichkeit bis heute.

Szenenwechsel in die Ukraine. Zeitpunkt: 30. Oktober 2009, die Pandemie wütet. Ort: der Desniansko Distrikt in der Hauptstadt Kiew. Dort häufen sich Augenzeugenberichte, wonach kleine Flugzeuge Chemtrails[1] versprühen. Angeblich sollen sie der Schweinegrippe entgegenwirken. Doch die Regierung dementiert. Man habe keinem einzigen Flugzeug die Erlaubnis für einen Flug über die Stadt gegeben. Viele Anwohner behaupten jedoch, das versprühte Zeug habe wie Hühnermist gestunken und bei manchen Menschen zu heftigen Hautausschlägen geführt.

Vorahnungen oder Insiderwissen?

Blenden wir einige Wochen weiter zurück in ein mehrere tausend Kilometer entferntes Aufnahmestudio des amerikanischen Radiosenders *Republic Broadcasting.* Am 11. August 2009 hatte Radiomoderator Dr. True Ott einen höchst merkwürdigen Telefonanruf mitten in seine Live-Sendung erhalten. Darin klärte ein gewisser Joseph Moshe die erstaunten Radiohörer darüber auf, daß er ein Mikrobiologe sei und hochbrisante Beweise besitze, die er einem Staatsanwalt übergeben wolle. Es gehe um einen verunreinigten H1N1-Schweinegrippeimpfstoff, den das amerikanische Pharmaunternehmen Baxter in der Ukraine herstelle. Dabei handle es sich in Tat und Wahrheit um

eine als Impfung getarnte biologische Waffe. Zu diesem Zweck, so Moshe weiter, habe man der Impfung ein Adjuvans (Zusatzstoff) beigemischt, der das Immunsystem schwächen solle und RNA-Bestandteile jenes Virus enthalte, das 1918 die *Spanische Grippe* mit Millionen von Toten verursachte. Der Anrufer kündigte an, daß es in der Ukraine in naher Zukunft zum Ausbruch einer Seuche kommen werde.

Die tatsächliche Identität dieses in Kalifornien lebenden Joseph Moshe ist bis heute nicht zweifelsfrei geklärt. Manche behaupten, es handle sich dabei um den israelischen Professor Moshe bar-Joseph, was jedoch mehr als fragwürdig ist. Ganz sicher wurde der ominöse Mann jedoch am Abend des 13. August 2009 vom FBI vor laufenden Fernsehkameras verhaftet.

Nach seiner Ankündigung, das Weiße Haus informieren und sämtliche Fakten der Öffentlichkeit zugänglich machen zu wollen, flüchtete Moshe nämlich mit einem roten *VW Beetle* quer durch Los Angeles in Richtung des israelischen Konsulats. Dieses erreichte er aber nicht, weil die Bundespolizei und ein Bombenräumungskommando mit gepanzerten Wagen sein Auto einkeilten. Mikrowellen-waffen setzten die Elektronik des VWs und Moshes Handy lahm, anschließend nebelten die Polizisten ihn mit Tränengas ein, ein ferngesteuerter Roboter zerschlug das Autofenster, man versprühte mehrere Dosen Pfefferspray, versetzte Moshe mit einem *Taser* Elektroschocks und zerrte den Mann schließlich unsanft ins Freie – alles zu sehen auf dem Internetportal *Youtube* (Stichwort „Westwood Standoff“).

Was anschließend mit Joseph Moshe geschah, ist nicht bekannt. Manche spekulieren, er sei in ein Flugzeug gesetzt und nach Israel ausgeflogen worden. Als offizielle Begründung für die Verhaftung bemühten die Behörden einmal mehr die Angst vor dem Terrorismus: Joseph Moshe sei ein Verrückter, der gedroht habe, ein Bombenattentat auf das Weiße Haus zu verüben.

Baxters Beinahe-Katastrophe

Für die von Moshe vorgebrachten Anschuldigungen gegen *Baxter* gibt es keine offiziellen Beweise. Doch es ist nicht das erste Mal, daß der US-Pharmariese in das Kreuzfeuer der Kritik gerät. So sollen seinen Blutkonserven in der Vergangenheit Aidsviren beigemischt worden sein. Auch das läßt sich nicht beweisen. Ganz anders war es bei der Panne, welche *Baxter* im Winter 2008/09 im firmeneigenen biomedizinischen Forschungslabor in Orth an der Donau verursachte. Dort produziert die österreichische Tochterfirma *Baxter AG* „experimentelles Virus-Material“, darunter auch H3N2-Grippeviren. Mit diesen Erregern stellt Baxter dann in Tschechien einen Influenza-Impfstoff gegen die ganz normale saisonale Grippe her. So weit so gut.

Doch vor einem Jahr hätte Baxter um ein Haar eine Katastrophe ausgelöst. Damals ließ der Konzern über die österreichische Firma *Avir Green Hills Biotechnology* insgesamt 72 Kilogramm experimentellen Grippeimpfstoff an 16 verschiedene Labors in Deutschland, Slowenien und Tschechien ausliefern. Zum Glück entschied man sich in einem tschechischen Labor, den Impfstoff nochmals an einem Dutzend Frettchen zu testen – und siehe da: sie starben allesamt, obwohl die Tiere gar nicht an der saisonalen Grippe erkranken können. So stellte sich heraus, daß die für Frettchen völlig harmlosen H3N2-Grippeviren aus unerklärlichen Gründen mit dem aggressiven und *nicht deklarierten Vogelgrippevirus H5N1* versetzt waren. Noch schlimmer: Diese Viren hatte man nicht abgetötet, wie das normalerweise bei einem Impfstoff der Fall ist, sondern sie waren *aktiv!*

Im Klartext: Hätte man diesen einen Tierversuch unterlassen, so wären womöglich Zehntausende von Menschen in ganz Europa mit einer sehr gefährlichen Krankheit angesteckt worden – weil man ihnen mit einer normalen Grippeimpfung gleichzeitig lebende Vogelgrippeviren ins Blut gespritzt hätte!

Baxter entschuldigte sich und sprach von einem „gravierenden Irrtum“. Doch Experten sind geschockt, daß eine solch katastrophale Panne überhaupt geschehen konnte. Denn die für ein Hochsicherheitslabor geltenden Richtlinien sollten genau dies verhindern.

Die vier betroffenen EU-Staaten leiteten Untersuchungen gegen *Baxter* ein, welche man bei der Weltgesundheitsorganisation „genau beobachtete“. Immerhin war es die WHO gewesen, die diesen gefährlichen Vogelgrippe-Virusstamm überhaupt erst an *Baxter* geliefert hatte. Abgesehen von einer Geldstrafe kam der Pharma-Multi glimpflich davon. Österreich behandelte den Vorfall beispielsweise nicht als Verstoß gegen die Sicherheitsvorschriften im Umgang mit bioaktiven Stoffen, sondern lediglich als Verstoß gegen Veterinärvorschriften – und schickte zur Inspektion einen Amts-Tierarzt ins *Baxter*-Labor.

Dabei hätte dieser „gravierende Irrtum“ eine neuartige Seuche auslösen können. Das Mischen von zwei genetisch verwandten Virenstämmen nennt man in der Fachsprache „Virus-Reassortment“. Es ist sehr gefährlich: Treffen zwei verschiedene Viren gleichzeitig auf dieselbe Wirtszelle, können daraus neue Superviren entstehen, gegen die Vögel, Tiere oder Menschen noch keine Antikörper gebildet haben, weshalb sie ihnen schutzlos ausgeliefert sind. Im vorliegenden Fall hätte die verseuchte Grippeimpfung von Baxter in den geimpften Personen zu einem neuartigen Virus führen können, das die hohe Ansteckungsgefahr des harmlosen Schweinegrippevirus mit der viel tödlicheren Aggressivität des nur schwer übertragbaren Vogelgrippevirus in sich vereint. Dann hätte die WHO weit mehr Grund gehabt, eine globale Pandemie auszurufen!

Sterben – leicht gemacht

Wer will’s ihm also verdenken, wenn der *Nation of Islam*-Führer Louis Farrakhan seinen afroamerikanischen Mitbürgern rät, sich unter keinen Umständen gegen die Schweinegrippe[2] impfen zu lassen? Sie sei nämlich, so der Bürgerrechtler, ein Werkzeug zur Bevölkerungsreduktion. Am 18. Oktober 2009 rief Farrakhan während einer Versammlung in Memphis in die Menge: „Die Erde kann keine sechseinhalb Milliarden Menschen verkraften. Was soll man also tun? – So viele wie möglich töten! Wir müssen eine Wissenschaft entwickeln, die Menschen umbringt und es dann so ausschauen läßt, als wären sie an einer Krankheit gestorben.“

Tatsächlich können selbst herkömmliche Impfungen bereits diverse Möglichkeiten zum Sterben bieten – auch ohne das Additiv einer „Verschwörung“. Additive, Adjuvantien oder auf gut deutsch Zusatzstoffe sind nämlich ein Hauptproblem der Impfungen. Diese Wirkstoffverstärker und Konservierungsmittel enthalten häufig Aluminium und vor allem Quecksilber. Beide Metalle vergiften den Körper auf vielfältige Weise. So kann das Adjuvans *Squalen* Autoimmunkrankheiten wie beispielsweise das Golfkriegssyndrom auslösen. Und das in allen Schweinegrippe-Impfstoffen Deutschlands enthaltene *Thiomersal* (oder *Thimerosal*) besteht zur Hälfte aus reinem Quecksilber. Es ist das giftigste nichtradioaktive Element auf Erden und selbst in kleinsten Mengen krebserregend.

Zudem enthalten moderne Impfstoffe sogenannte Nanopartikel.[3] Welche (Neben-)Wirkungen solch winzigste Teilchen auf den Organismus haben können, weiß noch niemand so genau. Fest steht jedoch, daß Stoffe in Nanogröße plötzlich ganz andere Eigenschaften aufweisen.

Ende des Artikelauszugs „Bevölkerungsreduktion: Lauert in der Spritze der Tod?“

Ein französischer Forscher warnt explizit vor den neuen Schweinegrippe-Impfstoffen, welche langfristig „eine Gesundheitskatastrophe auslösen“ könnten. Warum immer mehr Experten so besorgt sind, erfahren Sie im vollständigen Artikel. Dort gehen wir auch der Frage nach, ob Regierungen und die weltbesten Wissenschaftler tatsächlich daran arbeiten, im Labor geschaffene Killerviren auf die Menschheit loszulassen. Offizielle Dokumente, die lange Jahre der Geheimhaltung unterlagen, sowie die Aussagen diverser Forscher und Politiker sprechen Bände. Da lohnt es sich auch, die Umstände rund um das Auftreten der Aidskrankheit genauer unter die Lupe zu nehmen. Besonders, wenn man liest, was ein hochdekorierter amerikanischer Wissenschaftler im Jahr 2006 während eines Vortrages erklärte, der bezeichnenderweise unter Ausschluß der Öffentlichkeit stattfand.

Und trotz allem haben diese Leute die Rechnung ohne den Wirt gemacht, denn eine höhere kosmische Intelligenz – man kann von „Gott“ – hält die Zügel nach wie vor in der Hand. So gibt es Hoffnung für die Welt und zudem einfache Regeln, wie sich jedermann selbst erfolgreich um die eigene Gesundheit kümmern kann.

Евгений Черных

Как нас обманывали ужастиком «свиной грипп»

Комсомольская Правда, 10 июня 2010, 6:00
https://www.kp.ru/daily/24505.3/656620/
https://www.supotnitskiy.ru/stat/stat71.htm

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Ровно год назад ВОЗ объявила первую в XXI веке пандемию. Санкционировав самую крупную в истории мировой медицины аферу, принесшую организаторам миллиарды.

Тогда мы внезапно очутились как бы в другом мире, точнее, в хлеву, по которому загулял загадочный вирус, истребляя все живое. Так, по крайней мере, это выглядело на экранах ТВ.

Бежали люди в респираторах, звучали жуткие цифры погибших. Голливуд отдыхал! Массовый психоз подогревали наши и чужеземные академики, эксперты ВОЗ, стращая сотнями миллионов грядущих жертв.

Зря Обама Укололся

"Комсомольская правда" провела свое расследование и уже в июне опубликовала цикл статей, что нас попросту разводят, это финансовый пузырь.

В сентябре "Комсомолка" вновь поставила вопрос ребром: "Зачем разводят большое свинство вокруг свиного гриппа".

Увы, никакой реакции официальной российской эпидемиологии не последовало. Наоборот, ее представители, вторя ВОЗ, повылезли на все телеканалы и пафосно обещали новую "испанку", спасение от которой - только поголовная вакцинация и разработанные ими пилюли.

Эти деятели успели получить на "чудо-вакцину" от правительства РФ 4 миллиарда рублей. Выбили бы и больше, да пандемия-кормилица, к их огорчению, рассосалась сама по себе. Под нажимом общественного мнения ВОЗ с прискорбием признала, что ужасный H1N1 "значительно менее смертоносен", чем уже циркулирующие вирусы гриппа. За год по всему миру он унес 14 тысяч человек. "Обычный грипп" без всяких пандемий и церемоний забирает до полумиллиона жизней ежегодно.

Теперь в среде западных политиков открыто заговорили о свинской афере. Ведь у них и без гриппа головы болят: куда сплавить сотни миллионов ампул ненужной вакцины – в бедные страны или на свалку? При любом раскладе - расходы. Это антигриппозному чудо-средству тамифлю продлили срок годности с 2 до 5-7 лет. Вакцины так долго не живут. Только в США невостребовано 138 миллионов доз! Обманутый "экспертами" ВОЗ Обама зря кололся всей семьей перед телекамерой!

Евросоюз в январе начал следствие о сговоре фармацевтов и медиков. В апреле ВОЗ объявила о внутреннем служебном расследовании. Но мы не дождемся громких скандалов, отставок, тем более суда. Слишком большие деньги на кону. По подсчетам банка JP Morgan, фармацевты только на вакцинах заработали более 7 миллиардов евро! Плюс лекарства, прочие средства, те же марлевые повязки. Если и накажут, то стрелочников. Не уподобится же ВОЗ унтер-офицерской вдове, не станет сама себя сечь. Хотя в большой игре она лишь девочка на побегушках у транснациональных фармкомпаний и сильных мира сего.

В России вообще никакого следствия по этой афере не ведется. И все опозорившиеся псевдоэксперты, чиновники, деятели РАМН, директора НИИ остаются на своих местах и делают вид, что ничего и не было вовсе. И не они мелькали на телеэкранах, каждый раз привирая цифры погибших во время пандемии гриппа 1918-1920 гг., доведя их до 100 млн. И не они выкрикивали названия неизвестных ранее препаратов, которые надо поедать срочно россиянам, чтобы выжить. И не они за месяц героически создавали вакцину от "смертельного вируса", которой реально предполагалось привить десятки миллионов наших граждан, включая детей, беременных женщин и ВИЧ-инфицированных. Это же чудовищно! Но по сей день мы наблюдаем глухое молчание официальных структур.

Пожалуй, единственный из отечественных ученых, кто с первых дней не побоялся открыто называть ту кампанию свинством, бывший военный микробиолог **Михаил Супотницкий**.

- *Михаил Васильевич, а стоит ли ворошить прошлое, хоть и совсем недавнее? Ведь про новоявленную пандемию уже напрочь забыли.*

- Стоит. Механизм таких манипуляций сознанием больших масс населения должен быть понятен самому населению. Иначе нам наверняка подготовят более изощренную аферу. Вновь разведут и простых граждан и руководство страны. Свиной грипп, увы, не первая дезинформация мирового масштаба по эпидемиям. Старт им дали еще в 1979 году, приписав вспышку сибирской язвы в Свердловске "выбросу" с "советского военного объекта".

В интересах геополитических противников России западные, а потом и отдельные наши СМИ развернули большую кампанию якобы против "советского биологического оружия". Как только наш институт в Екатеринбурге был "реформирован", то и кампания по его дискредитации заглохла. Еще более массовой дезой стала кампания борьбы с биотерроризмом. Но и она сгинула в небытие после нападения США на Ирак 29 марта 2003 г. На следующий же день ее свернули! Лишние накладные расходы на лживых писак деловым людям не нужны!

- *После ввода войск США в Ирак и "поднялся" вирус H5N1 как глобальная угроза человечеству. Чтобы отвлечь общественное мнение от незаконного вторжения? Ведь биооружия у Саддама так и не нашли.*

- Плевали они на "общественное мнение" тогда, и плюют на него сегодня. Так нащупывался новый механизм глобальных финансовых афер, теперь, правда, под "соусом" борьбы с новой пандемией. Для специалистов-эпидемиологов было все прозрачно с тем вирусом с самого начала кампании. Эпизоотии птичьего гриппа хорошо изучены, а сам вирус уже много лет используется для конструирования вакцин против гриппа исключительно с одной целью - чтобы они были безопасными. Но то, что вирус H5N1 не имеет эпидемического значения, так как между людьми не передается, никакого значения для кампании по отъему денег у населения не имело. Значение имели только телевизионные картинки.

- *Зато "распилили" миллиарды! Птичий грипп хотя бы трепыхался лет 5. Его свиной брат кончил еще позорнее.*

- Темпы нарастают, плюс жадность и безнаказанность. И года не прошло (а если быть точнее, нас кошмарили с 25 апреля по середину декабря 2009 года), как он канул в небытие вместе с деньгами "на вакцину". Как лампочку выключили.

Не Привился? Сразу В Морг!

- *Михаил Васильевич, объясните с научной точки зрения анатомию обмана. С чего началась свинская ложь*?

- С утверждения, что появился "новый вирус" и теперь нам грозит пандемия "испанки", еще более ужасная, чем в начале XX века.

- *В чем здесь подвох*?

- Тут не только подвох, но еще и профанация эпидемиологии как науки. Само появление "нового вируса" не вызывает эпидемии, это, извините, прописная истина классической эпи-

демиологии. И ее следовало бы знать академикам Львову и Киселеву, так много "светившимся" на свинской псевдопандемии. Будь то вирус, вызывающий грипп с его ничтожной смертностью, либо лихорадку Эбола со смертностью до 90% всех заболевших, это без разницы; вызвать пандемию самостоятельно он не может. Наделать бед "новичок" способен лишь в том случае, когда в наличии вся эпидемическая триада:

1) источник вируса (т. е. произошла глобальная активизация природных очагов вируса),

2) сформировались механизмы его передачи из этих очагов в популяции людей, и

3) образовались достаточно большие восприимчивые к вирусу популяции людей.

Эта триада известна уже лет сто. Да и сам "новый" свиной вирус пандемически распространялся на планете еще до 1940-х гг., а в Японии вызывал отдельные вспышки до середины прошлого века.

- *А "свиная" вспышка на военной базе США в 1976 году? Тогда решили привить поголовно американцев, но слишком много осложнений выявилось от вакцины. И смертей. Вакцинацию срочно прекратили.*

- Тот конфуз никого ничему не научил. Дело не только в пренебрежении деятелей ВОЗ к имеющимся знаниям о развитии эпидемий гриппа. Ради наживы в ход пошли откровенные приемы ведения информационной войны и даже научные подлоги. Вирус объявили не только "новым", но и "высокопатогенным". Эта профанация сбрасывалась с трибуны ВОЗ, радостно подхватывалась нашими "деятелями науки" и их обслугой.

- Не понял "высокопатогенного" юмора? Академики же так говорили!

- Если так скажет студент-медик на экзамене по микробиологии, ему снизят оценку. Патогенность - способность микроорганизма вызывать болезнь. А вот мерой патогенности является вирулентность. Сравниваем два штамма вируса. Одного нужно 1000 частиц, чтобы вызвать болезнь у человека, второго - всего 100. Второй - "более вирулентный". Поэтому правильно было в отношении вируса "свиного гриппа", вызывающего болезнь у людей, говорить "высоковирулентный" или "более вирулентный", и то применительно к конкретным его штаммам. Но смысл этого термина знают только специалисты. А "пато-", как составная часть сложных слов, дает много ассоциаций в сознании обывателя.

- *Первое, что приходит на ум – патологоанатом в морге*!

- На это и рассчитывали. Такой примитивный прием информационного воздействия срабатывает только при многократном повторении. Но его одного не хватило бы для организации аферы. Было объявлено и тысячи раз повторено, и даже прочно вбито в мозг не только обывателям, но и медикам, что все прежние пандемии гриппа вызывались некой комбинацией вирусов "птичьего гриппа" и "человеческого" (можете поискать такие заявления в интернете). В том числе страшная пандемия 1918-1920-х гг. И вот-вот вновь произойдет образование новой комбинации вирусов. Тогда новой "испанки" не избежать. Но дело тут в том, что геном вируса, вызвавшего "испанку", был расшифрован американскими военными учеными еще в 1996 г. И эти ученые хорошо понимали, что такое "научная репутация". "Комбинацией" вирусов "птичьего" и "человечьего гриппа" в геноме вируса, вызвавшего "испанку", даже не пахло. Вопреки всем мифам оказалось, что он менее опасен, чем вирусы гриппа, циркулирующие сегодня. Эти данные были опубликованы.

- *Но кто знает ныне про эту расшифровку генома? Да и кто понимает*?

- Про саму же "испанку" все слышали! Не случайно ВОЗ в конце прошлого века официально завысила число ее жертв с 20 до 50 миллионов. Чтобы было чем пугать планету. Готовились! А наши академики подняли аж до 100 миллионов.

- Ну, а чтобы еще больше нагнать страха на население и заставить "уколоться", заинтересованные лица запустили хитрую словесную игру. Придумали никогда не существовавший "вирус сезонного гриппа" и объявили его "человеческим".

Затем отдельные "эксперты", "деятели науки" и чиновники, СМИ подхватили главную мысль – в дополнение к неопасному человеческому вирусу "сезонного гриппа" появился

новый "высокопатогенный вирус" свиного гриппа H1N1. Хотите остаться в живых – прививайтесь от "высокопатогенного H1N1", а не хотите, погибайте от него же. Так и "промывала" всем нам мозги с апреля по декабрь дружная стая фарцы от науки. "Промывали" нагло, вплоть до полного смывания извилин у некоторых обывателей, что потом сами и показывали на экранах телевизоров.

- *И наверняка ржали, глядя, как запуганный народ метался по аптекам*.

- Так было от чего метаться! Панические настроения в ряде городов России и Украины оказались очень большими, но это отдельная тема для специалистов по информационной войне. В действительности же три десятка лет в России среди людей поддерживаются несколько антигенных разновидностей вируса гриппа типа А H1N1, типов В и С. Еще одна разновидность H1N1 ничего не меняла в этом раскладе. Но это еще не все. Якобы "высокопатогенному" H1N1 придумали несуществующую эпидемиологию. Оказывается, этот "высокопатогенный" H1N1 обладает невероятной даже для вируса натуральной оспы способностью передаваться между людьми.

Помню, академик РАМН Львов на пресс-конференции 28.04.09 г. вещал: "Появится в этом зале больной свиным гриппом, все здесь присутствующие заболеют!" Я тогда по простоте своей недоумевал, как такое может быть в принципе? Даже если этот вирус будет переведен в аэрозоль, то его распространение будет зависеть не от его "патогенности", а от размера частиц аэрозоля, направления воздушных потоков и т. п. Больной гриппом выделяет при кашле и чихании частички мокроты в диапазоне размеров 50-200 микрон, а они сразу оседают на пол. Но, видимо, и законы физики на "высокопатогенный" H1N1 не действуют!

- *Против него даже выставили санитарные кордоны в аэропортах. Но вирус H1N1 все же проник в Россию. Просочился, мерзавец. И как повел себя*?

- Плохо! Для репутации академика Львова, разумеется. Первые больные прибыли из разных стран. Из отпусков. В самолетах, в аэропортах, своих домах, на работе они контактировали с сотнями людей, а в больницах с врачами и другими пациентами. Но, вопреки авторитетному Львову, контактеры "свиным гриппом" не заболевали. Осенью появились больные, которые сами никуда не выезжали, и с выезжавшими не контактировали. Как же они умудрились заболеть"свиным гриппом", господин Львов? Постепенно накопились данные кропотливых эпидемиологических исследований. В густонаселенном Китае изучили сотни контактов приехавших больных "свиным гриппом", и опять среди контактеров не было выявлено гриппозных.

- *Любопытно, в прежние века, когда вместо самолетов, поездов, машин были телеги да сани, грипп как распространялся*?

- Точно так же, без всякой связи с транспортными потоками и их интенсивностью, почти одновременно в разных странах объявлялся. И эпидемии бушевали. Вот бы задуматься нашим "светилам науки", медицинским чиновникам о реальных механизмах поддержания вируса гриппа в природе и его проникновения в человеческие популяции! Но в эпидемиологии гриппа ложь уже давно стала принципом.

- *Еще нас пугали, что H1N1 может мутировать. А если, не дай бог, свиной, птичий и сезонный человечий сольются в единый супервирус, тогда всем кирдык*.

- Да, этот мифический вирус и стал основной "разводкой" для населения, и одновременно позорным столбом для многих "деятелей" российской науки и покровительствующих им чиновников. Страшная "свинья без пятачка на курьих ножках" не может появиться в принципе. Давайте обратимся к достоверным фактам из эпидемиологии гриппа. Вирус "птичьего гриппа" между людьми не передается. Встречается он среди людей очень редко, скорее всего, в его природных очагах в виде небольших вспышек. Это уже перечеркивает все дальнейшие усилия природы по созданию "супервируса" на его основе. Но и вирус "свиного гриппа" тоже имеет весьма сомнительный потенциал для распространения среди людей, также вызывая только вспышки. А вируса "сезонного гриппа" вообще не существует как нечто конкретного - это просто сленг. Под этим термином специалистами понимается масса всяких вирусов гриппа

А-, В- и С-серотипов, вызывающих вспышки среди людей в осенне-зимний период. Поэтому вместе им всем трем не сойтись, как бы они сами не старались.

- *То есть уже смело можно умножать этот вариант событий на ноль и закрыть тему*?

- Можно умножать последовательно на несколько нулей, что мы и сделаем, но лучше медикам объяснить подробней. Это толкование событий - эпидемиология по глобусу, и не более. Возьмем карманный глобус и представим на нем невероятное - все эти вирусы ("сезонного", "свиного" и "птичьего" гриппов), как существующие, так и несуществующие, все же как-то собрались вместе и вызвали инфекцию у какого-то "смешивающего сосуда" - отдельного несчастного человека, свиньи или птицы. И ни один из этих "смешивающих сосудов" ранее не встречался ни с одним из "смешивающихся вирусов" по отдельности и не имеет к нему иммунитета.

- *Такой "смешивающий сосуд" для вирусов может свалиться только с Луны*.

- Вы правы, из всех составляющих этого процесса Луна достоверно существует. Но на карманном глобусе и усилием алчной воли, без нее можно обойтись. Дальше нужно взять глобус побольше и попытаться на нем представить, каким образом попадут на один континент, т. е. в одну и ту же клетку вирусы, совершенно разные по специфическому взаимодействию с клеточными рецепторами, причем часть из вирусов, обычно рисуемых на таких гипотетических схемах, просто не существует. Но, предположим, и это произошло. А далее начинается еще более интересная картография. Глобус, даже самый большой, уже не подходит, нужен план местности с изображением отдельных домов. Вирусы гриппа, имеющие разную биологию, должны одновременно сбросить с себя белковую оболочку и начать реплицироваться (т. е. увеличивать количество своих РНК-копий) в присутствии РНК друг друга с одинаковой скоростью при том, что репликазы (ферменты, запускающие этот процесс) у них будут разными. Потом что-то должно их заставить поменяться участками своего генетического материала. И не случайным образом, а так, что бы получился, как вы думаете, кто?

- *Он самый, несуществующий "высокопатогенный вирус"*!

- Правильно! Он, родной! В экспериментальных условиях и то для получения вакцин, для обмена генетическим материалом между вирусами используют специальные культуры тканей, но в природе процессы обмена генетическим материалом должны произойти в не предназначенных для них клетках.

- *То есть опять все умножается на ноль*!

- Нули только на дисплее калькулятора все одинаковые! Предположим, что образовался реассортант, показанный на схеме, намалеванной одним из сотрудников НИИ гриппа. Это - единичное событие. Но оно случилось - "высокопатогенный вирус" "свиного гриппа" "смешался" с таким же "высокопатогенным" вирусом "птичьего гриппа", да еще с вирусом "сезонного". Образовался тот самый "ужас", вызывающий "испанку", который обычно лепится в головах пильщиков бюджетных средств.

- *Этот "ужас", свинья без пятачка и на куриных ножках, хоть полетит*?

- Не дальше пределов клетки, где образовался. Что бы он "полетел" дальше, в "смешивающем сосуде" должен заработать механизм, отделяющий "зерна от плевел", т. е. новый "высокопатогенный" вирус, от "старого", ни на что не годного в плане пиления бюджетных средств. В экспериментальных условиях генетики обычно вводят селективные метки в разные вирусы, а потом по ним в культурах клеток отбирают их реассортанты. Но какие преимущества у образовавшегося полудохлого реассортанта перед бурно размножающимися в "смешивающем сосуде" исходными вирусами? Но по сложившейся в эпидемиологии гриппа традиции, берем все недостающее " с потолка". Предположим, появился еще быстрее размножающийся вирус, обладающий большей вирулентностью, чем его предшественники. Для уже инфицированного тремя вирусами "смешивающего сосуда", это означает быструю смерть вместе со всеми вирусами.

- *И все же давайте представим, что "свиноптах" состоялся.*

- Мы уже столько раз умножали все на ноль. Тогда представьте себе толстую свинью на курьих ножках. Выживет она в природе? Вот также и у "свиноптичьечеловеческого вируса" возникнет множество проблем в плане передачи от одного хозяина к другому. Спите спокойно.

- Еще один хитрый прием, на мой непрофессиональный взгляд - статистика. В России усиленно педалировали исключительно свиной грипп, выискивая каждого заболевшего! Поштучно! Общая же эпидемическая обстановка покрывалась туманом процентов в сравнении с прошлым годом. Осенью я пытался узнать, сколько же россиян болеет обычным гриппом. Никто не ответил. "Комсомолка" вынуждена была публично заявить: "В России скрывают правду о сезонном гриппе!" Видимо, в интересах тех, кто занимался производством и реализацией "свинских" вакцин. Через 5 дней упомянутая в статье министр Голикова сообщила полную статистику заболеваемости сезонным гриппом и ОРЗ. Свиной грипп на том фоне был каплей в море.

- Уже в сентябре было ясно, что "пандемия провалилась", так как обычно настоящие пандемии гриппа начинаются летом. Фарс со статистикой требовался для дальнейшего нагнетания паники перед "страшным и ужасным" H1N1. Это название повторяли как заклинание: "H1N1, H1N1, H1N1"! Пусть народ помчится на прививки, в аптеки за резко подорожавшими лекарствами. Авось правительство, видя размах бедствия, выделит новые миллиарды на вакцины и пилюли.

- *Вы с подозрением по-прежнему относитесь к вакцинам против гриппа*?

- Теперь с еще большим подозрением. Во время прошлых пандемий ученые на практике убедились, что вакцинациями контролировать грипп не удается. Даже идеальными вакцинами, а не теми, что спешно "лепили" прошлым летом. К тому же, если реальный механизм возникновения пандемий гриппа до сих пор не ясен, откуда тогда такая ясность в борьбе с ними - "создадим вакцину и покончим"? Мистификаторы пандемии "свиного гриппа" нас пытались убедить в том, что если появились у вакцинированного человека антитела к вирусу, то это значит, он от этого вируса уже защищен. Помните, как "гоняли" по разным телеканалам сюжеты из НИИ гриппа, где как сводки с фронта нам сообщали, что еще у одного подопытного появились антитела?

- *Помню*!

- Наличие антител к вирусу не говорит о наличии иммунитета к нему. Антитела бывают разными, в том числе и такими, которые усиливают инфекционность вируса (феномен антителозависимого усиления инфекции). Когда они такие кадры показывают, то думают, что никто и ничего не знает о механизмах иммунных реакций. Это не только профанация иммунологии, но еще и полное неуважение к ученому люду, занимавшемуся разработкой реальных вакцин к действительно опасным микроорганизмам. Это плевок в лицо всем нам, кто работал или работает практически в этой области.

Чтобы вести себя так "отвязано", нужно:

1) ощущать вообще полную безнаказанность;

2) обладать какой-то душевной тупостью.

Академики Забыли о Репутации

- *Ясно, что наши академики в этой афере - лишь рыбы-прилипалы.*

- Да, инициатива раскручивания псевдопандемии не их. Но они должны были сказать премьер-министру (раз их спрашивают!), что ситуация не представляет опасности, а не пользоваться ею в не очень прозрачных целях.

- За птичьей аферой проглядывал клюв вашингтонского ястреба Рамсфелда, бывшего министра обороны США, который и напал на нефтеносный Ирак по заказу "нефтяника" Буша. По совместительству - фармацевт. Это его фирма изобрела супер-лекарство тамифлю (скорее, слямзила у австралийцев идею). И с каждой проданной по миру упаковки имеет процент.

Патент у них до 2016 года. В компаньонах у этого фармацевта были другие сильные мира сего. А собирал миллиарды на борьбу с птичьим гриппом, призывал глав государств и правительств закупать стратегические запасы тамифлю глава Всемирного банка Вулфовиц, соратник и бывший подчиненный Рамсфелда. Чьи уши торчат за свинской аферой?

- Я не знаю, не вникал в этот вопрос. Меня интересует экология вируса гриппа. Возможно уши одни и те же.

- *Почему именно грипп в конце концов выбран для планетных афер? Ведь сначала были попытки развести нас на коровьем бешенстве, атипичной пневмонии, еще каких-то экзотических болезнях. Остановились на банальном гриппе. Им разводят не только нас, рядовых граждан, бегающих по аптекам, прививочным центрам, но и королей, президентов, премьеров, выделяющих деньги большие на вакцины, лекарства. Обама прививается публично всей семьей, Путин спрашивает в мурманской аптеке не сердечные лекарства, действительно нужные народу, а арбидол. Все дело в массовости, сезонности заболевания? Потому проще напугать?*

- ОРЗ болеют еще более массово. Я думаю, что ежегодная вакцинация против гриппа еще и стереотип поведения, вырабатываемый у людей с детства. Просто никогда раньше так цинично вакцинацию не проводили. Подведем итоги. Все разговоры о том, что достаточно появиться "новому вирусу" и возникнет ужасная пандемия - псевдонаучный треп, рассчитанный на клиповое сознание, сформированное голливудскими фильмами. Без формирования всей эпидемической триады (источник вируса, механизм передачи и восприимчивая популяция) не будет даже отдельных локальных вспышек гриппа. Когда к этой глобальной трепотне в конце апреля 2009 г. присоединились "светила" российской эпидемической науки, уже было ясно, что "свиной грипп" не распространяется из одного какого-то очага, где он якобы образовался из сезонного, птичьего и свиного; и что он не является новым. К тому же он не образует цепочек, характерных для воздушно-капельной передачи вируса между людьми. Уже в мае было понятно, что эта "пандемия" представляет собой серию независимых друг от друга, но синхронно возникающих вспышек, где свиньи и люди заражаются из какого-то другого источника. В этих нестыковках заключались колоссальные возможности для совершения научных открытий и разработки прорывных идей в эпидемиологии не только гриппа, но и многих других инфекций, для возбудителей которых не установлены первичные природные резервуары (источники вируса) и не очерчены территории их природных очагов.

- *Но "заинтересованные лица" предпочли "взять наличными", свели все к вакцине и в конечном итоге опозорились, поскольку свиной грипп исчез еще до начала массовой вакцинации. И сами они исчезли с "голубых экранов".*

- Опозорились? В глазах кого? Нас? Серой запуганной массы, которой с 1991 года манипулируют как хотят, а теперь еще и прививают чохом от пустышки "высокопатогенного вируса" пустышкой-вакциной, сляпанной за месяц? Да они смеются над нами! Будет такая возможность, повторят все снова. И на "голубые экраны" опять полезут сплоченной стаей. Станут опять выть и лгать, выть и лгать с утра до вечера о грядущей "испанке", даже не поинтересовавшись, чем на самом деле была та пандемия. Зато одно "открытие" все же можно сформулировать в ходе изучения этой аферы - "пандемии гриппа прекращаются не в результате массовой вакцинации, а сразу после выделения денег на вакцинацию".

- *Надо это "открытие" вписать в учебники по эпидемиологии.*

- Хуже всего то, что такими акциями в массовое сознание вписывается цинизм и недоверие к научной медицине. Уже пошли разговоры, что раз нет свиного гриппа, то и ВИЧ/СПИД-пандемию придумали фармацевтические компании; что вакцинации вообще не нужны, никакие, и т. п. К сожалению, в России во время "птичьей" аферы, и "свинской" не нашлось в среде политиков, известных ученых и чиновников высокого ранга никого, кто бы реально оценил обстановку и дал верный прогноз ее развития для правительства и успокоил народ. И еще не оказалось такого понятия, как "научная репутация". Если бы оно существовало, то в отставку должны были уйти многие деятели еще времен страшилки "птичьего гриппа", вроде

директоров НИИ гриппа Киселева, НИИ вирусологии Львова. И нас бы не "развели" повторно на "свином гриппе" уже избитыми мошенническими приемами типа: "Вот появится новый вирус и начнется испанка"

- Одного из этих "гриппозных академиков" глава Роспотребнадзора Онищенко даже назвал в сердцах информационным террористом. Жаль, что этим и закончилось. С террористами надо поступать соответственно. Ведь покуда они сидят на своих высоких теплых местах, мы действительно не защищены ни от новых эпидемических афер, ни от новых эпидемий.

- Вы правы. Я, как рядовой ученый, смотрел всегда на наш эпидемиологический "Олимп" снизу вверх. Но вот наступил момент, когда этот "Олимп", кстати, существующий на наши налоги, должен был продемонстрировать обоснованность своего бытия. Любая эпидемия - момент истины. И что мы увидели в реальности на его вершине? Банальность и некомпетентность! Птичий грипп перейдет в "испанку"; затем свиной перейдет в "испанку" и т. д. Да еще: "Дайте денег на вакцину"! Любая появись инфекция, ход мысли будет одним и тем же: "Дайте денег на вакцину! А то …". Далее занавес! И с этим багажом идей в эпидемиологии мы вступили в XXI век!

- Меня вот что еще беспокоит. Отсутствие у академического сообщества интереса к реальным проблемам гриппа очень опасно для всех нас, граждан России. Не только незнание механизмов, по которым развилась "испанка", но и принципиальный отказ от такого знания делают нас ее заложниками. И новые вирусы, их мутанты будут ни при чем. "Старые" могут вернуться, мало не покажется.

- Не исключено. Напомню: нашествию чумы в XIV столетии, известной нам под названием "черной смерти", предшествовало похолодание и вулканическая активность в Европе. - Ага, в Исландии как раз вулкан проснулся! - Анализ исторических источников показывает, что любое изменение климата, как в сторону потепления, так и похолодания, приводит к активизации эпидемий. Поэтому нам нужно изучать реальную эпидемиологию, а не выдумывать ее. Я хочу подчеркнуть для молодых ученых - эпидемиология сегодня находится на пороге больших открытий, особенно в области природной очаговости возбудителей опасных инфекций. В России, к счастью, есть научные коллективы, развивающие смелые идеи в этой области. Поэтому держитесь подальше от закаленных деятелей "биотерроризма", "птичьего гриппа", "свинячего" и т. п. зловонных отрыжек из 1990-х гг. Спешите делать научные открытия, пока их не сделали другие.

- Михаил Васильевич! Поскольку ваши прогнозы обычно подтверждаются реальным развитием событий, какая следующая профанация в российской науке лопнет в ближайшем будущем?

- ВИЧ-вакцина.

Михаил Супотницкий

Заметки на полях свиного гриппа – серия статей:

1. **Пандемия «испанки» 1918-192**0 гг. в контексте других гриппозных пандемий и «птичьего гриппа». – Supotnitskiy.ru, 29 апреля 2009 - https://www.supotnitskiy.ru/stat/stat51.htm#zametki (*Заметки на полях* ... 1)
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РИА НОВОСТИ

Влад Гринкевич

A/H1N1: страшная угроза или великая афера?

РИА, Новости, 11 июня 2010, 13:03
https://ria.ru/20100611/245076874.html

Год назад, 11 июня 2009 года, Всемирная организация здравоохранения (ВОЗ) объявила о пандемии вируса A/H1N1 или «свиного гриппа», самому вирусу медики присвоили высшую - шестую - степень опасности. Это была первая пандемия за последние 40 лет. С тех пор «свиной грипп» унес жизни более 18 тыс. человек из 213 стран мира. Однако спустя год после объявления пандемии, чиновников ВОЗ обвиняют в коррупции и фактическом лоббировании интересов фармацевтических компаний, которым паника принесла немалую прибыль.

Появление нового штамма гриппа зафиксировали в самом начале 2009 года. Ситуация резко накалилась в апреле, после сообщения о первой жертве A/H1N1. В мае 2009-го, еще до объявления о пандемии, власти Гонконга объявили в стране чрезвычайную ситуацию. Была проведена чуть ли не войсковая операция по блокированию гостиницы, в которой проживала туристка, заболевшая «свиным гриппом». Пример оказался заразительным - после заявления ВОЗ о начале пандемии Белый дом назвал «свиной грипп» национальной угрозой для США, а президент Барак Обама ввел чрезвычайное положение.

Главной жертвой паники вокруг нового вируса стала мировая экономика. Конечно, ВОЗ призывала государства не закрывать границы, уверяла, что употребление правильно приготовленной свинины не несет опасности для здоровья. Эксперты Продовольственной и сельскохозяйственной организации ООН (ФАО), впрочем, сообщали, что не нашли связи между заражением людей A/H1N1 и употреблением свинины, а ВТО даже распространила специально заявление, мол, угроза вируса не может считаться оправданием для ограничений на ввоз свинины. Тем не менее, четырнадцать стран, включая Россию, ограничили импорт свинины, а власти Египта спровоцировали крестьянские бунты, объявив об уничтожении поголовья свиней. Помимо фермеров убытки подсчитывали туроператоры и авиаперевозчики – опасаясь болезни, многие предпочли отложить зарубежные поездки.

Впрочем, кое-кому паника вокруг вируса A/H1N1 пошла впрок - на продаже антивирусных препаратов фармацевтические компании заработали порядка $10 млрд. Это и стало причиной разговоров о том, что никакой особой опасности не было, а вся история с новым штаммом была своеобразной антикризисной программой фармакологов. А что, ведь верно, пока большинство отраслей страдало от кризиса, фармацевтические предприятия наращивали производство. Только в России продажи рекомендованных ВОЗ антивирусных препаратов по итогам 2009 года увеличились в 10 раз.

Подозрения возникли еще в прошлом году. В ноябре 2009-го датская газета *Information* обратила внимание на тот факт, что «триумфальное шествие» нового вируса странным образом совпало со слиянием двух фармацевтических гигантов - швейцарской Hoffman-La Roche и американской Genentech. Журналисты предположили, что пандемия может на деле оказаться грандиозной коррупционной аферой. Но первым о коррупции заговорил председатель подкомитета по здравоохранению комитета по социальным вопросам, здравоохранению и семье ПАСЕ Вольфганг Водарг. Чиновник так и сказал - никакого «свиного гриппа» не существует, есть лишь форма обычного сезонного гриппа, а паника вокруг него раздувается в интересах фармацевтических компаний.

Косвенно этот тезис подтвердила и министр здравоохранения и социального развития РФ Татьяна Голикова. Желая успокоить россиян, г-жа Голикова привела в ноябре прошлого года статистику, согласно которой смертность от нового вируса не превышает смертность от обычного гриппа. За девять месяцев 2008 года от сезонного гриппа погибло 484 человека, за девять месяцев 2009-го - 439 человек, а ситуация с заболеваемостью в целом почти не отличается от сезонной.

Словом, было над чем задуматься. И вот в начале этой недели ПАСЕ начала расследование всех обстоятельств возникновения пандемии A/H1N1. На первом заседании был представлен доклад, согласно которому оснований для объявления высшего уровня опасности не было, а ВОЗ намеренно нагнетала панику. Вдобавок обращается внимание на тот факт, что некоторые эксперты ВОЗ одновременно являются сотрудниками фармацевтических компаний, производящих среди прочего и вакцины от свиного гриппа.

Стоит ли говорить, что представители ВОЗ все обвинения в свой адрес категорически отрицают. Генеральный директор организации Маргарет Чен на днях заявила, что коммерческие интересы «ни на одну секунду» не влияли на ее решения, все формальные признаки пандемии налицо, а число жертв «свиного гриппа» продолжает расти. Но в том, что вирус A/H1N1 способен убивать, никто и не сомневался. Вопрос лишь в масштабах угрозы - самый обычный грипп ежегодно убивает от 200 тыс. до 500 тыс. человек, а жертвами «свиного» стали менее 20 тыс. Выгода фармацевтов очевидна.

И все же нет однозначного ответа на вопрос, оправдана ли была паника вокруг вируса A/H1N1. По итогам года медицинские службы многих стран действительно зафиксировали аномальное число заболевших гриппом и ОРВИ. Поэтому ВОЗ, несмотря на звучащие обвинения, не спешит заявлять об отмене пандемии. Кстати на этой неделе и главный санитарный врач России Геннадий Онищенко также заявил, что пандемия свиного гриппа продолжается. Что ж, возможно, расследование, предпринятое ПАСЕ, даст в конечном счете ответ, стало человечество жертвой опасной болезни или хитрой аферы, провернутой совместно международными чиновниками и акулами фармацевтического бизнеса.

THE FLU CASE

Assemblée Nationale

Commission d'enquête sur la manière dont a été programmée, expliquée et gérée la campagne de vaccination contre la grippe A(H1N1)

Audition du Dr Marc Girard, mercredi 09/06/10, à 19h15

The Flu Case, 11 June 2010

https://web.archive.org/web/20100814170701/http://www.theflucase.com/index.php?option=com_content&view=article&id=3708%3Amarc-girard-fiercely-critical-of-swine-flu-jab-campaign-in-french-inquiry-testimony-french&catid=1%3Alatest-news&Itemid=64&lang=en

Monsieur le Président, Monsieur le Rapporteur, Mesdames et Messieurs les Députés,

A quel titre vais-je me présenter devant vous ? Simplement à celui de pouvoir documenter avoir introduit dans le débat public la quasi-totalité des éléments qui ont alimenté la légitime défiance de nos concitoyens quant à la gestion de la grippe porcine par les autorités. Dès le 28 avril 2009, lors d'une intervention sur la chaîne France 24 (PJ 1), j'ai avancé les arguments suivants :

1. on n'a aucune preuve que ce nouveau virus soit très virulent ;
2. les antiviraux comme Tamiflu n'ont pas donné de preuve d'efficacité et posent d'importants problèmes de tolérance, tandis qu'une stratégie de vaccination n'est pas nécessairement appropriée non plus ;
3. l'information sur cette pseudo pandémie correspond à une « rhétorique d'intimidation»;
4. cette rhétorique d'intimidation s'inscrit dans une continuité historique de mystifications similaires, qui met notamment en jeu les conflits d'intérêts des experts impliqués;
5. «à qui ça profite ?». S'enrichissant chaque fois des données de l'expérience, mes interventions ultérieures sont notamment revenues sur L'art de créer des alertes en santé publique (24/05/09) et les dangers de Tamiflu);[1] dès le 26/08, dans une interview à France-Soir, j'ai soulevé la question grave de la régularité du processus d'AMM; le 01/09, j'ai fait connaître au public les résultats convergents des évaluations Cochrane sur le manque de preuves quant à l'intérêt des vaccins antigrippaux en général.[2]

Puis, durant des semaines, j'ai également été le seul à citer le rapport public d'évaluation rédigé par l'EMEA – l'Agence européenne du médicament – pour contredire la réassurance des autorités sanitaires quant à la normalité du processus de développement ayant justifié l'autorisation des nouveaux vaccins.[3]

Début octobre 2009, enfin, j'ai publié un livre[4] replongeant le scandale de la grippe H1N1 dans un contexte bien plus large – historique, sociologique, épistémologique et politique, notamment. A l'évidence, les frontières ont bougé, avec cette histoire : c'est la première fois qu'un débat de fond sur les vaccinations a pu sortir de l'éternelle guerre de religions entre les pro- et les antivaccins. Tous mes correspondants, qu'ils viennent des Académies, des instances ordinales, de la médecine militaire ou même des pastoriens m'en attribuent le mérite : je le dis sans forfanterie, mais avec gravité – et une conscience renouvelée de ce qu'il en coûte pour se dresser initialement seul contre tous.

Pour comprendre, il est utile de rappeler brièvement au terme de quel processus je suis tombé dans la marmite des vaccins. Consultant pour l'industrie pharmaceutique, estimé et confortablement rémunéré par les leaders du marché, n'ayant aucun intérêt personnel à me brouiller avec mes meilleurs clients qui s'appelaient à l'époque Pfizer, GSK, Aventis, Novartis, Roche, j'ai été chargé par la justice française, au tout début des années 2000, d'expertiser les grandes affaires de santé publique

impliquant des médicaments, notamment celle concernant la vaccination contre l'hépatite B. Par rapport à une profession alors fortement contrainte par une réglementation pointilleuse, j'ai alors découvert le secteur vaccinal comme une sorte de sédiment de pratiques pharmaceutiques dont je n'envisageais même pas qu'elles pussent encore exister – comme illustré rapidement par cette récente offre d'emploi d'un leader du secteur qui ne craint pas d'assumer que pour diriger le développement d'un projet vaccinal «une compréhension [je ne dis pas: une expertise] des aspects cliniques de l'infectiologie – virologie, immunologie, microbiologie – serait très utile, mais pas essentielle» (PJ2)… Ce précédent me permet aussi de revenir sur les allégations de mes collègues experts qui justifient leur discrétion sur leurs liens d'intérêts par le fait que ceux-ci n'altèreraient en rien leur indépendance:[5] l'évolution de mon chiffre d'affaire réalisé avec l'industrie pharmaceutique (PJ3) illustre clairement, je crois, qu'il faut bien du courage – ou de la témérité – quand on veut garder son indépendance en dépit de ces liens.[6,7]

La question qui vous est posée aujourd'hui n'est pas de savoir comment les Français réagiront lors de la «prochaine» pandémie – en validant implicitement du même coup la mystification (désormais confirmée par la toute récente enquête du British Medical Journal[8]) qui a consisté à faire accroire que nous venions d'en traverser une. Car cette pseudo-pandémie s'est fondée sur une triple exagération:

1. Exagération du nombre de personnes touchées, quand il est parfaitement établi aujourd'hui que lorsque la pandémie a été déclarée, moins de 5% des personnes répertoriées comme atteintes étaient effectivement positives pour le test du virus[9] et que, par la suite, le délire des chiffres a été alimenté par des critères sémiologiques dont l'indigence saute aux yeux du moins professionnel: fièvre à 38°C, toux… Tous les Français ont vu des gamines la goutte au nez sortir de chez leur médecin paniqué avec une pile de masques et du Tamiflu ; on a également vu des diagnostics par téléphone…

2. Exagération de la virulence du virus, avec des critères d'imputabilité des décès extraordinairement lâches et – en contradiction avec la réglementation pharmacovigilante en vigueur – un refus systématique de considérer que les décès après prescription de Tamiflu aient pu correspondre à une toxicité de ce médicament;[10]

3. Exagération médiatique, évidemment : ai-je besoin d'illustrer ? L'autre fausse question, ce serait d'examiner comment protéger nos concitoyens des sectes. Via mon site d'une part et au cours d'un cycle de conférences d'autre part, j'ai récemment discuté avec énormément de gens. L'argumentaire antivaccinaliste – qui n'avait quasiment intéressé personne jusqu'à présent – a effectivement été examiné par des millions de Français indûment alertés: tout le monde s'est rendu compte de son indigence, de telle sorte qu'il n'est pas excessif de soutenir que même s'ils surfent naïvement sur la vague, jamais les antivaccinalistes n'ont été aussi décrédibilisés qu'aujourd'hui. Dans une démocratie, quand 80% des citoyens se sont prononcés sans ambiguïté, ils méritent mieux qu'une inquiétude condescendante quant à leur capacité à faire les bons choix: les Français ont été admirables dans leur résistance à la désinformation.

La question n'est pas non plus de pointer les incompétences avec une sélectivité partisane. Certes, il y a des « Diafoirus d'internet », mais les experts consultés par le ministère ont été répétitivement démentis par les faits, et les virologues, par exemple, n'ont jamais craint de se prononcer avec assertivité sur des questions de santé publique qui dépassait clairement leur compétence. C'est aussi l'occasion de se demander s'il est encore acceptable que, dans un grand pays comme la France, la direction de l'Institut de veille sanitaire soit confiée à quelqu'un avec qui j'entretiens des liens professionnels a priori paisibles depuis 25 ans, mais dont il est facile de documenter qu'elle n'a strictement ni les titres, ni les travaux justifiant une telle responsabilité. Permettez-moi donc de vous proposer un critère de crédibilité expertale dont je vous garantis qu'il ne vous laissera jamais dans la peine. Le bon expert, c'est celui dont on peut se passer: celui qui saura exprimer les problèmes technico-scientifiques d'une façon qui vous permettra de vous réapproprier les éléments du débat dans l'ordre de votre propre compétence. Vous êtes des politiques; laissez-moi illustrer par quelques exemples la façon dont vous pourriez reprendre en mains la situation.

1. Vous avez voté l'art. L.4113-13 du Code de la santé publique et qui fait obligation à tout professionnel de santé s'exprimant dans la presse de faire préalablement état de ses liens d'intérêts: jugez-vous normal que de tous les experts concernés que vous avez auditionnés jusqu'à présent, aucun ne se soit spontanément plié à cette disposition que vous avez pourtant voulue?

2. Jugez-vous décent que la politique préventive du gouvernement ait été justifiée par le «principe de précaution», quand la loi Barnier que vous avez votée en 1995 stipule sans ambiguïté que les mesures prises en son nom doivent l'être «à un coût économiquement acceptable»?

3. Vous avez inclus le code de déontologie médicale dans les dispositions du code de la santé : jugez-vous normal que les Français aient reçu de leur ministre une circulaire leur certifiant que le vaccin était sûr malgré les allégations contraires de l'EMEA – en contradiction, par conséquent, avec le principe déontologique sacré du consentement informé? Pour conclure cette brève présentation, permettez-moi de d'ouvrir deux pistes de réflexion: l'un concernant le médicament et la santé publique, l'autre la politique. Dans la vie d'un médicament, la phase de développement est incontournable. C'est le seul moment où l'on peut soumettre le nouveau produit à des évaluations contraintes par un minimum de rigueur: contrôle du processus de fabrication, tests chez l'animal, essais cliniques, etc. Même si ces exigences peuvent être contournées, elles ne sauraient en aucun cas être remplacées par une promesse de pharmacovigilance une fois le produit sur le marché. En l'espèce, alors que l'EMEA reconnaissait sans fard que le rapport bénéfice/risque n'avait pu être évalué au cours du développement, l'administration sanitaire ne rougit pas de clamer, une fois le produit sur le marché, que les données de la pharmacovigilance «ne modifient en rien» le rapport bénéfice/risque du produit, lequel n'avait justement pas été évalué: c'est dire, avec un parfait cynisme, que ce rapport bénéfice/risque n'a été et ne sera jamais évalué et que ces produits, pour lesquels on a un temps envisagé une obligation vaccinale, sont proprement défectueux au sens légal du terme. Or, cette séquence – développement bâclé sur la fallacieuse promesse d'une pharmacovigilance qui ne viendra jamais – est exactement celle qui sous-tend la proposition de directive modifiant la directive 2001/83/CE qui est actuellement en discussion à Bruxelles: ce projet est proprement effrayant, et la récente histoire des vaccins contre la grippe porcine est l'éloquent prélude de la caricature technicoréglementaire que les lobbies pharmaceutiques cherchent désormais à mettre en place.

=> read a whole article

https://web.archive.org/web/20100814170701/http://www.theflucase.com/index.php?option=com_content&view=article&id=3708%3Amarc-girard-fiercely-critical-of-swine-flu-jab-campaign-in-french-inquiry-testimony-french&catid=1%3Alatest-news&Itemid=64&lang=en

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2. M. Girard. Vacciner ou pas? 01/09/09
3. M. Girard. Je vaccine mes enfants ? 19/11/09
4. M. Girard. Alertes grippales – Comprendre et choisir, Escalquens, Dangles, 2009
5. Ces allégations sont d'ailleurs en contradiction avec la quasi-totalité des nombreux travaux disponibles sur le sujet, notamment ceux qui mettent en jeu les déterminants parfois subtils de « l'effet de financement » (« funding effect »). Il est utile, également, de rectifier ceux (la minorité, d'ailleurs) qui tentent de s'en sortir en évoquant l'erreur – humaine et toujours possible : lorsqu'elle n'est pas aléatoire et qu'elle joue systématiquement dans le même sens (en l'occurrence : l'intérêt bien compris des sponsors), l'erreur est constitutive d'un biais.
6. Et si recevoir de l'argent de l'industrie pharmaceutique est un gage d'excellence – comme mes collègues, une fois démasqués, voudraient le faire accroire – il faudra bien que mes ex-clients justifient le contraste entre cette prospérité ancienne et la situation actuelle, quand rien n'indique que dans l'entre temps, j'ai basculé dans l'incompétence…
7. Cette expérience personnelle est tout à fait compatible avec une récente étude du NEJM (2010 ; 362 : 1832-9) montrant le pouvoir de représailles que peut exercer l'industrie pharmaceutique sur ceux qui ont dénoncé leurs pratiques même dans un pays comme les USA où les « lanceurs d'alerte » (whistleblowers) sont normalement très protégés par la loi.
8. BMJ 2010;340:c2912
9. 4% selon Raoult (Se faire vacciner ou pas ? France 5, C dans l'air, 20/10/09) 5% selon Bricaire (Un vaccin pris en grippe ?, France 24, Le Débat, 29/10/09) 3% selon Derenne (LCI, On en parle, 12/11/09)
10. Alors qu'il existe de bonnes raisons expérimentales et cliniques pour entretenir une telle suspicion: cf. Lin X et coll. Oseltamivir boosts 2009 1N1 virus infectivity in vitro. Biochemical and Biophysical Research Communication 2009; 390: 1305-8, et encore plus récemment, Keiji Hayashi. Antiviral drugs may increase the number of deaths. bmj.com, 19 Jan 2010.
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LE DEVOIR

Richard Gendron, Pierre Biron, Marc Zaffran

Pseudo-pandémie d'A(H1N1) – Alarmisme et gaspillage de fonds publics

Le'Devoir, 12 Juin 2010
https://www.ledevoir.com/opinion/idees/290727/pseudo-pandemie-d-a-h1n1-alarmisme-et-gaspillage-de-fonds-publics

Il y a eu le 11 septembre 2001. Comme un écho à cette date fatidique, le 11 juin 2009, la peur prenait un nouveau visage: celui du virus A(H1N1). Il y a eu un an hier, l'Organisation mondiale de la santé (OMS) élevait au niveau maximum son état d'alerte à ce qu'elle considérait comme une pandémie mondiale.

Plusieurs scientifiques, surtout en Europe, ont sévèrement critiqué cet alarmisme: l'ancien patron de la Croix-Rouge française, Marc Gentilini, a parlé d'une «pandémie de l'indécence». Plus récemment, la gestion de ce dossier par l'OMS a été durement critiquée dans un éditorial publié dans le British Medical Journal et dans un rapport déposé le 4 juin dernier à l'Assemblée parlementaire du Conseil de l'Europe. En présentant ce rapport, le député britannique Paul Flynn a affirmé que «cette pandémie n'a jamais vraiment existé».

Nous sommes d'accord avec cette affirmation et nous croyons qu'il est important de faire l'autopsie de cette pseudo-pandémie.

Une pandémie de la peur

Au Québec, on a eu droit à une pandémie de la peur, surtout après le décès d'un jeune Ontarien porteur du virus. En l'absence d'autopsie chez le jeune garçon en question, il était irresponsable de laisser entendre que c'était l'A(H1N1) qui avait causé ce décès.

Inquiets, de nombreux parents et enfants ont envahi les urgences des hôpitaux: la situation était telle que, quelques jours plus tard, les urgentologues de Sainte-Justine et du Children's Hospital publiaient un communiqué conjoint dans lequel ils déploraient ce qu'ils ont appelé «la psychose du H1N1» en spécifiant que «les gens doivent comprendre que c'est un microbe relativement bénin» (Le Devoir, 30 octobre 2009).

Relativement bénin, en effet: avant même le début de la campagne de vaccination, des centaines de milliers de Québécois ont été en contact avec le virus A(H1N1) 2009 et ont développé naturellement des anticorps qui les ont protégés et qui les protégeront contre ce virus s'il est encore présent à l'automne 2010, ici ou ailleurs dans le monde. La campagne massive de vaccination, à laquelle ont participé plus de quatre millions de Québécois, est arrivée trop tard, a coûté cher et n'était pas justifiée scientifiquement.

«Dispersion» n'égale pas «pandémie»

Si on ne se fie qu'à la dispersion géographique des virus pour définir une pandémie mondiale, on peut dire qu'il y a annuellement plusieurs pandémies de divers types d'influenza. Cependant, «virus» n'est pas équivalent à «maladie», et dispersion du virus n'égale pas «pandémie». Entre le virus et la maladie, il y a la capacité du système immunitaire des gens à composer avec le virus: dans le cas de l'A(H1N1), les données dont on disposait, à la fin de l'été 2009, permettaient d'affirmer que la très grande majorité des gens n'avaient rien à craindre de ce virus.

En mai 2009, cependant, l'OMS avait adopté un nouveau système de catégorisation des pandémies basé sur le critère de dispersion géographique et mettant de côté le critère de virulence (maladies graves, décès). C'est sur cette base que, le 11 juin 2009, l'OMS déclenchait une alerte planétaire en annonçant qu'on était en situation de «pandémie mondiale» d'A(H1N1): ce que l'OMS n'a pas dit, toutefois, c'est que, si elle avait appliqué sa nouvelle grille de catégorisation aux années antérieures, elle aurait dû déclarer une pandémie d'A(H1N1) ou d'A(H3N2) chaque année!

Il aurait été plus logique et fidèle à la tradition médicale de conserver dans la définition une référence à un nombre inhabituellement élevé de personnes très malades ou décédées. Selon ce critère, on n'avait pas affaire à une pandémie en 2009, mais bien à une épidémie comparable à l'épidémie de grippe saisonnière, et ce, même si le virus s'est répandu plus rapidement.

Un virus relativement bénin

Armées de plans de pandémies conçus pour des virus beaucoup plus dangereux et confondant «principe de précaution» et «précipitation», les autorités de santé publique ont commandé aux compagnies pharmaceutiques des centaines de millions de doses de vaccins.

Dans la plupart des pays, seule une minorité parmi les populations visées a choisi de se faire vacciner: aux États-Unis, c'est 25 % de la population; en France et dans le reste de l'Europe, c'est 10 % ou moins. À peu près partout, y compris au Québec, le vaccin est arrivé trop tard, en même temps ou après la «deuxième vague» de la pseudo-pandémie. Ce fut un énorme gaspillage de fonds publics.

Facile de critiquer après coup, disent certains. «On ne savait pas avant», ajouteront-ils. C'est faux. En août 2009, on disposait de chiffres démontrant clairement que l'épidémie d'A(H1N1) 2009, en Australie, était d'une sévérité comparable à la grippe saisonnière. Durant notre été, c'était l'hiver là-bas, la saison de la grippe; l'épidémie d'A(H1N1) 2009 n'y avait pas pris une ampleur catastrophique, et ce, soulignons-le, malgré l'absence de vaccins contre la nouvelle forme de H1N1. À la fin de l'été 2009, «on savait» donc que c'était une fausse alerte.

Ce n'était pas une pandémie, mais une épidémie de grippe susceptible d'affecter certaines catégories de gens qu'on aurait pu cibler et sensibiliser à des mesures d'hygiène, en attendant qu'un vaccin soit prêt. On aurait pu prendre au Québec la décision de ne faire qu'une campagne de vaccination pour les personnes à risque et éviter un coûteux détournement de ressources financières et humaines: la vaccination de masse a privé le système de santé québécois d'une partie de son personnel qui a été affectée à la vaccination au détriment de soins jugés moins urgents. Les coûts associés à ce détournement seront-ils jamais évalués? [...]

La bactérie Clostridium difficile

Au printemps et à l'automne 2009, la grande majorité des Québécois infectés par le virus A(H1N1) ne s'en sont pas rendu compte ou, s'ils ont eu la grippe, ils sont passés à travers sans complications. Chez moins de la moitié de 1 % des personnes infectées, une hospitalisation temporaire a été requise: il y a eu 2483 cas hospitalisés au Québec entre le 30 août 2009 et le 9 février 2010. Parmi ceux-ci, 360 ont nécessité des soins intensifs et 82 sont décédés. L'âge moyen des décès était de 60 ans. On a identifié des conditions sous-jacentes (cardiopathie, maladie pulmonaire, etc.) chez 80 des personnes décédées: au final, du 30 août au 9 février, il y a eu au Québec deux cas de décès imputés à l'A(H1N1) sans identification d'une condition sous-jacente.

Pendant la même période, il y a eu quatre fois plus de décès, dans les hôpitaux québécois, des suites d'une infection par la bactérie C. difficile. En 2008-2009, en effet, le chiffre officiel est de 457 décès imputables à cette bactérie. Les médias en parlaient-ils chaque jour? Non. Pourtant, avec des taux d'environ 60 décès par million de personnes, cela correspond à quatre fois le taux de décès imputés à l'A(H1N1) en 2009. Si les autorités de santé publique du Québec avaient fait mention de tous les décès qui se sont produits dans les hôpitaux à l'automne 2009, cela aurait pu être instructif. Sur une base hebdomadaire, on aurait eu droit à des chiffres comme ceux-ci: «Cette semaine, on

rapporte dans les hôpitaux 300 décès attribués au cancer, six décès attribués à la bactérie C. difficile et deux décès attribués au virus A(H1N1) 2009.» Vu comme ça – c'est-à-dire sous l'angle de la réalité, – l'A(H1N1) fait moins peur.

Les autorités de santé publique nous informaient-elles, en 2008 ou 2007, de tous les décès qui se produisaient au Québec chez des gens infectés par les virus de la grippe saisonnière? Bien sûr que non, car on ne faisait pas systématiquement des prélèvements et on ne tenait pas des statistiques aussi précises qu'avec l'A(H1N1) 2009.

Médiatisation indécente

Selon la firme Influence Communications, le poids médias de cette grippe fut en 2009 de 6,7 % au Québec, de 2,4 % au Canada et de 1,4 % dans l'ensemble de 159 pays. Presque 7 % des nouvelles, pendant un an, c'est énorme et sans précédent dans le domaine de la santé!

On a eu droit à une médiatisation indécente de la mort de toute personne infectée par l'A(H1N1) 2009, comme s'il s'agissait du seul agent infectieux en circulation au Québec. On a assisté à une psychose collective qui a été alimentée par la Direction de la santé publique, qui tenait à la réussite de sa mégacampagne de vaccination. Les médias, pour la plupart, ont agi comme des amplificateurs d'une perception du risque totalement déformée: c'était comme si la mort venait d'être inventée!

L'influence de l'industrie pharmaceutique

Espérons qu'à l'avenir les autorités sauront garder leur calme et leur objectivité scientifique lorsqu'une nouvelle forme d'influenza se pointera le bout des antigènes: avant de signer de juteux contrats avec les fabricants de vaccins, les autorités devraient se montrer plus critiques envers le discours de certains scientifiques dont les recherches sont financées par l'industrie. Lorsque l'analyse de la situation est biaisée, l'invocation du principe de précaution est irrecevable. On ne peut pas justifier n'importe quoi, à n'importe quel prix, en invoquant l'idée de prudence.

Si on en juge par le rapport déposé récemment au Conseil de l'Europe, il est clair qu'au sein de l'OMS, certains conseillers étaient en situation de conflit d'intérêts. Nous ne pensons pas que les autorités sanitaires québécoises et canadiennes soient vaccinées contre ce genre d'influence. Il s'agit là d'un phénomène qui a pris, ces dernières années, une réelle ampleur... pandémique!

thebmj

Ron Law

There was also no new Subtype

BMJ, 29 June / 3 July, 2010, V 341, p. 8
doi: 10.1136/bmj.c3460. PMID: 20587571

Cohen and Carter state that the World Health Organization changed the definition of an influenza pandemic by excludisg reference to the words "with enormous numbers of deaths and illness".[1] However, WHO also dropped the requirement for a new subtype, meaning that many seasonal flu viruses could be classified as pandemic influenza. Online web archives show that the WHO website had the erased definition from at least January 2003 to July 2008.[2]

New seroprevalence studies show that substantial proportions of socшуен had pre-existing protective antibodies across age groups. A government study estimatesthat 1.26 million New Zealanders, or 29%, were immune to the pandemic Influenza virus by March 2010.[3]

About 480,000 people had some immunity before the 2009 pandemic wave, mostly in the older age groups. An additional 780,000 were estimated to have been infected during 2009. The highest rate of infection during 2009 was in school age children (one in three). Almost half of those infected showed no obvious symptoms. Overall, 14% of New Zealand schoolchildren had pre-existing antibodies to the 2009 H1N1 virus.

According to the WHO guidelines in effect when the 2009 H1N1 influenza virus was identified in the United States in April 2009, a pandemic would not have been declared. It was not a new subtype, it was not causing enormous numbers of deaths and illness, and a significant rumber of people had already been exposed to an immunogenically similar virus. That only one vaccination was required for all but young children is another sign that this was not an immunogenetically new virus.

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thebmj

Thomas Jefferson, Peter Doshi

WHO and pandemic flu. Time for change, WHO

BMJ, 29 June / 3 July, 2010, V 341, p. 8
doi: 10.1136/bmj.c3461. PMID: 20587572

The World Health Organdatioa has long term relationships with the pharmaceutical Industry and even conceives of industry as a "partner".[1] Now Cohen and Carter show that WHO chose not to disclose financial conflicts of Interest among industry sponsored widens guiding Its influenza policy.[2] In her reply Margaret Chan. WHO's director-general, writes: "At no time, not forone second, did commercial interests enter my decision making".[3] This self evaluation is irrelevant and misses the point: that transparent declarations of Interest are crucial to allow others to decide for themselves.

Chan's dismissal of concerns over the scientific integrity of policy making at WOO is familiar. Our 2009 Cochrane review of influenza antivirals,[4] alongside a BM/-Channel4 investigation,[5] showed substantial publication bias, inconsistencies across different versions of the same dataset, and the presence of ghost and guest authors of a key study.

But WHO dismissed our review as inapplicable to pandemic HlN1;[6] seemingly ignoring that these drugs are licensed forall subtypes of influenza A and B (and the 2009 Ht N1 virus is simply a new influenza A virus).

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thebmj

Pim Kon

GlaxoSmithKline UK responds

BMJ, 29 June 2010, V 341 / 3 July, 2010, V 341, p. 8
DOI: 10.1136/bmj.c3464; PMID: 20587574

Cohen and Carter explore whether the World Health Organization should have taken advice from experts who had declarable financial and research ties with pharmaceutical companies producing antIvirals and influenza vaccines. including GlaxoSmithKline (GSK).[1] Can experts provide advice on public health issues such as pandemic flu, as well as help to develop medicines and vaccines for these same health issues?

It is understandable that WHO and research based pharmaceutical companies would seek the sameworld experts for their respective purposes. Indeed, expertise could be compromised if those that have worked wkh industry are not able to advise on public health issues. Similarly, without outside advice the development of drugs to meet patients' needs and address public health issues would not be possible.

To help manage the potential conflict of interest highlighted by Cohen and Carter, disclosure of financial relationships with industry is clearly important. We agree that transparency over the relationships between industry and healthcare professionals is a must.[2]

GSKwas one of many organisations that responded to the global public health challenge of the pandemic. There was never any attempt to influence WHO or the experts involved in the pandemic process. As WHO has acknowledged, the collaboration needed to deal with the pandemic flu threatwas governed by stringent international health regulations and rigorous safeguards to help manage potential conflicts of interest.

No one can workin Isolation when it comes to preparing fora flo pandemic. Only through working together. with the appropriate governance and codes of practice, can responses to public health challenges such as that presented by H1N1 be developed.

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LETTERS

There was also no new subtype

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Competing interests: None declared.

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Cite this as: *BMJ* 2010;340:c3460

Time for change, WHO

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Chan's dismissal of concerns over the scientific integrity of policy making at WHO is familiar. Our 2009 Cochrane review of influenza antivirals,[4] alongside a *BMJ*-Channel 4 investigation,[5] showed substantial publication bias, inconsistencies across different versions of the same dataset, and the presence of ghost and guest authors of a key study. But WHO dismissed our review as inapplicable to pandemic H1N1,[6] seemingly ignoring that these drugs are licensed for all subtypes of influenza A and B (and the 2009 H1N1 virus is simply a new influenza A virus).

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4 Jefferson T, Jones M, Doshi P, Del Mar C. Neuraminidase inhibitors for preventing and treating influenza in healthy adults: systematic review and meta-analysis. *BMJ* 2009;339:b5106.
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Cite this as: *BMJ* 2010;340:c3461

GlaxoSmithKline UK responds

Cohen and Carter explore whether the World Health Organization should have taken advice from experts who had declarable financial and research ties with pharmaceutical companies producing antivirals and influenza vaccines, including GlaxoSmithKline (GSK).[1] Can experts provide advice on public health issues such as pandemic flu, as well as help to develop medicines and vaccines for these same health issues?

It is understandable that WHO and research based pharmaceutical companies would seek the same world experts for their respective purposes. Indeed, expertise could be compromised if those that have worked with industry are not able to advise on public health issues. Similarly, without outside advice the development of drugs to meet patients' needs and address public health issues would not be possible.

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No one can workin isolation when it comes to preparing for a flu pandemic. Only through working together, with the appropriate governance and codes of practice, can responses to public health challenges such as that presented by H1N1 be developed.

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Competing interests: PK is medical director of GlaxoSmithKline UK.

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Cite this as: *BMJ* 2010;340:c3464

Another question for GSK

The relation between the declaration of a pandemic and the activation of pandemic vaccine contracts came under considerable attention recently. In the *BMJ* Cohen and Carter wrote, "It was the declaring of the pandemic that triggered the contracts,"[1] but *Nature* reports that this is false.[2]

This should not be a matter of interpretation. GlaxoSmithKline (GSK) spokesman Stephen Rea informed the Associated Press in June 2009 of pre-existing contracts it held with countries including Britain, France, and Belgium, contracts that GSK would be obliged to fulfil should a pandemic be declared.[3] It therefore seems that Cohen and Carter are correct. The Associated Press, however, does not provide us with a direct quote from GSK.

Pim Kon, GSK UK medical director, has clarified GSK's position on suggestions that the company ever attempted to influence WHO or experts involved in the pandemic process.[4] Could Dr Kon also clarify the nature of pre-existing pandemic influenza vaccine contracts to help set the record

The Watchdog
Keeping citizens in the loop

Jane Burgermeister

Kafkaesque interrogation at Vienna court: Are the Baxter charges behind this?

The WatchDog // BirdFlu666, 12 August 2010
https://waterpressure.wordpress.com/2010/08/12/w-h-o-wines-invented-flu-corruption-scandal-explodes-jane-burgermeister-reports-on-her-court-case/

Judges are supposed to make their decisions on the basis of evidence, documents and facts,
But in the court Döbling in Vienna, this is clearly not a requirement.

An email from an unknown person appeared to be set to be the basis of the decision to appoint a legal guardian and strip me of all my civic rights at top speed when I went at 10 am this morning to the court in Döbling, Vienna, for my interrogation by judge Dr Hannes Winge.

I was told the interview would probably last only 15 minutes and not to bother bringing any documents along as they were all.

To my surprise, Dr Winge's first question to me in his spacious office was about an email from a person I have never heard of called "Christina Braun", writing apparently about my role in the swine flu pandemic. He clearly wanted to focus on this email from this Christina Braun and seemed intent on appointing a legal guardian for me without delay, even asking me to name a representative. I refused because the whole procedure is not justified by the law.

He seemed to have absolutely knowledge at all or even the slightest interest in the copies of the appeals I had handed in one month ago with documents proving that Judge Michaela Lauer's reasons for appointing a legal guardian in connection with my Dad's inheritance are all false even though this should have been the focus of our interview.

A copy lay on his desk. But the pristine pages betrayed that they had come straight out of the photocopy machine and had lain untouched ever since – and that even though Dr Winge is making such a weighty decision about my future and is supposed to be studying the evidence.

I had to insist that Dr Winge look at the proof, documents, bills, emails and evidence that Judge Lauer is pushing to appoint a legal guardian for me on the basis of false accusations and in order to bury evidence of her corruption.

In the end, I had to spend two hours in the office as I laid out all the evidence to Dr Winge – evidence so strong he could not ignore it. At some point, even the most capricious justice system has to take account of reality.

Dr Winge graciously agreed at the end to look at the files and study the evidence. Foolish me! I had been under the impression the examination of evidence also happened before the interview – and not only after. He said he would need about a month and would then make his decision about whether to drop the case or not.

I pointed out to him that he would have to give reasons for his decision and that the reasons had to have some basis in facts and that appointing legal guardians etc for me just to silence me is actually a criminal offence.

Instead of a fair hearing , Dr Winge appeared to wish to discuss only an irrelevant email from a person I have never heard of and to move forward to appoint a legal guardian immediately.

That remainds of the fake criminal charges created by the corruption state prosecutor Katja Wallenschewksi out of letters of protest about my persecution by Heiner Lohmann and Christine Cote.

It seems any, "false flag" email or criminal charges will serve as a happy excuse not to look at the facts at hand and to continue with framing me.

I have to ask myself: why is the Austrian government so desperate to silence me? Why do they risk such a scandal to strip me of my rights? Anyone who reads the appeals and criminal charges on the internet can see that the accusations made against me are trivial or lies.

Being stripped of your civil rights because you allegedly have not done things like pay the insurance of your Dad's house when you have the bill proving you paid — and when it was the job of the Judge Lauer and solicitor Hutz anyway to do this is the first place — is like a black, black comedy. Knowing you could be detained forever because Judge Lauer falsely claims I "made ever new demands for the evaluation of various properties" is like a twist in a Stephen King novel.

What the judge says about me amounts to defamation.

One reason the Austrian government could be so deseperate to remove me is because the Council of Europe report by UK MP Paul Flynn on the swine flu pandemic hype is set to be debated in the Austrian parliament, along with all other parliaments in Europe, in the next session. Also, 220 MEPs demanded an investigation into the swine flu at the European Parliament, though this has been blocked for now.
v
Maybe the Austrian govenrment fears that the upcoming debate will highlight once more the incident where 72 kilos of seasonal flu was contaminated by Baxter in February 2009 in Orth an der Donau. Because the deadly bird flu virus has to be kept in a biosecurity level 3 lab, an accidental contamination can be virtually ruled out. The material was sent to 16 labs in four countries. Only an alert lab technician in the Czech Republic detected the virus after testing it on ferrets.

I filed charges against Baxter on April 8th after there was no meaningful investigation by the authorities. A vet was sent to inspect the lab. The state prosecutor did start an investigation which was dropped in September 2009.

Baxter could have sparked a global bird flu pandemic, triggering mass vaccinations, in Februrary 2009. These pandemic vaccinations can even be made compulsory under the pandemic level 6 declaration by WHO, that it finally revoked just two days before my hearing.

***A few days after I filed charges, the swine flu mysteriously appeared in Mexico*.**

That the swine flu virus was hyped by WHO and by the pharamceutical companies for profit has been confirmed, in the meantime, by evidence presented reports by the Council of Europe and studies such as have appeared in the British Medical Journal.

It could well be that Baxter and the international corporate crime syndicate that I accused of deliberately starting a pandemic for profit in April 2009 is feeling less confident about ist ability to withstand scrutiny.

Only about 3% to 4% of the Austrians took the swine flu vaccine in spite of the gigantic media hype and the exhortations of the health minister Alois Stöger. About 40% take the seasonal flu shot every year as a matter of routine. The authorities clearly anticipated that 60% to 70% would take the swine flu shot.

But the Austrians did not believe the hype. And the government must be worried about its ability to give its spin to the whole swine flu pandemic and Baxter bird flu incident.

As pharamceutical companies and government gear up for unprecedented vaccine campaigns, any scrutiny of the Baxter's contamination in February 2009 may be seen as a increasingly big threat.

Indeed, if Baxter were ever convicted in a court of law of deliberately attempting to start a global bird flu pandemic, it could well deal a death blow to the whole pharmaceutical industry and vaccine complex around the world.

Getting rid of me though a legal guardianship under false and trivial accusations and also by framing me by fake criminal charges may seem a better option given the possible repercussions of a substantial investigation into Baxter.

The sheer amount of publicity my case is getting will, however, make it impossible for them to remove me. The legal basis is non-existant and there is only so much caprice and eccentricity a justice system can allow itself in the age of the internet before it discredits itself totally in the eyes of the general public.

As soon as the court guardianship is dropped, I can and will file for compensation because this unjustified legal guardianship actually boils down to an attempt at an illegal detention and the silencing of a whistleblower.

The longer this drags on before it is finally laid to rest as it must finally be, the higher my compensation claims can be and the more publicity this case will generate.

The Baxter case is once more already in the spotlight along with the corruption of the Austrian justice system that failed to investigate the contamination of 72 kilos of seasonal flu vaccine material with the bird f u virus that could potentially have endangered people all around the globe.

On a personal note, the last few weeks have made me understand what the word "Kafkaseque" and "surreal" really means. Being hounded by a malevolent state is no joke at all.

Nightmarish as this time has been, I have been overwhelmed by the amount of support I have had from people all over the world.

I don't have time to answer all the emails; alas, as the likes of Dr Winge force me to go on filing documents etc, though I try to answer as many emails as I can. But the support of so many people, also from Switzerland and from We Are Change Austria, has been truly amazing, and I feel humbled and grateful to have experienced so much generosity, kindess and good will from so many people around the world.

The Philadelphia Inquirer philly.com

Michael Fumento

A requiem for the phantom pandemic

The WHO declares an end to the swine flu crisis that never materialized

The Philadelphia Inquirer (Philadelphia, PA), 20 August 2010, 181st, N 81, p. A23
https://www.newspapers.com/image/200896606/?terms=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22&match=1

Hallelujah, the disaster has been averted! The World Health Organization last week declared the H1N1 swine flu pandemic over. Except for one little thing: It never happened. That is, the WHO had no business labeling it a "pandemic." It did so purely for its own interests, wreaking worldwide havoc.

In April 2009, WHO flu czar Keiji Fukuda declared that we could be facing a contagion on the order of the Spanish flu of 1918-19, and the United Nations soon concurred. Spanish flu killed about 50 million worldwide and 675,000 in the United States.

Yet, with the "pandemic" over, here's the final toll: "Over 18,449" people have died worldwide, says the WHO. By comparison, garden-variety seasonal flu normally kills 250,000 to 500,000 annually. The mildest pandemic of the 20th century killed a mil-lion people worldwide.

The Centers for Disease Control and Prevention estimates that the United States had about 12,500 swine flu deaths, or a third of the usual number of fatalities from seasonal flu. But other countries' figures suggest the U.S. estimate is still much too high. The United Kingdom, for example, estimates only 457 H1N1 deaths, or a fifth of the death rate indicated by the CDC.

So how does the WHO explain the fact that you're still alive to read this? We were "just plain lucky," shrugs Director-General Margaret Chan. That's really the best she could do – or felt she needed to do.

In fact, there was never a need for luck or alarm. Just two days after Fukuda's Spanish flu comparison, I wrote of a "porcine panic." I went on to reiterate in many more articles that flu fears were being over-blown: When the WHO made the pandemic official, for example, I noted that swine flu had killed only 144 people worldwide in 11 weeks, fewer than die each day from ordinary flu. If I knew the outbreak was being exaggerated, then the WHO and others knew or should have known.

The previous definition of *influenza pandemic* required "several, simultaneous epidemics worldwide with enormous numbers of deaths and illness." But the agency wanted an H1N1 pandemic – badly. It had lost credibility for sounding the alarm for five years about H5N1 avian flu, described as a "when, not if' pandemic that could kill hundreds of millions.

So when swine flu trotted in, the WHO re-wrote its definition to say pandemics "can be either mild or severe." That renders the term meaningless, because seasonal flu always causes "simultaneous epidemics worldwide."

This gave license to others to treat swine flu as a pandemic in the commonly accepted sense of the term. Thus, last August, the President's Council of Advisors on Science and Technology forecast a "plausible" scenario of 30,000 to 90,000 U.S. deaths. In the Washington Post, author John Barry predicted more than 89,000 American deaths.

This was obviously nonsense. We already had information from all over the world showing swine flu to be vastly milder than the seasonal variety. A New York City estimate suggested that seasonal flu was 10 to 40 times deadlier than swine flu. In Australia, with the epidemic already well under way and no vaccine generally available, people were dying at a lower rate than normal. In October, U.S. health officials launched a campaign to panic parents into getting their children inoculated, prompting such headlines as "CDC shocker: swine flu killing young people at record rate." This was inexcusably cruel: Not only were officials exaggerating a tiny risk; they were doing so when a vaccine wasn't widely available.

Today, with incredible chutzpah, the WHO even denies that it rewrote the definition of *pandemic.* "Having severe deaths has never been part of the WHO definition," Fukuda said. So what if references to the changed definition are all over the Web, including in the WHO archive? It's like Paris Hilton denying the existence of her sex tape.

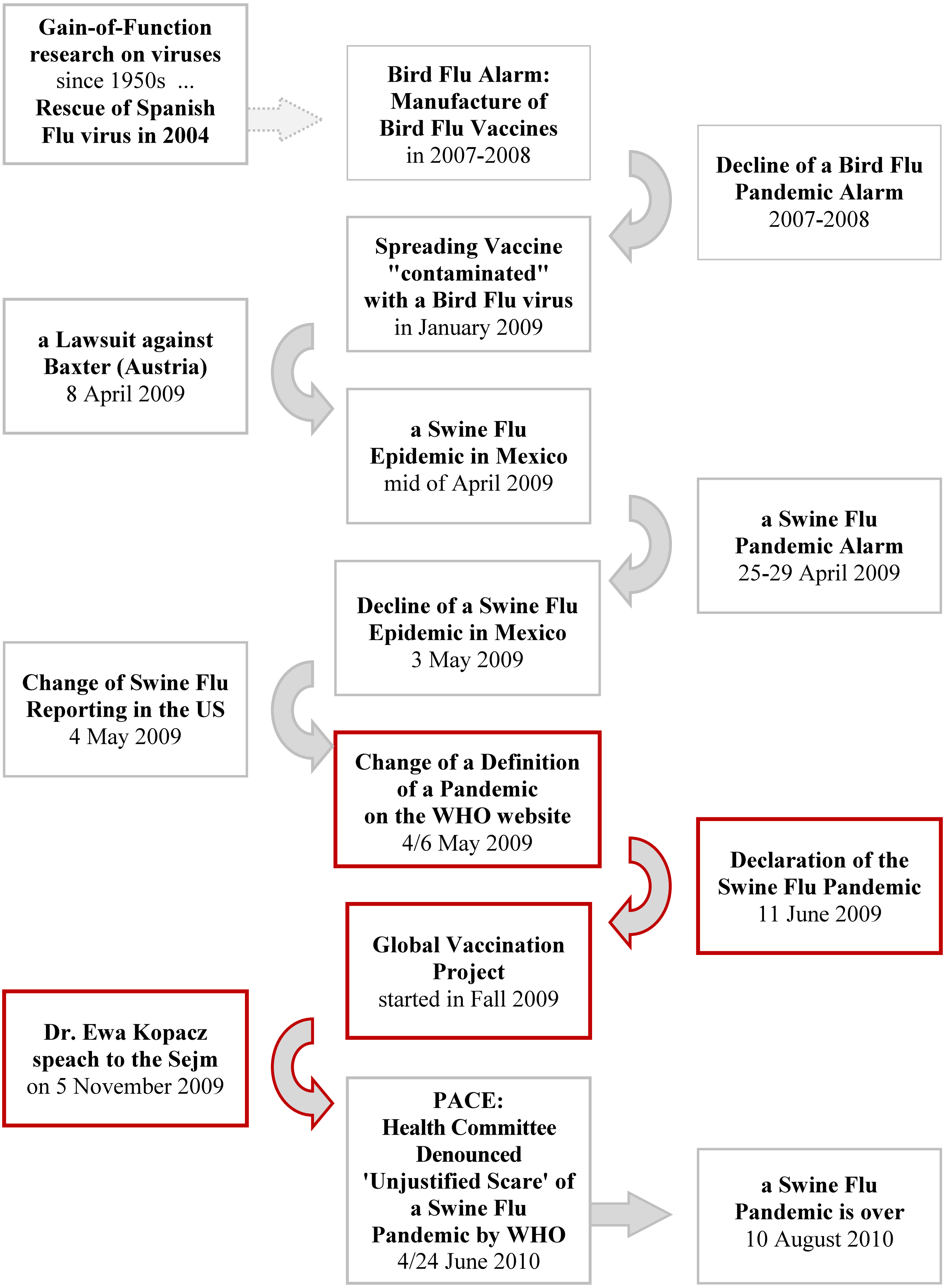
Meanwhile, the world has wasted billions of dollars that could have been spent on diseases like tuberculosis, which each year kills 70 times as many people as swine flu did, according to the WHO. Now add in the "crying wolf" factor, which means many people will ignore public-health warnings when a truly nasty disease comes along, and you'll see how much damage was done by the swine flu disinformation campaign.

Chapter 11

Poland

was alone in fighting against a Global Vaccination Project

Roadmap
of the Swine Flu Pandemic



ФОКУС

Польша не будет покупать вакцину от A/H1N1, пока не доказана ее безопасность

Фокус, 3 ноября 2009, 12:20
https://focus.ua/ukraine/76560

Польские власти не планируют закупать вакцину от так называемого свиного гриппа (A/H1N1), пока не будут завершены исследования ее неопасности для человеческого организма.

Об этом заявила министр здравоохранения Ева Копач после заседания эпидемиологического комитета вчера вечером.

"Не будем проводить прививку людям плацебо, будем базироваться не на сплетнях, а на результатах клинических исследований", - отметила министр.

Копач подчеркнула, что польское правительство сейчас ведет переговоры о возможной покупке вакцин с тремя фирмами, отметив, что ни одна из них не завершила необходимые клинические исследования.

Кроме этого, до сих пор неизвестно, хватит ли для защиты от вируса одноразовой прививки или ее надо будет проводить дважды.

Копач сказала, что польские власти выступают за то, чтобы прививка от A/H1N1 была введена в свободное обращение, что сделало бы возможной ее покупку непосредственно гражданами, а не только правительствами стран, как есть сегодня.

Как передает УНИАН, министр заверила, что в случае подтверждения неопасности прививки польское правительство успеет купить ее к пику возможной эпидемии, которая может иметь место с января по март 2010 года.

Копач отметила, что немецкое правительство закупило 50 миллионов доз, из которых из-за низкой заинтересованности прививками использовано только 10 млн. Министр также заверила, что польские власти имеют необходимое оборудование и лекарства для того, чтобы не допустить эпидемии в Польше.

Она отказалась озвучить данные о запасах лекарств, которые имеет в своем распоряжении правительство, заметив только, что на лекарственных складах (из которых лекарства попадают в аптеки) есть 150 тысяч доз "Тамифлю" и 38 тысяч "Релензе".

Копач подчеркнула, что лекарство "Тамифлю" умышленно не были переданы в аптечное обращение в Польше, поскольку его использование при более легких заболеваниях гриппа привело бы к тому, что в случае сложной формы лекарства уже не подействуют.

Ранее сообщалось, что польское Министерство здравоохранения считает намного опаснее A/H1N1 вирус обычного сезонного гриппа, призывая поляков проводить прививку собственно от него.

В 38-миллионной Польше в последнее время не зафиксировано роста заболеваний вирусными инфекциями, из-за которых в западных областях Украины заболели свыше 250 тысяч человек, из которых 71 умер.

Polish Vice Health Minister Adam Fronczak
in Parlliament on swine flu (AH1N1) vaccine deaths and issues

Polish Parlliament, 5 November 2009
https://www.youtube.com/watch?v=nXqEWl07olk&list=PL579700CA87CC3B5D&index=10

Polish Vice Health Minister on swine flu vaccine (AH1N1). Here's a script of what he says:

It was said here that WHO and Eurpean Comminssion recommends the AH1N1 vaccines. Yes, it is true. But the responsibility lies with Health Ministry of every country in terms of health security of given country. And now we have a situation where in one country that bought a very large amount of vaccines... *2 people dies of AH1N1 and 4 people died in few hours after vaccine injection, allegedly of post-vaccinational complications*.

Isn't that a signal for Health Minister, doesn't it trigger an alert?

Great Britain widely allows vaccines that contain adjuvants containing mercury, for all social groups: so called risk groups and for the whole society.

But other countries with their pandemic comitees say: 'Stop to this vaccines. We do not allow neither the children up to 18 years of age nor pregnant women to be vaccinated with this jab!' This is only 1000-2000km away! It is the same European community, same philosophy but so different points of view!

Polish Health Minister [Eva Kopacz], a family doctor, tells Parliament she will not allow use of untested swine flu jabs: reveals secret contracts violate the law

The Flu Case, 5 November 2009, 11:59
https://web.archive.org/web/20100106085046/http://www.theflucase.com/index.php?option=com_content&view=article&id=1618%3Aupdate-polish-health-minister-a-family-doctor-tells-parliament-she-will-not-allow-use-of-untested-swine-flu-jabs-reveals-secret-contracts-violate-the-law&catid=41%3Ahighlig

The Polish Health Minister Eva Kopacz today told Parliament during a heated debate on the swine flu vaccination that she, as a qualified family doctor with more than 20 year of experience, will not authorise the use of untested vaccines on millions of people in Poland when there is inadequate information about the safety of the jabs.

She said the secret contract that the Polish government was supposed to sign with pharmaceutical companies had more than 20 clauses which are against the law.

Kopacz noted that governments in Western Europe had signed secret agreements with pharmaceutical companies, but suggested that the prosperity of the people of Poland was more important to her than the profits of Big Pharma.

She noted that there are three vaccines proposed for Poland with different types of adjuvants and was concerned that these vaccines were all being treated as if they were the same.

In addition, she observed that only 13 % of the people in Germany want to take the swine flu jab even though 5 times more people in Germany take the regular flu shot than in Poland, and asked why the Germans are so unwilling to take the jab.

She said there was secrecy surrounding the contents of the vaccines. There is no information about the amount of adjuvants in the vaccinesm, she added.

Furthermore, the family doctor and Health Minister said there is absolutely no information about the side effects of the swine flu jab. The pharmaceutical companies did not want to take responsibilty for the jab.

Also, she said that trials for the swine flu jab were being conducted on a relatively small number of healthy people and that these were not adequate for her to recommend the jab.

Moreover, Kopacz said that the regular flu was much more common and dangerous than the swine flu - and yet no pandemic had been declared over the seasonal flu.

Why is there such a panic about the swine flu virus? She asked.

Kopacz said that the Polish people can tell the difference between objective facts and the truth and lies.

She noted that all 193 people who allegedly had the swine flu in Poland had survived.

Finally, she called on the people of Poland to show their support for her as she comes under growing pressure from the pushers of the "swine flu" jab to give the people the dangerous and untested jab.

Polish Prime Minister:
Donald Tusk, pressured by EC on swine flu (AH1N1) vaccines

European Commission, 6 November 2009.
https://www.youtube.com/watch?v=34HZ5JBQt0E

Polish Prime Minister: Donald Tusk's press conference on 06.11.2009. He's sceptical regarding swine flu vaccines despite pushing announcement made by European Commission.

Фармацевтический
ВЕСТНИК

Илья Дугин

Польша единственная отказалась от импорта вакцин против гриппа A/H1N1

Фармацевтический вестник, 14 января 2010, 00:00
https://pharmvestnik.ru/content/news/17506.html

Решение об отказе от импорта вакцины на фоне предупреждений о распространении вируса кажется весьма странным. Но польское правительство поступило именно так, и Польша стала единственной страной в своем роде.

Как объяснили власти, подобное решение принято из-за сомнений в безопасности вакцин и недоверия к производящим их фармацевтическим компаниям, в чем их стараются переубедить международные эксперты.

Как бы то ни было, премьер-министр Польши Дональд Туск и министр здравоохранения страны Ева Копач получили широкую поддержку населения. Даже несмотря на то, что грипп A/H1N1 унес жизни 145 человек, многие поляки рассматривают отказ от вакцин как вызов фармацевтическим компаниям, которые, по их мнению, продают неапробированные вакцины.

Кроме того, в стране проходит массовая кампания против вакцинации. Как заявил премьер-министр, Польша проявила мужество, отказавшись от вакцин, которые, по его мнению, не прошли соответствующие испытания. «Мы приняли это решение исключительно в интересах пациентов и налогоплательщиков», - сказал он.

Из официальных лиц против действий правительства выступил только омбудсмен Януш Кочановски. Мнения врачей разделились, некоторые из них критикуют решение об отказе от закупки вакцин. «У пациента должно быть право выбора», – заявил один из врачей.

POLSKIE RADIO DLA ZAGRANICY ▶ thenews.pl

Poland praised for anti-swine flu strategy

Polskie Radio, 31 March 2010, 06:37
https://web.archive.org/web/20100403020128/http://www.thenews.pl/national/artykul128545_poland-praised-for-anti-swine-flu-strategy-.html

The Council of Europe has praised Poland's Health Minister Ewa Kopacz for her strategy against the swine flu virus.

The council's Committee on Social, Health and Family Affairs said that the Health Ministry's decision not to order any A/H1N1 vaccines, in spite of pressure from pharmaceutical companies and health organizations, was correct.

Ewa Kopacz (right) who went to Paris to explain her government's response to the flu virus - which the World Health Organisation was wrongly predicting would turn into a full blown pandemic across Europe - said that Poland had considered buying an anti-flu vaccine but terms proposed by pharmaceutical companies were unacceptable.

Poland's Health Minister said that thanks to the anti-swine flu strategy adopted in Poland fewer fatal cases of the virus were reported and the virus was less virulent than in other countries.

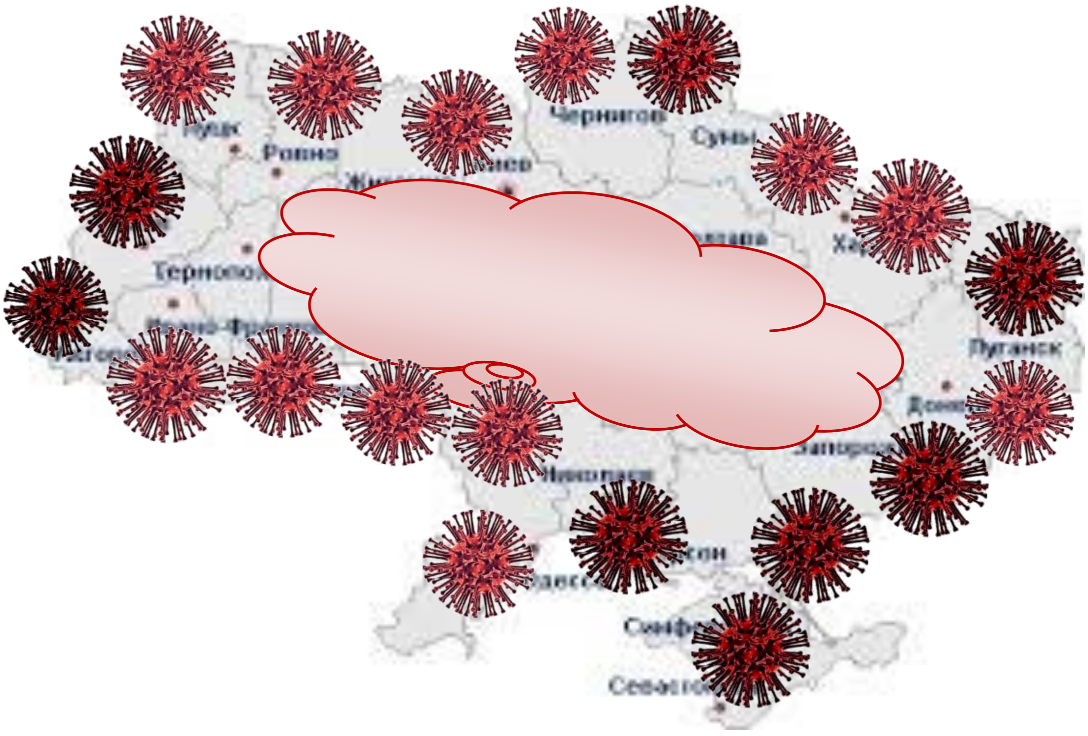
Paul Flynn, who wrote the Council of Europe report, called the decision "an act of courage" and stressed that other countries spent millions of euro on vaccines.

Former head of the French Red Cross Prof. Marc Gentilini said that Poland can serve as an example of how to handle the threat of an A/H1N1 pandemic.

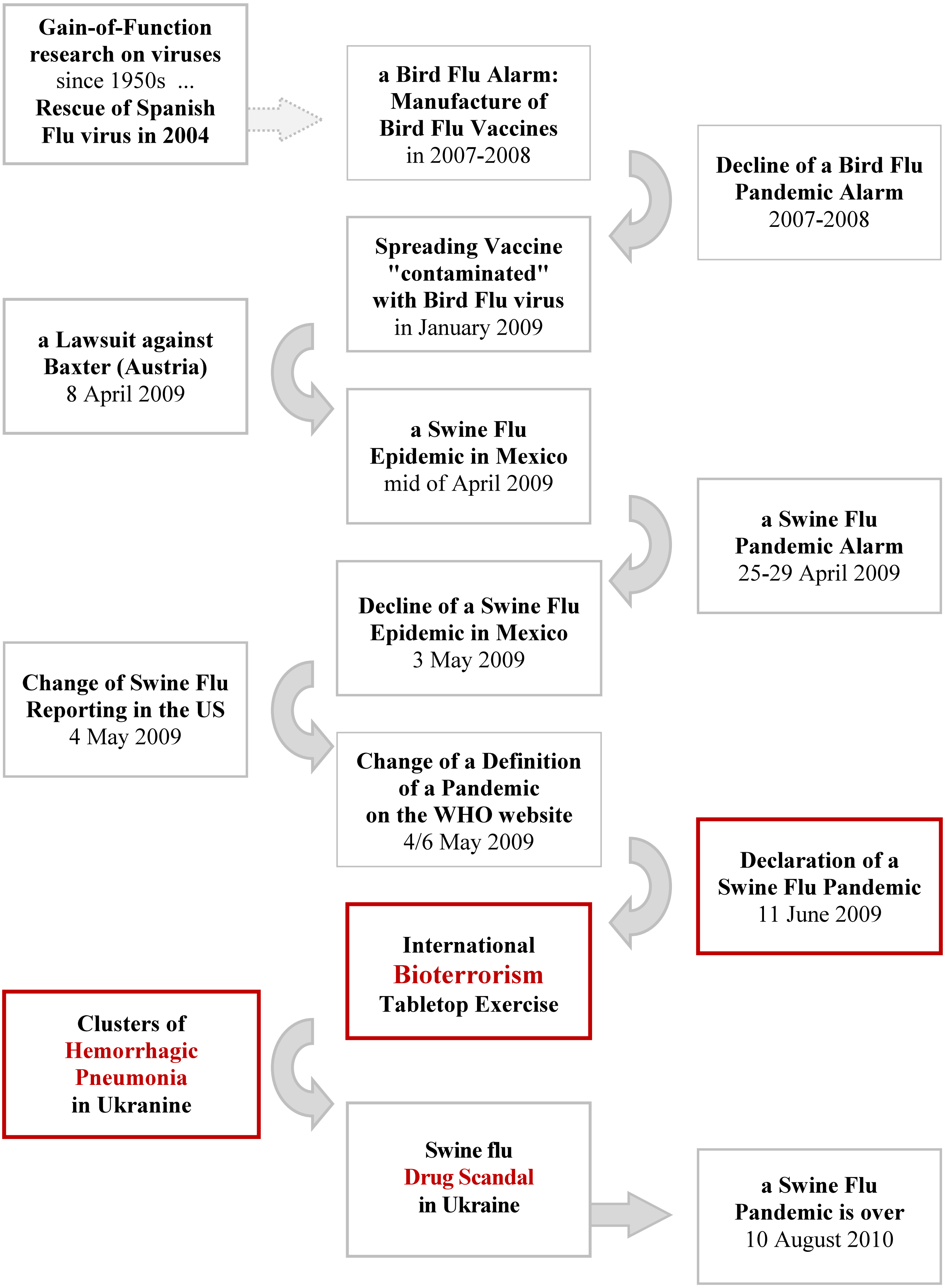
The Health Ministry's decision not to buy anti-flu vaccines was fiercely criticized in Poland during the outbreak. Ombudsman Janusz Kochanowski even threatened to sue Ewa Kopacz over the government's policy.

Chapter 12

Pandemic Attack against Ukraine



Roadmap
of the Swine Flu Pandemic



International Bioterrorism Tabletop Exercise

Interpol, Warsaw, Poland, 29-30 September 2009
https://web.archive.org/web/20091110084341/http://www.interpol.int/Public/BioTerrorism/tabletop/default.asp

In September 2009, senior law enforcement officials, health care professionals and experts from international organizations joined their forces to confront a chilling crisis – the plague had just been unleashed on their countries by unknown evildoers.

A fictional scenario with a serious aim

Fortunately, this terrifying situation was a scenario under control, and the civilian authorities were all participants in a Tabletop Exercise on Preventing Bioterrorism hosted by INTERPOL. This exercise simulated a global bioterrorism attack and its aftermath. Participants in the Black Death scenario were faced with a fictional, intentional plague attack involving countries from their region, with the exercise designed to assist them in identifying critical co-operation and co-ordination issues which could hinder a quick and successful response to such an attack in real life.

The idea behind this exercise, the third in a series organized by INTERPOL, has been described by the Organization's Secretary General, Ronald K. Noble, as "helping focus our joint understanding of the role and responsibility of each of us – police, health care professionals, experts – in response to a bioterrorism incident, as well as identifying possible gaps or redundancies so that we can draw lessons from them."

Inter-agency co-operation in Central and Eastern Europe

Organized by the INTERPOL Bioterrorism Unit, this third edition of the event took place from 29-30 September in Warsaw, Poland. Participants in the workshop numbered 27 from six Central and Eastern European countries (Belarus, Czech Republic, Finland, Poland, Slovakia, Ukraine), as well as 15 participants from international organizations such as Europol, the UN Office for Disarmament Affairs (UNODA), the World Health Organization (WHO), the European Centre for Disease Control, the European Commission (Directorate General for Health and Consumer Affairs and Directorate General for Justice, Freedom and Security), the Organization for Security and Co-operation in Europe and the Commonwealth of Independent States (CIS).

A wide range of INTERPOL initiatives

The tabletop exercise is the latest in a series of initiatives launched by INTERPOL since the creation of its Bioterrorism Prevention programme. INTERPOL has worked ceaselessly since 2005 to heighten its member countries' awareness of the dangers of bioterrorism and to enhance their preparedness for a bioterrorist attack. The Bioterrorism Prevention Programme has co-ordinated a series of events, starting with the Global Conference on Preventing Bioterrorism in March 2005; regional workshops in Africa, South America, Europe and Asia; train-the-trainer sessions all over the world; and practical tabletop exercises such as the one outlined above.

=> **WHO part of plague bioterrorism "exercise" in eastern Europe one month before plague appeared**. – The Flu Case, 7 November 2009, 12:02
https://web.archive.org/web/20100102045806/http://theflucase.com/index.php?option=com_content&view=article&id=1688%3Awho-part-of-plague-bioterrorism-qexerciseq-in-eastern-europe-one-month-before-plague-appeared&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Godlike Productions

Breaking News
Science & Technology
Offbeat Discussions

Who is Joseph Moshe?

Godlike Productions, User ID: 574264, 16 August 2009

https://www.bibliotecapleyades.net/ciencia/ciencia_influenza35.htm
Sourse: http://www.godlikeproductions.com/forum1/message861009/pg1

"Joseph Moshe (Moshe is the man's middle name) is a bio-scientist. He works (worked?) for a unit within Mossad. He is an Israeli citizen.

The Secret Service was not the agency involved in the surveillance of Moshe at his home in California. This was done by the FBI, who had orders to detain him, or "bring him in."

Moshe did not send a threat to the White House. Rather, he communicated that he intended to go public with information he had regarding the flu vaccine that is being prepared by Baxter Labs, an Austrian company.

The information is this: *The vaccine is being manufactured in Ukraine. It is not a vaccine at all, but rather an engineered genetically mutated bio-weapon meant to cause sickness and death. Moshe informed the White House he intended to go public with this information*. When he became aware that the FBI was about to detain him, he packed some belongings in his car and set out for the Israeli consulate, located in close proximity to the federal building where the standoff took place. FBI pursuit kept him from reaching his destination.

Mounted on top of the large black vehicle was a microwave weapon which fried the electronics in Moshe's car as well as any communication devices he had which might have been used to contact the media or others who could help him.

Moshe did not suffer the same effects of the gas and pepper spray that others would have because he had built up an immunity to such weapons as a by-product of his Mossad training.

Moshe was not handcuffed because he was not placed under arrest. After leaving police or FBI custody, he returned to Israel, where he is at this time.

The information comes from one of my confidential sources. I have reason to believe it is accurate. If I receive more information, I will post it."

Sourse: The Strange Case of Joseph Moshe. – The Swine Flu Global Eugenics Program, 16 August 2009. https://www.bibliotecapleyades.net/ciencia/ciencia_influenza35.htm

KyivPost
INDEPENDENCE. COMMUNITY. TRUST

Peter Byrne

Swine flu fears on rise after numerous deaths

Kyiv Post, 29 October 2009, 22:27
https://web.archive.org/web/20091102053244/https://www.kyivpost.com/news/nation/detail/51513/

The Health Ministry is trying to identify the deadly virus that has killed at least 30 people in western Ukraine so far.

An unknown virus is afflicting thousands in western Ukraine, according to health authorities who say at least 30 people have died this month alone from the mysterious ailment. The death toll is expected to grow higher soon.

As of Oct. 29, Ukraine's Health Ministry had not yet determined whether the recent deaths are related to the global outbreak of the H1N1 "swine flu" virus, but they admitted to sending more than 1,200 doses of Tamiflu, the antiviral drug used to treat H1N1, to western Ukraine.

Thus far, there have been only two confirmed cases of swine flu in Ukraine, according to health officials, who have expressed confidence that the country is ready to combat the virus should an outbreak occur. But fears about the possible onset of a swine flu pandemic in Ukraine increased on Oct. 27 after media reported that a man from Zakarpattya Oblast had died of swine flu complications. The diagnosis has not been confirmed.

"Ukraine's Health Ministry has convened an emergency team to identify the virus and identify measures to prevent it from spreading," Health Minister Vasyl Knyazevych said on Oct. 29 during a cabinet meeting.

"Specialists on the team are working around the clock and we are confident that we will be able to identify the cause [of the deaths] on Monday or Tuesday next week and announce preventative measures," Knyazevych said.

"Some 10 people have perished in Ternopil Oblast, and several in the Lviv and Ivano-Frankivsk oblasts," Deputy Health Minister Oleksandr Bilovol said a day earlier during a press conference in Kyiv. He added that all victims were less than 45 years of age.

"The individuals died of viral pneumonia, the cause of which we have not yet determined," said Bilovol, adding that health officials are awaiting the results of laboratory tests. "According to our data, the number of deaths due to viral pneumonia is a little higher than last year."

More than 6,000 people in Ukraine died of pneumonia in 2008, according to Health Ministry statistics, with 400 fatalities registered in the Ternopil, Lviv and Ivano-Frankivsk oblasts.

Bilovol said during the press conference that 34 individuals of the 160 patients currently afflicted are in critical condition. He said that most of the people who died waited too long – one week – before seeking medical assistance.

Health officials say they will need several days to determine whether the cases are, indeed, swine flu. In neighboring Russia, meanwhile, the H1N1 virus is definitely making the rounds. Since June, about 1,300 cases of H1N1 have been registered in Russia by health officials, who have urged people not to panic.

"Two women are believed to have died of the influenza A/H1N1 virus," a spokesman for eastern Siberia's Chita region said on Oct. 27, adding that official confirmation of the causes of death would only be available in 21 days.

As of Oct. 29, the number of patients in the region diagnosed with swine flu grew to 251, according to Natalya Zhdanova, deputy governor of Chita region. She said seven patients were critically ill.

Ukraine has set up a laboratory that can test for the H1N1 virus and more test kits are planned to be purchased. Ukraine's strategy has been to contain the H1N1 virus and impede its spread among the population by surveillance in airports and train stations.

The H1N1 virus is not usually deadly, but spreads more quickly than usual flu because it's a new virus against which people have not yet built immunity.

According to the World Health Organization, 2 percent of patients sick with H1N1 come to hospitals with complications. People with lung and heart conditions, diabetes, obesity, pregnant women, elderly and very young children are in the high-risk groups.

U.S. President Barack Obama on Oct. 25 declared a national emergency as the estimated number of swine flu cases topped one million. During a visit to Ukraine weeks ago, U.S. health officials urged their Ukrainian counterparts to boost preparations for combating a possible H1N1 epidemic, warning that it's only a matter of time before the country would be hit. Experts have also expressed concern about the ability of Ukraine's dilapidated and under-financed health system to contain a serious outbreak.

НЕЗАВИСИМАЯ

Татьяна Ивженко

Украину охватила эпидемия опасной болезни
В Киеве люди штурмом брали аптеки

Независимая Газета, 2 ноября 2009, 00:00
https://www.ng.ru/cis/2009-11-02/1_epidemia.html

Сегодня в Украину приедет делегация Всемирной организации здравоохранения (ВОЗ), которая проведет свои исследования по эпидемии. Официальные лица в Киеве утверждают, что случаи так называемого калифорнийского гриппа – A/H1N1 – единичны и большинство граждан болеют обычной ОРВИ. Однако это не объясняет чрезвычайно высокие показатели смертности. В стране стремительно распространяются слухи о том, что неизвестная болезнь, вспыхнувшая в Западной Украине, – это легочная чума.

В минувшую среду стало известно, что первая неделя эпидемии унесла жизни 7 человек, в четверг было зарегистрировано уже больше 20 жертв болезни, в пятницу – 30, к субботе – около 40. Начавшись в трех западноукраинских областях, болезнь за несколько дней распространилась на шесть соседних областей.

Позавчера был зарегистрирован первый случай смерти в Одесской области. Врачи сообщили о продвижении эпидемии на восток страны. В Украине началась паника. В конце прошлой недели в Киеве люди штурмом брали аптеки. Там, где еще можно было купить какие-либо средства от простуды и гриппа, очереди выходили на улицу. В какие-то аптеки покупателей перестали впускать – ничего не осталось. По наблюдениям корреспондента «НГ», киевляне запасались лекарствами впрок. На выездах из Киева образовались пробки: все пытались вывезти детей. Столичные санитарные службы утверждали, что на прошлой неделе в городе заболели свыше 10 тыс. человек, но ни у кого не был выявлен вирус A/H1N1. Однако эпидемиологический порог может быть пройден на этой неделе, предупреждают медики.

Во Львове, где свирепствует болезнь, в отличие от Киева признаков паники нет, заверили «НГ» западноукраинские журналисты. Они говорят, правда, львовяне стараются лишний раз не выходить на улицу: в городе тихо и пустынно.

Президент и премьер-министр Украины по отдельности побывали в эпицентре эпидемии. В субботу Юлия Тимошенко в обращении к народу признала, что в стране свыше 150 тыс. больных (на момент подписания номера в печать – уже 200 тыс. - «НГ»), но выявлено менее двух десятков случаев заражения калифорнийским гриппом. Тем не менее правительство объявило на территории Украины третий, наивысший уровень угрозы эпидемии. Во всех учебных и дошкольных заведениях введен трехнедельный карантин, действует запрет на массовые мероприятия.

Глава правительства призвала граждан сохранять спокойствие и сообщила, что с понедельника контрольные службы начнут проверку всех аптек. «Мы будем контролировать не только наличие пакетов первой необходимости, но и цены, которые должны оставаться на уровне прошлой недели», – сообщила премьер, уточнив, что нарушители распоряжения будут лишены

лицензий. Правительство попросило помощи у международных организаций и выделило деньги для закупки лекарств, аппаратов искусственного дыхания и других средств, необходимых в сложившейся ситуации. С четверга в районы эпидемии направляются закупленные ранее запасы медикаментов из госрезерва.

Впрочем, как выяснилось, в Украине и до эпидемии не было препарата, который считается наиболее эффективным для лечения калифорнийского гриппа. В пятницу таблетки, содержащие озельтамивир, можно было купить в отдельных интернет-аптеках, но цена взлетела примерно с 10 долл. до 100 долл. К вечеру телефоны интернет-продавцов не отвечали. Зато харьковская фармацевтическая компания объявила о готовности начать производство препарата.

Правительство пока не сообщало о намерении закупить именно это средство. Депутат Инна Богословская, намеревающаяся баллотироваться в президенты, заявила в ходе одной из телепрограмм, что власть не пытается завезти в страну этот препарат, поскольку скрывает реальную картину. По ее словам, в Украине началась эпидемия легочной чумы. Об этом Богословской якобы рассказали врачи в нескольких западноукраинских областях, где она побывала. Врачи в Киеве тоже сообщили «НГ», что в медицинских кругах обсуждается этот вопрос. Медики отмечают, что по клиническому течению болезнь, способная за три дня уничтожить легкие человека, не напоминает ОРВИ и, в частности, грипп.

Представители власти опровергают эту информацию. Секретарь Совета нацбезопасности и обороны Раиса Богатырева, врач по образованию, признала, что одной из причин паники стало замалчивание ситуации: «Только 27 октября начали обрабатывать данные, хотя люди умирали ранее, начиная с 12 октября надо было бить тревогу – это все правда». Однако Богатырева утверждает, что легочной чумы в стране нет: «Я абсолютно четко говорю, что идентифицирован именно вирус A/H1N1. Сейчас уже 16 случаев». Юлия Тимошенко добавила, что ситуация осложнилась из-за того, что распространение калифорнийского гриппа совпало с массовым заболеванием обычной ОРВИ.

Побывав в ближайшей детской поликлинике, корреспондент «НГ» выяснила, что анализы на выявление возбудителя болезни массово не делают даже сейчас и врачи устанавливают диагноз по внешним признакам. Поэтому точность официальных данных может подлежать сомнению. Министр здравоохранения Украины Василий Князевич сказал «НГ», что об эпидемии объявили только сейчас, поскольку ранее не было оснований: «Известно, что для официального объявления эпидемии нужно было получить результаты лабораторных исследований. В эпидемиологии действуют свои правила, нравится это кому-либо или нет». Он также официально опроверг слухи: «Хочу категорически заявить, что никакой легочной чумы в Украине нет, никакие самолеты не распыляют над городами дезсредства. Это не более чем буйная фантазия любителей сенсаций. Очень жаль, что подогревают подобные сплетни и отдельные политики».

Полную ясность в ситуацию, видимо, внесет делегация ВОЗ. По итогам визита власти, как ожидается, сформулируют четкие просьбы к тем 12 странам, которые предложили помощь в преодолении эпидемии. Не дожидаясь действий светских властей, все православные храмы Украины вчера совершили специальное богослужение – «Молебное пение во время губительного поветрия и смертоносныя заразы». // Киев

THE FLU CASE

Clusters of Hemorrhagic H1N1 Pneumonia in Ukraine

The Flu Case, 7 November 2009

https://web.archive.org/web/20100102035426/http://theflucase.com/index.php?option=com_content&view=article&id=1673%3Aclusters-of-hemorrhagic-h1n1-pneumonia-in-ukraine&catid=1%3Alatest-news&Itemid=64&lang=en

Recombinomics Commentary, 4 November 2009, 11:54
Ivano-Frankivsk Oblast

All the six dead young people had symptoms of severe hemmorhagic pneumonia. The disease starts slowly, with temperature rising to 37.2 - 37.3 degrees, slight cough and pain in joints. Nasal catarrh developed at the end of the second or third day. Autopsy revealed that the lungs were soaked with blood, the oblast chief specialist said.

The above comments are from an early story describing cases in Ukraine. The clustering of hemorrhagic cases raised concerns. The concern was increased by anecdotal reports citing a high frequency of such cases in Lviv (see map). The recent WHO announcement that they were initially focusing of severe acute respiratory illness in Lviv also increased concerns.

Hemorrhagic pneumonia was also observed in the 1918 pandemic and was thought to be linked to cytokine storm. Consequently, those with robust immune systems (previously health young adults) disproportionately died, which has also been seen in the current outbreak (Mexico, US, and worldwide). However, the cases in Ukraine appear to be clustered, raising concerns that the virus has changed.

However, the change may be minor, since the current H1N1 has produced the above symptoms in earlier cases. More severe cases may be linked to a higher viral load, which could be linked to minor genetic changes, or simply due to concentration of virus in schools. In the US the spread of the virus has been linked to school openings, which lead to an explosion of cases and subsequent student deaths. However, now there are increases in fatalities in teachers and administrators, increasing concerns worldwide.

In Ukraine, weather changes and heating issues may have led to a surge in cases, and increased concentrations of virus could have produced conditions favoring high viral loads and increased cytokine storms.

Samples have been sent to Mill Hill, and sequence data should be released shortly. Similarly, investigations on hemorrhagic pneumonia in lviv should help resolve the mechanism for the high concentration of such cases in western Ukraine.

However, H1N1 spread in Kiev has been noted, and other countries such as Belarus have announced additional H1N1 suspect or confirmed fatalities.

Sequence analysis of these cases and an update on the frequency of hemorrhagic pneumonia in Ukraine and worldwide would be useful.

DAILYMOTION

Billions in the trash: Swine flu drug scandal in Ukraine

Daily Motion, 12 December 2009
https://www.dailymotion.com/video/xvcqay
https://vactruth.com/2009/12/12/billions-in-the-trash-swine-flu-drug-scandal-in-ukraine/

Governments worldwide may have wasted billions of dollars stockpiling an ineffective flu drug. A study published in the British Medical Journal has found no evidence ...

Chapter 13

BELARUS

IGNORED

FALSE SWINE FLU PANDEMIC

Roadmap
of the Swine Flu Pandemic

Gain-of-Function research on viruses
since 1950s ...
Rescue of Spanish Flu virus in 2004

a Bird Flu Alarm: Manufacture of Bird Flu Vaccines
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Global Vaccination Project
started in Fall 2009

Belarus Ignored False Swine Flu Pandemic

PACE: Health Committee Denounced 'Unjustified Scare' of a Swine Flu Pandemic by WHO
4/24 June 2010

a Swine Flu Pandemic is over
10 August 2010

Андрей Алехнович

Свиной грипп к белорусам не пристает

Deutsche Welle, 19 июня 2009, 01:46
https://www.dw.com/ru/%D1%81%D0%B2%D0%B8%D0%BD%D0%BE%D0%B9-%D0%B3%D1%80%D0%B8%D0%BF%D0%BF-%D0%BA-%D0%B1%D0%B5%D0%BB%D0%BE%D1%80%D1%83%D1%81%D0%B0%D0%BC-%D0%BD%D0%B5-%D0%BF%D1%80%D0%B8%D1%81%D1%82%D0%B0%D0%B5%D1%82/a-4408240

В Беларуси случаи заболеваний свиным гриппом пока не зафиксированы. Однако медики принимают превентивные меры, чтобы не допустить возможное проникновение в страну эпидемии.

До сих пор в Беларуси случаев заболевания свиным гриппом зафиксировано не было. Правда, медики приписывать себе каких-либо заслуг за это не спешат, объясняя, что ничего экстраординарного они в деле предупреждения распространения болезни не предпринимают. Сотрудники медучреждений просто принимают необходимые в таких случаях превентивные меры. И надеются, что эпидемия до Беларуси не доберется.

Превентивные меры

По словам врача-терапевта одного из минских медицинских центров Людмилы Карась, медики к встрече со свиным гриппом в плане информированности готовы. По лечебным учреждениям разосланы приказы, в которых указан алгоритм действий. Но реальной угрозы нет, и случаев обращения пациентов за помощью пока не было.

Вместе с тем, как отметила главный эпидемиолог Беларуси Инна Карабан, никаких оригинальных рецептов по предупреждению свиного гриппа в стране не изобреталось. Мероприятия в Беларуси проводятся такие же, как во всех странах - это мониторинг состояния заболеваемости вирусными инфекциями, мониторинг состояния здоровья пассажиров в аэропортах и на железнодорожных санитарно-карантинных пунктах. Кроме того, создан запас лекарственных препаратов, дезинфекционных и других средств.

Но, несмотря на нынешнее благополучие, белорусские медики продолжают надеяться на то, что в скором времени в мире вакцина против свиного гриппа все-таки будет изобретена. И тогда страна также сможет ее закупить.

И для сезонного гриппа – не сезон

Хотя на сегодняшний день особой необходимости в такой вакцине в стране нет. Единственная гражданка Беларуси, заболевшая новой разновидностью гриппа, была госпитализирована в конце мая в Москве. Она прибыла туда из Чехии и собиралась улететь в Италию без посещения родины. А потому непосредственно в Беларуси, по словам Инны Карабан, случаев заболевания нет. И подозрений на заболевание тоже не было выявлено.

По признанию главного эпидемиолога страны, единственный вид эпидемии, которая периодически выбивает белорусов из колеи – это сезонный грипп. Но и для этой болезни сейчас еще не сезон.

ВЗГЛЯД
ДЕЛОВАЯ ГАЗЕТА

Лукашенко:
Раньше весь мир кукарекал, а теперь завизжал по-свинячьи

РИА Новости, 5 ноября 2009, 19:37
https://vz.ru/news/2009/11/5/345638.html
https://lb.ua/news/2009/11/05/13277_lukashenko_kukarekal_ves_mir_t.html

Президент Белоруссии Александр Лукашенко на встрече с президентом Украины Виктором Ющенко заявил, что именно производители лекарств спровоцировали панику вокруг гриппа A/H1N1.

«Вы знаете, я знаю, что происходит в этой суперкоррумпированной среде, бандитской среде торговли и производства лекарствами», - отметил Лукашенко.

«Давайте говорить откровенно - давно мы перестали кукарекать по поводу «птичьего» гриппа. Кукарекал весь мир. Наверное, все уже продали (лекарства), что касается птичьего гриппа, теперь завизжали по-свинячьи. А завтра, наверное, замурлыкаем или замычим? Ну, неужели вы не понимаете, что происходит?», - заметил Лукашенко.

В подтверждение своих слов он привел пример белорусской статистики: «В 2008 году, когда еще ничего не пищало свиным гриппом», от пневмонии умер 21 человек, в этом году - 19, из которых у 6 нашли подозрение на свиной грипп. «Это факты, которые фальсифицировать нельзя», - отметил он.

«Этот грипп, пусть даже свинячий, - это не чума и холера, которые неизлечимы, он абсолютно излечим», - заявил президент Белоруссии.

По его словам, он никогда не думал, что ему как президенту придется обсуждать тему гриппа на таком высоком уровне. Поскольку, по его мнению, этим должны заниматься профессионалы. Он подчеркнул, что сегодня медикам приходится бороться не только с самим заболеванием, но и с ажиотажем вокруг него.

Лукашенко призвал население не поддаваться паническим настроениям, но и не заниматься самолечением.

«Человек серьезно заболел и начинает лечится малиной, вареньем лечится - когда уже поздно и до сорока температура, вместо того чтобы пройти в больницу», - отметил он.

«Мы в состоянии сами справиться, и Украина справится. Не надо бояться, нагнетать ситуацию и обстановку», - заявил Лукашенко, передает УНИАН.

Русская линия

Александр Лукашенко: «Вы что, не понимаете, что происходит?»

Русская Линия, 11 ноября 2009
http://rusk.ru/newsdata.php?idar=185823

Президент Белоруссии призвал не поддаваться искусственному ажиотажу вокруг «свиного гриппа»…

Причина искусственного ажиотажа вокруг «свиного гриппа» лежит в коммерческой сфере, сказал президент Белоруссии Александр Лукашенко, комментируя истерию, охватившую Украину в связи с объявленной там в конце октября эпидемией гриппа, сообщает РИА «Новости».

«Давайте говорить откровенно, давно ли мы перестали "кукарекать" по поводу "птичьегоЭ гриппа? "Кукарекал" весь мир. Наверное, все (лекарства) уже продали. Сегодня завизжали по-свинячьи. А завтра, наверное, замурлыкаем или замычим. Вы что, не понимаете, что происходит?» – сказал Лукашенко на совместной с президентом Украины Виктором Ющенко пресс-конференции в Киеве.

По мнению белорусского лидера, «этот грипп, пусть даже свинячий, – это не чума и холера, он вполне излечим», а ажиотаж только мешает в борьбе с болезнью. «Медикам приходится бороться не только с самим заболеванием, но и с ажиотажем», – заявил А.Лукашенко.

В то же время, президент Белоруссии отметил, что этот ажиотаж выгоден производителям лекарств и торговцам. «Я знаю, что происходит в этой суперкоррумпированной, бандитской среде в производстве и торговле лекарствами», – подчеркнул он.

«Есть у нас марлевый завод, надо будут марлевые повязки – будем с Виктором Андреевичем вместе там штамповать и развозить. Только вы покупайте», – пошутил Лукашенко, добавив, что через неделю марлевые повязки украинцам уже не понадобятся. Лукашенко выразил уверенность в том, что и Белоруссия, и Украина вполне в состоянии справиться с проблемой «свиного гриппа». «Не надо бояться, нагнетать ситуацию и обстановку», – резюмировал белорусский лидер. // *Русская линия*

AFN

Свиной грипп – одна из крупнейших афер нашего времени?

AFN, 26 ноября 2009, 15:37
https://www.afn.by/news/i/128018

Пандемия свиного гриппа может оказаться самой грандиозной коррупционной аферой нашего времени. К такому выводу пришли журналисты датской газеты *Information*, изучившие связи экспертов Всемирной организации здравоохранения (ВОЗ) с ведущими мировыми фармацевтическими компаниями, обогатившимися на продаже препаратов против этой болезни. Выяснилось, например, что многие ученые, заседающие в различных комитетах ВОЗ, тщательно скрывают тот факт, что они получают деньги от фирм-гигантов мировой фармакологии, пишет газета "Новые известия".

Издание отмечает, что на фоне глобального экономического кризиса благодаря панике, охватившей мир в связи с пандемией свиного гриппа, фармацевтические заводы работают в четыре смены, мощностей не хватает.

Между тем на данный момент по официальной статистике, жертвами гриппа A/H1N1 стали 6 тыс. человек, в то время как средняя ежегодная смертность во время эпидемий "традиционных" разновидностей гриппа достигает полумиллиона.

Причина гипертрофированной реакции мира на не столь уж опасный свиной грипп, как считают опрошенные датской газетой специалисты, заключается в успешной пиар-кампании, проведенной экспертами ВОЗ. Некоторые из них в прямом смысле состоят на службе у производителей вакцины.

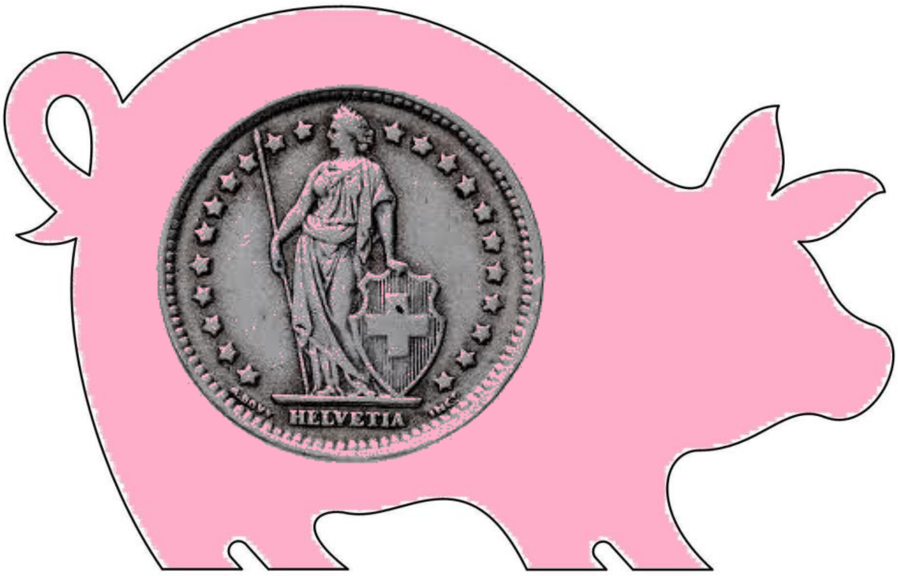
ВОЗ объявила свиной грипп пандемией под давлением группы советников этой организации во главе с голландским доктором Альбертом Остенхаусом. Сейчас правительство Нидерландов проводит экстренное расследование его деятельности, поскольку стало известно, что он получает зарплату в нескольких компаниях, производящих вакцину против свиного гриппа.

Многие другие советники ВОЗ, потребовавшие объявления свиного гриппа пандемией, также являются платными советниками фармацевтических гигантов Roche, RW Johnson, SmithKline и Beecham Glaxo Wellcome, получивших львиную долю заказов на изготовление вакцин. Итогом давления этих экспертов стала резолюция ВОЗ от 7 июля этого года, давшая старт невиданной кампании массовой вакцинации, отмечает газета.

Между тем спикер ВОЗ Грегори Хэртл, комментируя статью в Information, заметил, что невозможно отказаться от услуг ведущих мировых специалистов лишь на том основании, что они финансово заинтересованы в продвижении той или иной стратегии борьбы с различными заболеваниями.

Chapter 14

Corruption Scandal around Experts and Advisors of WHO



Roadmap
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Corruption Scandal around Experts and Advisors of WHO

PACE: Health Committee Denounced 'Unjustified Scare' of Swine Flu Pandemic by WHO

Swine Flu Pandemic is over
10 August 2010

Геннадия Онищенко:
«ВОЗ выступает в роли маркетингового отдела фирмы *Ля Роше*»

Интервью Руководителя Роспотребнадзора
Геннадия Григорьевича Онищенко

«Грипп А, H1N1, Калифорния/04/2009»

«Эхо Москвы», программа «В круге СВЕТА», 5 мая 2009
(стенограмма – https://46cge.rospotrebnadzor.ru/txt/4588)
Интервью целиком см. в разделе ' Criticism of WHO '

Гость: Руководитель Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека. Геннадий Григорьевич Онищенко

Ведущая: *Светлана Сорокина*

С. Сорокина: Здравствуйте, здравствуйте. Это программа «В круге СВЕТА». Сегодня в студии работаю я, Светлана Сорокина. И я сразу представлю вам моего собеседника. Это Геннадий Онищенко. Здравствуйте, Геннадий Григорьевич.

Г. Онищенко: Здравствуйте.

...

Г. Онищенко: Ну, на самом деле, его истинное название изначальное было – грипп А, H1N1, Калифорния, 04 2009. Это самое исконное, самое правильное его название. Потому что гриппов H1N1 по меньшей мере несколько тысяч уже было. За всю нашу совместную и неоднозначную историю сосуществования гриппа H1N1…

...

Г. Онищенко: Это была хорошо спланированная тогда информационная диверсия.

...

И наша *любимая ВОЗ*, которая является средоточием всего положительного, что есть у здравоохранения на этой планете, *выступает в роли маркетингового отдела фирмы «Ля Роше»*, которая совершенно случайно оказалась в той же Швейцарии, в том же городе Женева. Ну разве так можно?

...

С. Сорокина: Но близко к нему. Вопросы. Вот пишут о том, что где взять этот самый тамифлю, и еще реленса какой-то упоминают. Где это взять в аптеках?

Г. Онищенко: Так, первое – брать нигде не надо. Я вам просто настоятельно рекомендую – *не обогащайте на этом этапе наш фармацевтический бизнес*.

Information

Louise Voller, Kristian Villesen

Intensified lobbying for WHO decision on mass vaccination

Information, 16 November 2009
https://www.information.dk/udland/2009/11/staerk-lobbyisme-bag-who-beslutning-massevaccination?lst_cntrb

Several of the WHO's influenza advisors are paid by the pharmaceutical industry. The industry thus helped to influence the decision that influenza A is a pandemic – and that a vaccine is necessary. Since then, the same companies have received vaccine orders worth up to DKK 55 billion.

On 11 June 2009, WHO Director-General Margaret Chan declared swine flu a pandemic. This meant a huge financial gain for the pharmaceutical industry. Many member states - including Denmark - have contracts with the large pharmaceutical companies and are therefore obliged to buy vaccines in the event of a pandemic.

The investment bank JP Morgan estimates that the pharmaceutical industry will receive vaccine orders worth up to DKK 55 billion this year. A large part of that turnover is due to the WHO's decision.

However, many of the apparently impartial researchers that the WHO uses are paid by the companies that produce the vaccines. The many dual roles are problematic, believes Professor T**om Jefferson**, an epidemiologist at the Cochrane Center in Rome: "It is worrying that many of the members of WHO's committees sign themselves with other titles, even though they actually represent the pharmaceutical industry," he says to Information.

One of the experts in the WHO special H1N1 advisory group, Dr. **Albert Ostenhaus**, has just become an item on the Dutch government's agenda. The government has called a crisis meeting because it has emerged in an article in Science that Albert Ostenhaus has financial interests in several pharmaceutical companies. At the same time, Dr. Albert Ostenhaus in Holland known as 'Dr. Flu' because he promotes vaccine as the solution to epidemics.

Dr. **Frederick Hayden** is an external expert in WHO's council SAGE (Strategiz Advisory Group of Experts), which advises WHO on vaccines. He appears in the official papers as an influenza research coordinator from the anonymous-sounding 'The Welcome Trust' in London. But in a Google search it appears that Dr. Hayden has many other employers. He is, among other things, 'paid consultant' to pharmaceutical companies Roche, RW Johnson, SmithKline Beecham and Glaxo Wellcome.

Dr. **Arnold Monto**, who also appears as an invited expert on SAGE's member list, is a paid consultant for the companies MedImmune, which produces inhalable influenza vaccine, Glaxo Wellcome and ViroPharma. On SAGE's list, he is listed only as head of a department at the University of Michigan.

In addition to the experts in SAGE, several of the major vaccine manufacturers such as GlaxoSmith Kline, Novartis and Baxter also sit as 'observers' when SAGE holds a meeting at the WHO:

"It's a great collection of people," says specialist in community medicine, and former employee at Aarhus University Mauri Johansson. "After all, there are more pharmaceutical industry people in the room than there are decision-makers. It shows everything about the commingling that is going on. They are called 'observers'. But one can wonder that they have to be present at all,' says Mauri Johansson.

He believes that this makes it difficult to see what is up and down:

"There is a blanket of medicine lobby in the WHO, and it has been going on like this for a long time. It is difficult to discern what is in the industry's interest and what is factual information, he says.

In the minutes of a SAGE meeting, which was held on 7 July, it is stated, among other things, that: "It will probably be necessary to give two doses of vaccine to ensure protection," although several researchers have pointed out that a single vaccine should be enough. In the minutes of the meeting, it is also recommended that all employees in the health sector and all pregnant women should be vaccinated. In addition, it is noted that there is a need for "a better understanding of the global vaccine demand" and the member states "are encouraged to consider the use of vaccine as part of their pandemic preparedness."

Mysterious recommendations

Tom Jefferson from Cochrane has also encountered mysterious recommendations from the WHO:

"In the WHO's latest recommendations on the control of pandemic influenza, masks and frequent hand washing are mentioned twice. Vaccines and antivirals, on the other hand, are mentioned 24 and 18 times. Why would an international public health organization emphasize a much more expensive intervention such as vaccines and medicine when it has not been proven that they work?' he says and emphasizes that handwashing is the only thing that is certain to have an effect.

Wolf Dieter Ludwig, who is head of the pharmaceutical commission of the German Medical Association, has no doubts about what has happened: "The authorities have fallen for a campaign by the pharmaceutical companies, which aims to make money from a non-existent threat," he says to Der Spiegel.

According to **Tom Jefferson**, the result should be that the WHO committee splits up:

"The advisers must be separated from WHO decision-makers and from those who evaluate WHO recommendations. It must be two separate processes. And then we must ensure that no one can get away with not disclosing their conflicts of interest,' he says.

Something to contribute

Spokesman for the WHO, **Gregory Härtl**, believes that it is quite natural that the pharmaceutical industry participates in the WHO's meetings. "Everyone has something to contribute to this process - the industry and NGOs and professional participants - so we can gather all the information. They cannot vote, they have no influence on the outcome, and they can only speak when asked. When we have to make vaccine recommendations, we need knowledge about what is needed to produce a vaccine. Only the manufacturer has that knowledge.'

- **Frederick Hayden** and Alfred Monto attended the July 7 meeting as experts from a university, but they are both paid by the pharmaceutical industry. Information about their financial affiliations is just not publicly available under WHO auspices. Why not?

"All experts must sign a declaration of their conflicts of interest, so that we are aware of their background. But then again, Frederick Hayden is the best influenza virologist in the world, so if you want to know how a flu behaves, you ask Fred Hayden. Regardless of what else he does. That is why there is a difference between observers and participants.'

- But why is the financial information not shared with the public?

"I'm not sure why we don't publish it... I can't answer that for you."

- If researchers from the WHO warn millions of people about a life-threatening pandemic and recommend a vaccine, in which it turns out that he has a financial interest. Will this have any consequences under the auspices of the WHO?

"I don't know... WHO has a system that guarantees independence. We are aware that we do not let anything or anyone influence us'.

- Will the WHO continue not to disclose the financial interests of medical experts?

"I will not comment on that... it is possible that we will look at a code for the publication of financial information, but I cannot promise anything."

Swine flu pandemic is yet another conspiracy
Danish media

Russia Tuday, 25 November 2009
https://www.youtube.com/watch?v=XFLHbXqSEVQ

Danish journalists claim that the World Health Organization and drug companies producing the swine flu vaccine are in partnership, and that the true nature of their relationship is shrouded in mystery.

"What we do know is that the pharmaceutical companies are present at the meetings of WHO expert groups, but what we don't know is what they talk about. And another thing is that scientists who appear to be independent are also hired consultants working for the same pharmaceutical companies who produce the vaccines," says *Louise Voller*, a journalist at the Danish Daily Information newspaper.

НОВЫЕ ИЗВЕСТИЯ 25.11.09 среда

Алексей Смирнов,
Стокгольм

Агенты Вливания:
Инициаторы всемирной борьбы со свиным гриппом уличены в подозрительных связях

Новые Известия, 25 Ноября 2009
https://web.archive.org/web/20091129002407/http://www.newizv.ru/news/2009-11-25/117889/

Пандемия свиного гриппа, как уже не раз писали «НИ», может оказаться самой грандиозной коррупционной аферой нашего времени. Во всяком случае, огромная коммерческая составляющая в ней уже очевидна. К такому же выводу пришли датские журналисты, изучившие связи экспертов Всемирной организации здравоохранения (ВОЗ) с ведущими мировыми фармацевтическими компаниями, обогатившимися на продаже препаратов против этой болезни. Выяснилось, например, что многие ученые, заседающие в различных комитетах ВОЗ, тщательно скрывают тот факт, что они получают деньги от фирм-гигантов мировой фармакологии.

По данным международного инвестиционного банка JP Morgan, фармацевтическая промышленность мира заработает в этом году на продаже вакцин против коварного вируса A/H1N1 более 7 млрд. евро. Ведущие западные страны заказали в нескольких компаниях дозы, которых должно хватить либо на все население (по этому пути пошла Австралия), либо на треть (Германия и ряд других государств– членов ЕС). Народ чихает и температурит, а заводы по производству пилюль работают в четыре смены, не ощущая всемирного экономического кризиса: заказы громоздятся штабелями, мощностей не хватает. Впервые за долгие годы паника пандемии смела защитные барьеры ЕС. В виде исключения вакцина была допущена для использования без проведения достаточного количества клинических и лабораторных испытаний.

Оправдана ли такая горячка? Все большее число специалистов задаются этим вопросом, сравнивая статистику смертности от вируса свиного гриппа и его «обычных» разновидностей, каждую осень начинающих свое победное шествие по планете. До сих пор, по данным ВОЗ, жертвами A/H1N1 стали 6 тыс. человек, в то время как средняя ежегодная смертность во время эпидемий «традиционных» разновидностей гриппа достигает полумиллиона.

Причина гипертрофированной реакции мира на не столь уж опасный свиной грипп, как считают опрошенные датской газетой Information специалисты, заключается в успешной пиар-кампании, проведенной экспертами ВОЗ. Некоторые из них в прямом смысле состоят на службе у производителей вакцины.

«Вызывает беспокойство, что многие ученые, заседающие в различных комитетах ВОЗ, представляются независимыми экспертами, тщательно скрывая тот факт, что они получают деньги от фармацевтических компаний», – заявил журналистам профессор эпидемиологии Том Джеферссон, работающий в исследовательском центре Cochrane Center в Риме.

ВОЗ объявила свиной грипп пандемией под давлением группы советников этой организации во главе с голландским доктором Альбертом Остенхаусом, получившим прозвище «Доктор флю» (по названию препарата «Тамифлю»), поскольку он вел активную пропаганду в ВОЗ и западных СМИ в пользу массовой вакцинации населения. Сейчас правительство Нидерландов проводит экстренное расследование деятельности этого «доктора Пилюлькина», поскольку стало известно, что он получает зарплату в нескольких компаниях, производящих вакцину против свиного гриппа. Сидят «на двух стульях», подобно Остенхаусу, и многие другие советники ВОЗ, потребовавшие объявления свиного гриппа пандемией. Они не любят афишировать, что являются платными советниками фармацевтических гигантов Roche, RW Johnson, SmithKline и Beecham Glaxo Wellcome, получивших львиную долю заказов на изготовление вакцин. Итогом давления этих экспертов стала резолюция ВОЗ от 7 июля этого года, давшая старт невиданной кампании массовой вакцинации.

«ВОЗ выступает по меньшей мере со странными рекомендациями, – утверждает профессор Том Джеферссон. – Обычные меры гигиены дают куда больший эффект, чем эти малоизученные вакцины, и в то же время ВОЗ упоминает использование масок и тщательное мытье рук как средство борьбы со свиным гриппом всего дважды в своих документах. О вакцинах и других лекарственных препаратах говорится 42 раза!» Д-р Джеферссон и ряд его коллег считают, что платных советников фармацевтических компаний следует удалить из числа лиц, дающих рекомендации ВОЗ, однако сама эта организация не спешит проводить подобную реформу. Спикер ВОЗ Грегори Хэртл, комментируя статью в Information, заметил, что невозможно отказаться от услуг ведущих мировых специалистов лишь на том основании, что они финансово заинтересованы в продвижении той или иной стратегии борьбы с различными заболеваниями.

Надо заметить, что коррумпированность сферы фармакологии уже не первый год стала предметом обсуждения западных СМИ. Несколько лет назад бывший редактор медицинского журнала The New England Journal of Medicine Марчи Энжелл и швед Петер Фрост, бывший вице-директор фармакологической компании Pfizer, в серии статей и книге-исследовании The Whistleblower показали изнутри жизнь «медицинской мафии». По их утверждению, фармакологические компании лишь 11–14 % бюджета тратят на исследования, зато на пиар у них уходит 36% всех средств. Значительная часть денег оседает в карманах врачей, ученых и на счетах различных организаций, работающих в сфере здравоохранения. Доходность фармацевтической отрасли составляет 25%. Больше прибыли приносят лишь торговля оружием и секс-индустрия.

НОВОСТИ

Ирада Зейналова

Пандемия нового гриппа может оказаться грандиозной мистификацией

1TV.ru, 26 ноября 2009, 21:08
https://www.1tv.ru/news/2009-11-26/155681-pandemiya_novogo_grippa_mozhet_okazatsya_grandioznoy_mistifikatsiey

В мире сейчас разгорается скандал, в центре которого - Всемирная Организация Здравоохранения. В европейской прессе появились публикации о возможном сговоре экспертов ВОЗ с ведущими фармацевтическими компаниями.

Паника вокруг вируса A(H1N1) позволила производителям препаратов получить баснословные прибыли. Журналисты делают смелые предположения, что объявленная ВОЗ пандемия нового гриппа может оказаться грандиозной мистификацией.

Заводы работают денно и нощно, в четыре смены, производя спасительные лекарства. Объем заказов крупнейших фармацевтических фирм – все население Европы, плюс все население Америки, плюс сотни миллионов доз для Азии и Африки. Паника снесла защитные барьеры Евросоюза - в виде исключения, вакцина допущена беспрекословно в европейские страны без проведения достаточных клинических испытаний.

Питер Палезе, эпидемиолог (США): "Назвать вспышку A(H1N1) пандемией – чисто политическое решение. И его могли принять только на совете ВОЗ. Хочу сказать, что это мобилизирует людей в борьбе с новым вирусом. Вакцина производится и ее доставляют в больницы".

Россия панике не поддалась – здесь специалисты не устают повторять: эпидемии нет, обойдемся без паники. В любом случае, мы предпочитаем проверенные средства.

Татьяна Голикова, министр здравоохранения и социального развития РФ: "Мы не проводили ускоренных испытаний, как, скажем, в США. Плюс, смертность от всех видов гриппа не превышает 600 человек".

Объявленная главой Всемирной Организации Здравоохранения Маргарет Чен глобальная гриппозная угроза стала причиной глобальной истерии.

Маргарет Чен, генеральный директор ВОЗ: "На основании данных, имеющихся у экспертов, и по всем научным критериям, достигнут порог пандемии гриппа. Я таким образом приняла решение поднять уровень угрозы с 5-го на 6-й. Пандемия гриппа-2009 в мире началась".

Аптеки от Бомбея до Лондона оказались в кольце желающих купить профилактические средства, рекомендованные врачами. Когда бесплатные европейские клиники захлебнулись в волне желающих сделать прививку или получить заключение, каким гриппом заболели, частные британские врачи ввели новую услугу: экспресс-прием. 125 фунтов.

Сегодня эксперты задают классический вопрос: кому выгодно? Хотя бы потому, что, по данным датской газеты "Информатон", эксперты ВОЗ параллельно работали на крупнейшие фармацевтические корпорации, на момент появления вируса подтянувшие из-за кризиса пояса.

Утверждается даже, что саму пандемию объявили под давлением голландского доктора Альберта Остенхауза, прозванного Доктор Флю за пропаганду всемирной вакцинации от нового гриппа и при этом числящимся платным советником в нескольких компаниях, производящих саму вакцину.

В краткосрочной перспективе всю индустрию выпуска вакцин будет тянуть на буксире спрос на средства от вируса H1N1.

Еще несколько лет назад редактор влиятельного медицинского журнала американец Марчи Энжелл и швед Петер Рост, бывший вице-директор крупнейшего фармахолдинга, утверждали: любые фармацевтические исследования на Западе ведутся на деньги крупных корпораций, на сами исследования тратится менее 14% бюджета и почти 40% - на информационную поддержку новых лекарств. Значительную часть этих денег получают те, кто публично рекомендует как и от чего лечиться. Цитата: "Прибыль в этой отрасли – 25%. Больше – только у торговли оружием и секс-индустрии".

Марлевая повязка и дезинфицирующая жидкость для рук - этот набор стоит в 15 раз дешевле, чем вакцина; не имеют побочных эффектов и, как говорят врачи, могут уберечь от гриппа почти так же надежно. Тем не менее рекомендация ВОЗ о том, что нужна всеобщая вакцинация, упоминается 43 раза, и лишь дважды говорится, что спастись можно и этими подручными средствами.

Влиятельный британский журнал "Ланцет" отвечает тем, кто скептически относится к качеству новой гриппозной вакцины: ее вкололи группе риска. Осложнения у больных сердечно-сосудистыми заболеваниями и выкидыши у беременных женщин сразу после вакцинации – совпадения.

Шри Дасан, инфекционист: "Что бы ни говорили сейчас, эпидемия существует. Она пошла на спад - 50 тысяч человек в этом месяце в Британии по сравнению с 64 тысячами в октябре. Это все равно значительно выше, чем при сезонном гриппе. Вакцинация нужна. Кто и как при этом зарабатывает – другой вопрос".

Михаил Костинов, доктор медицинских наук, профессор, заведующий лабораторией вакцинопрофилактики и иммунотерапии аллергических заболеваний НИИ вакцины и сыворотки имени Мечникова Российской Академии Медицинских Наук: "Те же компании, которые увеличили стоимость масок где-то в десятки раз, те же, допустим, аптечные пункты, в которых цены растут, – это, конечно, плохо, потому что, я понимаю, что с одной стороны нужно увеличить оборот, чтобы больше лекарств, но цены – конечно, это нечестные люди, нечестные бизнесмены".

Лейтмотив журналистского расследования датской газеты: грипп удачно раскрутили в новостях во всем мире. Итог – 7 миллиардов евро чистой прибыли на одной лишь вакцине.

Постоянно подогреваемый интерес – именно поэтому мадам министр здравоохранения Франции вынуждена была сама уколоться публично и теперь каждую неделю дает пресс-конференции, что там с гриппом. По данным французских газет, количество доз вакцины, закупленной Парижем, превышает население страны.

Врачи уверены, что грипп опасен и лучше переоценить угрозу. С одной стороны, пишет "Дейли Телеграф", каждый четвертый школьник в Британии переболел гриппом A(H1N1), лечился от гриппа обычными средствами и благополучно выздоровел. С другой – только в этом месяце и только в Британии в тяжелом состоянии в больницы попали 530 человек.

Александр Чучалин, директор НИИ пульмонологии РФ, председатель правления МОО "Российское респираторное общество", академик РАМН: "Вы знаете, в чем дело, не надо здесь делать тревогу. Каждый год люди умирают от гриппа. На сегодняшний день мы не располагаем данными, которые говорят, что смертность выше, чем от сезонного гриппа в 2006-2007 годах".

Гриппозное чаепитие в лондонском сквере. Здесь следуют самому простому совету из телевизора: не ждите зимней волны эпидемии, переболейте в легкой форме и живите спокойно. Это просто грипп.

FINANCIAL SENSE EDITORIALS
Uncommon News & Views for the Wise investor

F. William Engdahl

WHO 'Swine Flu Pope' under investigation for gross conflict of interest

Financial Sense Editorials // Voltairenet, 9 December 2009
https://web.archive.org/web/20100106000416/http://financialsense.com/editorials/engdahl/2009/1208.html
https://www.voltairenet.org/article163240.html

The man with the nickname "Dr Flu", Professor Albert Osterhaus, of the Erasmus University in Rotterdam Holland has been named by Dutch media researchers as the person at the center of the worldwide Swine Flu H1N1 Influenza A 2009 pandemic hysteria. Not only is Osterhaus the connecting person in an international network that has been described as the Pharma Mafia, he is THE key advisor to WHO on influenza and is intimately positioned to personally profit from the billions of euros in vaccines allegedly aimed at H1N1.

Earlier this year the Second Chamber of the Netherlands Parliament undertook an investigation into alleged conflicts of interest and financial improprieties of the well-known Dr. Osterhaus. Outside of Holland and the Dutch media, the only note of the sensational investigation into Osterhaus' business affairs came in a tiny note in the respected British magazine, *Science*.

Osterhaus's credentials and expertise in his field were not in question. What is in question, according to a short report published by the journal *Science*, are his links to corporate interests that stand to potentially profit from the swine flu pandemic. *Science* carried the following brief note in its October 16, 2009 issue about Osterhaus:

"For the past 6 months, one could barely switch on the television in the Netherlands without seeing the face of famed virus hunter Albert Osterhaus talking about the swine flu pandemic. Or so it has seemed. Osterhaus, who runs an internationally renowned virus lab at Erasmus Medical Center, has been Mr. Flu. But last week, his reputation took a nosedive after it was alleged that he has been stoking pandemic fears to promote his own business interests in vaccine development. As *Science* went to press, the Dutch House of Representatives had even slated an emergency debate about the matter." [1]

On November 3, 2009 it appeared that Osterhaus emerged with at least the damage somewhat under control. An updated *Science* blog noted, "The House of Representatives of the Netherlands today rejected a motion asking the government to sever all ties with virologist Albert Osterhaus of Erasmus Medical Center in Rotterdam, who had been accused of conflicts of interest in his role as a government adviser. But Dutch health minister Ab Klink, meanwhile, announced a "Sunshine Act" compelling scientists to disclose their financial ties to companies." [2]

The Minister, Ab Klink, reportedly a personal friend of Osterhaus, [3] subsequently issued a statement on the ministry's website, claiming that Osterhaus was but one of many scientific advisers to the ministry on vaccines for H1N1, and that the Ministry "knew" about the financial interests of Osterhaus. [4] Nothing out of the ordinary, merely pursuit of science and public health, so it seemed.

More careful investigation into the Osterhaus Affair suggests that the world-renowned Dutch Virologist may be at the very center of a multi-billion Euro pandemic fraud which has used human beings in effect as human guinea pigs with untested vaccines and in cases now emerging, resulting in deaths or severe bodily paralysis or injury.

The 'Bird Shit Hoax'

Albert Osterhaus is no small fish. He stands at the global nexus of every major virus panic of the past decade from the mysterious SARS deaths in HongKong, where current WHO Director Margaret Chan got her start in her career as a local health official. According to his official bio at the European Commission, Osterhaus was engaged in April 2003, at the height of the panic over SARS (Severe Acquired Respiratory Syndrome) in investigation of the Hong Kong outbreak of respiratory illnesses. The EU report states, "he again showed his skill at moving fast to tackle a serious problem. Within three weeks he had proved that the disease was caused by a newly discovered coronavirus that resides in civet cats, other carnivorous animals or bats." [5]

Then Osterhaus moved on as SARS cases vanished from view, this time publicizing dangers of what he claimed was H5N1 Avian Flu. In 1997 he had already began sounding the alarm following the death in Hong Kong of a three-year-old who Osterhaus learned had had direct contact with birds. Osterhaus went into high gear lobbying across Holland and Europe claiming that a deadly new mutation of avian flu had jumped to humans and that drastic measures were required. He claimed to be the first scientist in the world to show that H5N1 could be transferred into humans. [6]

In a BBC interview in October 2005 on the danger of Avian Flu, Osterhaus declared, "…if the virus manages indeed to, to mutate itself in such a way that it can transmit from human to human, then we have a completely different situation, we might be at the start of the pandemic." He added, "there is a real chance that this virus could be trafficked by the birds all the way to Europe. There is a real risk, but nobody can estimate the risk at this moment, because we haven't done the experiments." [7] It never did manage to mutate, but he was ready to "do the experiments," presumably for a hefty fee.

To bolster his frightening pandemic scenario, Osterhaus and his lab assistants in Rotterdam began assiduously assembling and freezing samples of, well, bird shit, in an attempt to build a more scientific argument. He claimed that at certain times of the year up to 30% of all European birds acted as carriers of the deadly avian virus, H5N1. He also claimed that farmers working with hens and chickens were then exposed. Osterhaus briefed journalists who dutifully noted his alarm. Politicians were alerted. He wrote papers proposing that the far away deaths in Asia from what he termed H5N1 were coming to Europe, presumably on the wings or in the innards of deadly sick infected birds. He claimed that migratory birds were carrying the deadly new disease as far west as Rügen and Ukraine. [8] He conveniently ignored the fact that birds do not migrate east to west but rather north to south.

Osterhaus' Avian Flu alarm campaign really took off in 2003 when a Dutch veterinary doctor became ill and died. Osterhaus claimed the death was from H5N1. He convinced the Dutch government to order slaughter of millions of chickens. Yet no other infected persons died from the alleged H5N1. Osterhaus claimed that that was simply proof of the effectiveness of the preemptive slaughter campaign. [9]

Osterhaus claimed that bird feces were the source, via air bombardment or droppings, onto populations and birds below. That was the vehicle for the spread of the deadly new Asian strain of H5N1 he insisted.

There was only one problem with the now voluminous frozen samples of diverse bird excrement he and his associates had collected and frozen at his institute. There was not one single confirmed example of H5N1 virus found in any of his samples. At a May 2006 Congress of the World Organization for Animal Health (OIE), Osterhaus and his Erasmus colleagues were forced to admit that in testing 100,000 samples of their assiduously saved bird feces, they had discovered not one single case of H5N1 virus. [10]

At a WHO conference in Verona in 2008 titled "Avian influenza at the Human-Animal Interface," in a presentation to scientific colleagues undoubtedly less impressed by appeals to pandemic emotion than the non-scientific public, Osterhaus admitted that "A proper risk assessment of H5N1 as the cause of a new pandemic cannot be made with the currently available information." [11] By then, however, his sights were already firmly on other possible pandemic triggers to focus his vaccination activities.

Swine Flu and WHO corruption

When no mass wave of human deaths from Avian Flu materialized and after Roche, maker of Tamiflu, and GlaxoSmithKline had banked billions of dollars in profits from worldwide government stockpiling of their dangerous and reportedly ineffective antiviral drugs - Tamiflu by Roche and Relenza by GlaxoSmithKline - Osterhaus and other WHO advisers turned to other greener pastures.

By April 2009 their search seemed rewarded as La Gloria, a small Mexican village in Veracruz, reported a case of a small child ill with what had been diagnosed as "Swine Flu" or H1N1. With indecent haste the propaganda apparatus of the World Health Organization in Geneva went into gear with statements from the director-general Dr Margaret Chan, about a possible danger of a global pandemic.

Chan made such irresponsible statements as declaring "a public health emergency of international concern." [12] The further cases of outbreak at La Gloria Mexico were reported on one medical website as, "a ‘strange’ outbreak of acute respiratory infection, which led to bronchial pneumonia in some pediatric cases. According to a local resident, symptoms included fever, severe cough, and large amounts of phlegm." [13]

Notably those were symptoms which would make sense in terms of the proximity of one of the world’s largest pig industrial feeding concentrations at La Gloria owned by Smithfield Farms of the USA. Residents had picketed the Smithfield Farms site in Mexico for months complaining of severe respiratory problems from the fecal waste lagoons. That possible cause of the diseases in La Gloria apparently did not interest Osterhaus and his colleagues advising the WHO. The long-awaited "pandemic" that Osterhaus had predicted ever since his involvement with SARS in the Guandgong Province of China in 2003, was now finally at hand.

On June 11, 2009 Margaret Chan of WHO made the declaration of a Phase 6 "Pandemic Emergency" regarding the spread of H1N1 Influenza. Curiously in announcing it, she noted, "On present evidence, the overwhelming majority of patients experience mild symptoms and make a rapid and full recovery, often in the absence of any form of medical treatment." She then added, "Worldwide, the number of deaths is small…we do not expect to see a sudden and dramatic jump in the number of severe or fatal infections."

It later was learned that Chan acted, following heated debates inside WHO, on the advice of the scientific advisory group of WHO, or SAGE, the Strategic Advisory Group of Experts. One of the members of SAGE at the time and today was Dr. Albert "Mr Flu" Osterhaus.

Not only was Osterhaus in a key position to advocate the panic-inducing WHO "Pandemic emergency" declaration. He was also chairman of the leading private European Scientific Working group on Influenza (ESWI), which describes itself as a "multidisciplinary group of key opinion leaders in influenza [that] aims to combat the impact of epidemic and pandemic influenza." Osterhaus’ ESWI is the vital link as they themselves describe it, "between the World Health Organization (WHO) in Geneva, the Robert Koch Institute in Berlin and the University of Connecticut, USA."

What is more significant about the ESWI is that its work is entirely financed by the same pharma mafia companies that make billions on the pandemic emergency as governments around the world are compelled to buy and stockpile vaccines on declaration of a WHO Pandemic. The funders of ESWI include H1N1 vaccine maker Novartis, Tamiflu distributor, Hofmann-La Roche, Baxter Vaccines, MedImmune, GlaxoSmithKline, Sanofi Pasteur and others.

Not to lose the point, the world-leading virologist, official adviser on H1N1 to the governments of the UK and Holland, Dr Albert Osterhaus, head of the Department of Virology at the Erasmus Medical College of Rotterdam, also sat on the WHO’s elite SAGE and served as chairman at the same time of the pharma industry-sponsored ESWI, which in turn urged dramatic steps to vaccinate the world against the grave danger of a new Pandemic they insisted could rival the feared 1918 Spanish Flu pandemic.

The Wall Street bank, JP Morgan, estimated that in large part as a result of the WHO pandemic decision, the giant pharma firms that also finance Osterhaus' ESWI work, stand to reap some €7.5 to €10 billion in profits. [14]

A fellow member of WHO's SAGE is Dr Frederick Hayden, of Britain's Wellcome Trust and reportedly a close friend of Osterhaus. Hayden also receives money for "advisory" services from Roche and GlaxoSmithKline among other pharma giants involved in producing products related to the H1N1 panic.

Chairman of WHO's SAGE is another British scientist, Prof. David Salisbury of the UK Department of Health. He also heads the WHO H1N1 Advisory Group. Salisbury is a robust defender of the pharma industry. He has been accused by UK citizen health group One Click of covering up the proven links between vaccines and an explosive rise in infant autism as well as links between the vaccine Gardasil and palsy and even death. [15]

Then on September 28, 2009 the same Salisbury stated, "There is a very clear view in the scientific community that there is no risk from the inclusion of Thiomersal." The vaccine being used for H1N1 in Britain is primarily produced by GlaxoSmithKlilne. It contains the mercury preservative Thiomersol. Because of growing evidence that Thiomersol in vaccines might be related to autism in children in the United States, in 1999 the American Academy of Pediatrics and the US Public Health Service called for it to be removed from vaccines. [16]

Yet another SAGE member at WHO with intimate financial ties to the vaccine makers that benefit from SAGE's recommendations to WHO is Dr. Arnold Monto, a paid consultant to vaccine maker MedImmune, Glaxo and ViroPharma.

Even more, the meetings of the "independent" scientists of SAGE are attended by "observers" who include, yes, the very vaccine producers GlaxoSmithKline, Novartis, Baxter and company. One might ask if the SAGE are supposed to be the world's leading experts on flu and vaccines, why they would ask the vaccine makers to sit in.

In the past decade the WHO, in order to boost funds at its disposal entered into what it calls "public private partnerships." Instead of receiving its funds solely from member United Nations governments as its original purpose had been, WHO today receives almost double its normal UN budget in the form of grants and financial support from private industry. The industry? The very drug and vaccine makers who benefit from decisions like the June 2009 H1N1 Pandemic emergency declaration. As the main financiers of the WHO bureaucracy, naturally the Pharma Mafia and their friends receive what has been called "open door red carpet treatment" in Geneva. [17]

In an interview with *Der Spiegel* magazine in Germany, epidemiologist Dr. Tom Jefferson of the Cochrane Collaboration, an organization of independent scientists evaluating all flu related studies, noted the implications of the privatization of WHO and the commercialization of health:

"…one of the extraordinary features of this influenza – and the whole influenza saga – is that there are some people who make predictions year after year, and they get worse and worse. None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all? Nothing. But that doesn't stop these people from always making their predictions. Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur.

Spiegel: Who do you mean? The World Health Organization (WHO)?

Jefferson: The WHO and public health officials, virologists and the pharmaceutical companies. They've built this machine around the impending pandemic. And there's a lot of money involved, and influence, and careers, and entire institutions! And all it took was one of these influenza viruses to mutate to start the machine grinding... [18]

When asked if the WHO had deliberately declared the Pandemic Emergency in order to create a huge market for H1N1 vaccines and drugs, Jefferson replied,

"Don't you think there's something noteworthy about the fact that the WHO has changed its definition of pandemic? The old definition was a new virus, which went around quickly, for which you didn't have immunity, and which created a high morbidity and mortality rate. Now the last two have been dropped, and that's how swine flu has been categorized as a pandemic." [19]

Conveniently enough, the WHO published the new Pandemic definition in April 2009 just in time to allow WHO, on advice of SAGE and others like Albert "Dr Flu" Osterhaus and David Salisbury, to declare the mild cases of flu dubbed H1N1 Influenza A to be declared Pandemic Emergency. [20]

In a relevant footnote, the *Washington Post* on December 8 in an article on the severity, or lack of same, of the world H1N1 "pandemic" reported that, "with the second wave of H1N1 infections having crested in the United States, leading epidemiologists are predicting that the pandemic could end up ranking as the mildest since modern medicine began documenting influenza outbreaks." [21]

Russian Parliamentarian and chairman of the Duma Health Committee, Igor Barinow has called on the Russian Representative to WHO in Geneva to order an official investigation into the growing evidence of massive corruption of the WHO by the pharmaceutical industry. "There are grave accusations of corruption within the WHO," said Barinow. "An international commission of inquiry is urgently required." [22]

[1] Martin Enserink, In "Holland, the Public Face of Flu Takes a Hit", *Science*, 16 October 2009: Vol. 326. no. 5951, pp. 350 – 351; DOI: 10.1126/science.326_350b.
[2] *Science*, November 3, 2009, "Roundup 11/3 The Brink Edition".
[3] Article from Dutch, "De Farma maffia Deel 1 Osterhaus BV", 28 november 2009.
[4] Ministerie van Volksgezondheid, Welzijn en Sport, "Financiële belangen Osterhaus waren bekend Nieuwsbericht", 30 september 2009.
[5] European Commission, "Research", Dr Albert Osterhaus.
[6] *Ibid.*
[7] Jane Corbin, Interview with Dr Albert Osterhaus, BBC Panorama, 4 October, 2005.
[8] Karin Steinberger, "Vogelgrippe: Der Mann mit der Vogelperspektive", *Süddeutsche Zeitung*, 20 October, 2005.
[9] *Ibid.*
[10] "Schweinegrippe—Geldgieriger Psychopath Auslöser der Pandemie?", Polskaweb News,
[11] Ab Osterhaus, "External factors influencing H5N1 mutation/reassortment events with pandemic potential", OIE, 7-9 October 2008, Verona, Italy. Download
[12] Health Advisory, Swine Flu Overview, April 2009.
[13] Biosurveillance, Swine Flu in Mexico- Timeline of Events, April 24, 2009.
[14] Cited in Louise Voller, Kristian Villesen, "Stærk lobbyisme bag WHO-beslutning om massevaccination" , Information, Copenhagen, 15 November 2009.
[15] Jane Bryant, et al, "The One Click Group Response: Prof. David Salisbury Threatens Legal Action", 4 March, 2009, Download.
[16] Prof. David Salisbury cited in, "Swine flu vaccine to contain axed additive", *London Evening Standard* and *Gulf News*, 28 September 2009, accessed in .
[17] Bert Ehgartner, "Schwindel mit der Schweinegrippe Ist die Aufregung ein Coup der Pharmaindustrie?"
[18] Tom Jefferson, Interview with Epidemiologist Tom Jefferson: 'A Whole Industry Is Waiting For A Pandemic', *Der Spiegel,* 21 July 2009.
[19] *Ibid.*
[20] Louise Voller, Kristian Villesen, "Mystisk ændring af WHO's definition af en pandemi", Copenhagen Information, 15 November 2009.
[21] Rob Stein, "Flu Pandemic Could Be Mild", *Washington Post*, December 8, 2009.
[22] Polskanet, "Russland fordert internationale Untersuchung", 5 December 2009.

MailOnline

Sophie Borland

Swine flu advisers' ties to drug firms: Five WHO experts linked with vaccine producers

Daily Mail, 13 August 2010, 07:34 BST
https://www.dailymail.co.uk/health/article-1302505/WHO-swine-flu-advisers-ties-drug-firms-Experts-linked-vaccine-producers.html

A third of the experts advising the World Health Organisation about the swine flu pandemic had ties to drugs firms, it has emerged. Five of the 15 specialists who sat on the emergency committee had received funding from pharmaceutical giants, or were linked to them through their research. The revelation will prompt speculation that the 'pandemic' was wildly overestimated and largely fuelled by the drugs industry who stood to benefit from the panic.

Last month it emerged that the Government had squandered more than £1.2 billion tackling swine flu - most of it going towards vaccines following experts' dire predictions that as many as 65,000 Britons would die. In fact the virus claimed just 457 lives - a third of those killed every year by ordinary seasonal flu.

But today it emerged that many of the scientists on the WHO's emergency panel had links with firms including GlaxoSmithKline, who made millions manufacturing swine flu vaccines. It follows revelations by the Daily Mail earlier this year that more than half of the scientists advising the British Government's own taskforce on the pandemic had links to drugs giants.

One of the 15 scientists advising the WHO was British professor N**eil Ferguson -** who last year warned the pandemic would be so bad all schools would need to close. It has since emerged that Professor Ferguson had acted as a consultant for Roche, who makes Tamiflu, as well as GSK Biologicals until 2007.

Professor **Maria Zambon**, who was also on the panel, from UK Health Protection Agency's Centre for Infection, said she received funding from several vaccine makers, including Sanofi, Novartis, CSL, Baxter and GSK. During the outbreak last year Professor Zambon warned that up to a third of school children in Britain had the virus without knowing as they did not have symptoms.

Meanwhile US professor **Arnold Monto** admitted he had done research for GlaxoSmithKline, Baxter, the two firms contracted to make the jabs, as well as Roche, which makes Tamiflu. He had also done work for two other large firms Novartis and Sanofi Pasteur.

Critics warned that there was serious conflict of interest amongst these experts whose advice had led to the waste of vast sums of taxpayer's money. Labour MP Paul Flynn said: 'A year ago, these experts told us the world was facing a grave health emergency. 'On this occasion, regrettably, they got it wrong: their advice led WHO, the EU and national governments to vastly overrate the seriousness of the H1N1 epidemic, wasting large sums of public money and scaring the world unnecessarily.

'With such conflicting pressures, we need to be absolutely certain that the advice of such experts is based on solid scientific evidence and is driven solely by the need to protect public health. The only way to do that is through total transparency.

'When a future pandemic is declared, the public has a right to know, from the outset, who is recommending such a drastic step – as well as any links they may have to the pharmaceutical industry, which stands to profit from such a recommendation.'

Another expert **Nancy Cox**, from the US Centers for Disease Control, admitted she had received funding from the drugs industry group, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) for flu vaccine research and work on viruses.

British scientist **John Wood** admitted that his research unit at Britain's National Institute for Biological Standards and Control (NIBSC), had undertaken work for Sanofi Pasteur, CSL, IFPMA, Novartis and Powdermed on influenza vaccine.

The panel were instrumental in advising the WHO to officially declare swine flu as the first pandemic in 40 years last June.

Earlier this year it emerged that 11 of the 20 members of the Scientific Advisory Group for Emergencies, which advised the British Government on swine flu, had done work for the pharmaceutical industry or were linked to it through their universities.

A spokesman for the WHO denied that the experts' work gave rise to a conflict of interest.

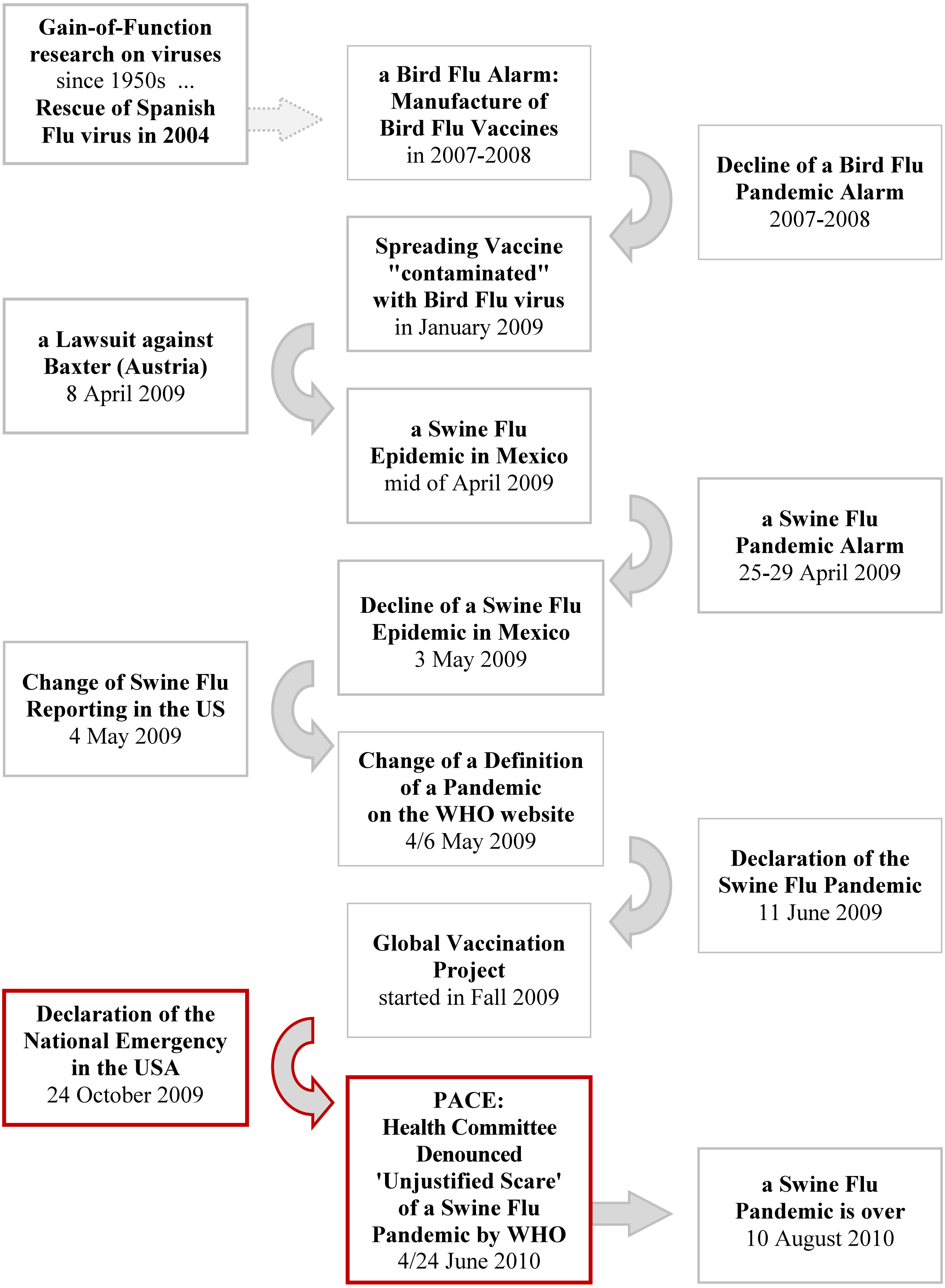
Chapter 15

Swine Flu (IV):

from the National Emergency (USA) to Assumption that

Pandemic was False

Roadmap
of the Swine Flu Pandemic



The Atlanta Journal-Constitution

Craig Schneider and Shelia M. Poole

Swine flu levels off in Georgia

The Atlanta Journal-Constitution, 26 October 2009, 5:54 p.m.
https://web.archive.org/web/20091029100925/http://www.ajc.com/health/swine-flu-levels-off-174477.html

The swine flu monster seems to be retreating from Georgia – for the time being, as hospitals, health agencies and schools report fewer cases.

But health officials say it's too early to tell if the spate of swine flu has crested, and they worry that another wave may come deeper into the flu season or the spring.

So keep those vaccinations coming, they say. "Yes, we are seeing a decrease" in emergency room patients showing swine flu symptoms, said Ravae Graham, spokeswoman for the state Department of Community Health.

Schools are also seeing less illness in the classroom. "It's leveling off right now," said state Education Department spokesman Matt Cardoza. "We've seen fewer high-percentage absenteeism at schools."

The swine flu, which emerged in April, appeared to peak in Georgia in late September, when 81 Georgians were hospitalized and eight died from the virus in a week. The number dropped to 43 hospitalizations and one death in a week in mid-October, according to DCH figures.

Health officials say people should still obtain the vaccine for swine flu. Limited quantities are being distributed to doctors offices, county health clinics and other health care providers.

Many people say they are disappointed about the spotty availability of swine flu vaccine. The state health agency had initially expected two million doses of vaccine by the end of this month, but, because of lagging national production, now expects half that number. More is expected to follow.

Doctors say it is too early to drop precautions such as frequent hand-washing. "We are still seeing pockets of it," said Cobb County schools spokesman Jay Dillon. "It's too early to say the crisis has passed."

He believes the downturn was helped by schools that pushed to educate kids and families about good flu hygiene.

Georgia's recent decrease in swine flu illness is in tune with a down-tick across the Southeast, according to the Atlanta-based Centers for Disease Control and Prevention. But CDC officials warned that the decrease only arrived in about the past week, so they are hesitant to draw any broad conclusions.

The illness nationally continues to trend upward, the CDC said.

President Barack Obama declared the swine flu a national emergency Saturday. The move provides legal waivers for hospitals and other health providers so they can handle large numbers of sick people.

Swine flu illness has largely centered around children, and health experts had predicted cases would spike after Georgia began its school year in early August. Georgia and the Southeast began the school year several weeks before much of the nation, but officials say it is too early to say the illness peaked here.

Dr. Jim Fortenberry, pediatrician-in-chief at Children’s Healthcare of Atlanta, said the health system saw a "record surge" in patients at the emergency departments with flu symptoms in late August and early September.

Although those numbers have dropped, they remain well above the norm for this time of year.

"We’ve seen some relief but H1N1 is still there and we can’t let our guard down," Fortenberry said.

Emory University set up a dormitory as a voluntary quarantine for students who were sick. During the height of the outbreak about 50 students were there, officials said.

No one is there now, but the college has no immediate plans to shut down the dorm.

REUTERS

Maggie Fox

SEC and Homeland Security need Web backup, GAO says

Reuters, 26 October 2009 6:53 pm EDT // 27 October 2009, 6:57 am
https://www.reuters.com/article/us-flu-internet-idUSN2620750120091026/

Washington (Reuters) - Securities exchanges have a sound network back-up if a severe pandemic keeps people home and clogging the Internet, but the Homeland Security Department has done little planning, Congressional investigators said on Monday. The department does not even have a plan to start work on the issue, the General Accountability Office said.

But the Homeland Security Department accused the GAO of having unrealistic expectations of how the Internet could be managed if millions began to telework from home at the same time as bored or sick schoolchildren were playing online, sucking up valuable bandwidth.

Experts have for years pointed to the potential problem of Internet access during a severe pandemic, which would be a unique kind of emergency. It would be global, affecting many areas at once, and would last for weeks or months, unlike a disaster such as a hurricane or earthquake.

H1N1 swine flu has been declared a pandemic but is considered a moderate one. Health experts say a worse one – or a worsening of this one – could result in 40 percent absentee rates at work and school at any given time and closed offices, transportation links and other gathering places.

Many companies and government offices hope to keep operations going as much as possible with teleworking using the Internet. Among the many problems posed by this idea, however, is the issue of bandwidth – especially the "last mile" between a user's home and central cable systems.

"Such network congestion could prevent staff from broker-dealers and other securities market participants from teleworking during a pandemic," reads the GAO report, available here. "The Department of Homeland Security is responsible for ensuring that critical telecommunications infrastructure is protected."

Blocking Websites

Private Internet providers might need government authorization to block popular websites, it said, or to reduce residential transmission speeds to make way for commerce. The Financial Services Sector Coordinating Council for Critical Infrastructure Protection and Homeland Security, a group of private-sector firms and financial trade associations, has been working to ensure that trading could continue if big exchanges had to close because of the risk of disease transmission.

"Because the key securities exchanges and clearing organizations generally use proprietary networks that bypass the public Internet, their ability to execute and process trades should not be affected by any congestion," the GAO report reads. However, not all had good plans for critical activities if many of their employees were ill, the report reads. Homeland Security had done even less, it said. "DHS has not developed a strategy to address potential Internet congestion," the report said. It had also not even checked into whether the public or even other federal agencies would cooperate, GAO said.

"The report gives the impression that there is potentially a single solution to Internet congestion that DHS could achieve if it were to develop an appropriate strategy," DHS's Jerald Levine retorted in a letter to the GAO. "An expectation of unlimited Internet access during a pandemic is not realistic," he added.

CBSNEWS

Sharyl Attkisson

Freedom of Information: Stalled at CDC and D.C. Government

CBS News, 27 October 2009, 6:05 PM
http://www.cbsnews.com/news/freedom-of-information-stalled-at-cdc-and-dc-government/

In August 2009, CBS News made a simple request of the Centers for Disease Control and Prevention for public documents, e-mails and other materials CDC used to communicate to states the decision to stop testing individual cases of Novel H1N1, or "swine flu." When the public affairs folks at CDC refused to produce the documents and quit responding to my queries altogether, I filed a formal Freedom of Information (FOI) request for the materials. Members of the news media are entitled to expedited access, which I requested, since this was for a pending news report and on an issue of public health and interest.

The Obama administration made a commitment to a "new era of open government," as stated in a presidential memorandum on the Freedom of Information Act (FOIA). On March 19, 2009, Attorney General Eric Holder issued new FOIA guidelines to "restore the public's ability to access information in a timely manner."

Two months after my FOI request, the CDC has yet to produce any of these easily retrievable materials. Sadly, this is of little surprise. This has become standard operating procedure in Washington.

Watch: A CBS News producer asks CDC Director Dr. Thomas Frieden for information on H1N1 testing, Sept. 19

Watch CBS News Videos Online

Today, I received a letter from the CDC Freedom of Information office, which even by the normal baffling standards, borders on the absurd. The letter is to inform me that my request for "expedited" treatment of my FOI request has been denied because CDC has determined the request is "not a matter of widespread and exceptional media and public interest."

CBSNews.com report on H1N1 First, it seems ill advised to allow the responding agency (which often doesn't want the info released) to determine whether an issue is of media and public interest and, therefore, subject to expedited treatment. Further, the CDC may be the only agency on the planet to argue that testing and counting of swine flu cases is "not of widespread and exceptional media and public interest."

CBS News reporting on the topic has been quoted and reproduced internationally by news organizations such as California NPR, radio talk shows and others. [If you believe this matter is of public interest, you can express that view to CDC FOI Officer Lynn Armstrong or Katherine Norris at 404-639-7270 (recording) or 404-639-7395 (fax).]

By way of background, the Freedom of Information Act was a terrific idea intended to expedite release of public information to the public. It was supposed to stop federal agencies from using their power and control to withhold public information from the people who own it. However, in practice, most investigative journalists would probably tell you that the Freedom of Information Act is farcical. Many federal agencies use it to obstruct the delay or release of obviously public information. In short: they put your request (no matter how simple or urgent) at the end of an extremely long, mysterious cue and – if it is ever answered – it is either answered by a letter arguing the public materials can be withheld (therefore requiring an appeal); and/or it is answered months and often years later when the material obviously has lost its news value.

NewScientist

Michael Marshall, Debora Mackenzie

Timeline: The secret history of swine flu

New Scientist, 29 October 2009
https://www.newscientist.com/article/dn18063-timeline-the-secret-history-of-swine-flu/#ixzz6xZkzOrb5

Six months ago, swine flu emerged as a massive threat to global health. It seemed to come out of nowhere, but our timeline explains how the origins of the H1N1 pandemic go back more than a century.

1889

Prior to 1889, the main flu virus circulating in humans has been from the H1 family. But this year, a new strain of H2 flu emerges in Russia and spreads around the world, killing about 1 million people. Afterwards, H2 replaces H1 in humans. Such replacements seem to be a regular feature of flu pandemics.

People born before 1889, who have been exposed to H1 flu, have some immunity to it. This affords them some protection in the deadly H1N1 epidemic of 1918. Those born after 1889 do not have any immunity to H1.

1918

The "Spanish flu" epidemic of 1918 kills at least 50 million people worldwide. It is caused by an H1N1 virus which evolves directly from a bird flu into a human flu.

After a mild wave of infections in the summer, the epidemic goes global: one-third of the population eventually get sick. Although most cases are mild, many sufferers develop a rapidly fatal infection deep in their lungs. People born before 1889 are less susceptible, thanks to their previous exposure to H1N1.

Most deaths are caused by bacterial lung infections that move in after the virus. Modern antibiotics might mean that a re-run of the 1918 pandemic would be less dangerous.

After 1919, the descendants of the H1N1 virus continue to circulate and cause seasonal flu outbreaks in humans – and pigs.

1931

Swine flu is first isolated from a pig in Iowa.

1933

The first human flu virus is isolated at Mill Hill in London. When given to ferrets, it produces a disease whose symptoms are all but identical to the Iowan pig virus. But ferrets that have had the human virus are not fully immune to the pig virus, showing that the two viruses have already started to evolve apart.

1957

An H2N2 virus causes the "Asian" flu pandemic, completely displacing the H1N1 viruses that have been circulating in humans since 1918. The pandemic is fairly mild, killing 1 to 1.5 million people worldwide.

The virus is produced by a reassortment, in which human-adapted H1N1 swaps genes with an H2N2 bird flu. The new H and N surface proteins mean most people do not have antibodies to the virus, allowing it to go pandemic. However, its human-adapted genes mean it is not as lethal to humans as the 1918 virus, which came, with few changes, from birds.

People tend to mount the best immune response to the first kind of flu virus they experience. Because of this, people born before 1957, whose first experience of flu would have been the H1N1 viruses then in circulation, have some immunity to the 2009 H1N1 strain causing the current pandemic. People born after the 1957 pandemic do not have this immunity.

1968

An H3N2 virus causes the "Hong Kong" flu pandemic, which is even milder than the Asian flu, killing an estimated 0.75 million to 1 million people worldwide.

The virus only differs from H2N2 in one of its surface proteins, the H; since many people still have antibodies to the unchanged N2 protein, its effects are less severe. But because H3N2 completely replaces H2N2 in people, no one born since 1968 has any immunity to H2.

1972

Researchers Graham Laver and Robert Webster discover that waterfowl are the natural hosts of influenza viruses. The birds harbour strains unknown in humans that could reassort with human strains and give rise to new human pandemics.

1976

An H1N1 virus jumps from pigs to humans and kills a US army recruit. However the virus does not spread beyond the army base and fizzles out without triggering a pandemic.

Nevertheless, fears of a replay of the 1918 pandemic lead to 48 million people being hastily vaccinated against the swine flu virus. The vaccine is associated with an unusual number of cases of Guillain-Barré syndrome: 532 people get it, and 25 die.

1977

An H1N1 virus appears in north-east China and starts circulating in humans. It causes seasonal flu in every subsequent year. No one knows where it came from, though it looks like an H1N1 that circulated in the Soviet Union in 1950 and some suspect it escaped in a laboratory accident.

The virus causes a mild flu pandemic, which mainly affects people born after H1N1 flu disappeared in 1957. However, the real surprise is that it does not displace the previous, and more virulent, seasonal flu, H3N2. Instead, it continues circulating alongside it.

The antibodies people produce after being infected by this new seasonal H1N1 do not protect against 2009 H1N1. However, infections also trigger another reaction called cell-mediated immunity, in which certain white blood cells target and destroy infected cells. Tests of the 2009 H1N1 pandemic vaccine show that, unlike antibodies, cell-mediated immunity to seasonal H1N1 may help protect against the pandemic virus. This does not prevent disease altogether, but can reduce its severity

1998

The predecessor of the 2009 H1N1 swine flu virus emerges in the US. It is a hybrid of human, bird and swine flu viruses, and by 1999 it is the dominant flu strain in US pigs.

US pig farms try to control it with vaccines, but these attempts are largely ineffective because the virus evolves too rapidly, changing the surface proteins targeted by the vaccine while keeping its internal genes unchanged. The 2009 pandemic virus is a variant on this 1998 flu, and behaves the same way.

2004-2006

H5N1 flu, first identified as a threat to humans in Hong Kong in 1997, spreads from Asia around the world, apparently carried by wild birds. While this "bird flu" proves deadly to humans, killing more than half of its victims, it is kept in check by its inability to spread readily from human to human. H5N1 is also found in pigs in Indonesia, raising fears that it might reassort with other human flu viruses that pigs can harbour.

The threat posed by bird flu leads to the first real efforts to be made at pandemic planning: governments start to stockpile antiviral drugs, and the world's drug companies start doing serious research on pandemic vaccines. These plans are made with the highly lethal H5N1 in mind, meaning that they are not always appropriate for the 2009 pandemic.

2007-2008

Pandemic fears boost spending on flu research. European scientists start organising to track flu in wild birds, Vietnamese scientists find that antibodies from bird flu victims can cure other cases of the virus (a technique used in Hong Kong in 2009), the risk of dying of flu is found to be partly genetic, and it turns out that your mother was right to warn you about catching the flu when it's cold out.

However, Indonesia, where most H5N1 outbreaks are happening, refuses to share samples of the virus, arguing that it will not benefit in return from any vaccines developed as a result. This means scientists cannot monitor the virus's evolution.

But worries about H5N1 subside as it fails to become contagious in people – although virologists continue to warn that it is not the only threatening flu virus out there. Viruses from the H9, H7 and H2 families all give cause for concern.

March 2009

The first cases of a new type of swine flu are reported in California and Texas in late March. Subsequent genetic analysis suggests that it may have started circulating in humans in January.

April 2009

On 27 April, with 900 cases of suspected swine flu reported in Mexico, the World Health Organization (WHO) upgrades the pandemic warning level from 3 to 4 on a six-point scale. Intensive efforts to understand the virus and develop a vaccine begin immediately.

The US government advises against travel to Mexico, although research suggests that travel bans will not stop the virus spreading.

May 2009

Although swine flu seems to be spreading slowly, it is still progressing quickly enough to justify preparing for a pandemic. However, the WHO delays declaring a pandemic, partly because there is not enough evidence that the virus is spreading in the general population outside the Americas, where it originated.

New Scientist reveals that Europe is not testing people with flu symptoms unless they have recently travelled to an affected area in the Americas, or have had close contact with someone who did. As a result, Europe cannot detect spread in the general population. These restrictions may be making the pandemic "invisible" to the monitoring authorities.

As concerns mount, it transpires that many countries are poorly prepared for this scenario and that supplies of H1N1 vaccine cannot be prepared in time to catch the second wave.

June 2009

The UK and other countries change their rules and start testing people who have flu but no North American contacts. Cases of swine flu are soon detected.

On 11 June the WHO officially declares swine flu to be a pandemic. This is the signal for the vaccine industry to start making pandemic vaccine (paid for by governments), rather than conventional flu vaccine (paid for by ordinary health services).

July 2009

Treatment plans are shaken by the discovery of swine flu that is resistant to the antiviral drug Tamiflu and the realisation that the H1N1 vaccine is growing only half as fast as the ordinary flu vaccine.

The US decides to use its standard formulation for flu vaccine, so no new regulatory tests will be needed. This will allow it to authorise pandemic vaccine before September, when a renewed wave

of the pandemic is expected. But this formulation uses a lot of virus, and so reduces the number of doses that can be made.

Researchers discover that the swine flu virus binds far deeper in the lungs than ordinary flu, possibly explaining why it is sometimes fatal. However, the majority of cases are still mild, and it appears that many of the people with severe cases have an underlying health problem – although some of these "problems" are no more remarkable than being overweight, pregnant or unborn.

In the southern hemisphere, where it is winter, swine flu apparently replaces the usual seasonal flu. This suggests that the pandemic virus will displace the two previous seasonal flu strains, as previous pandemics have done. However, after the experience of 1977, when this did not happen, scientists do not rule out the return of H3N2 after the autumn wave of swine flu.

August 2009

A *New Scientist* poll reveals widespread concern about swine flu among public health officials and epidemiologists, many of whom have obtained supplies of antiviral drugs for their own families.

September 2009

Four major vaccine manufacturers report that their swine flu vaccines work with only one shot. This is good news, given that vaccine is in short supply despite researchers' success in finding faster-growing strains. The vaccine's effectiveness suggests there must be pre-existing cell-mediated immunity, possibly because of similarities between the surface proteins on swine flu and the seasonal H1N1 flu that emerged in 1977.

As autumn arrives in the northern hemisphere, experts are on tenterhooks: a particular worry is that swine flu will hybridise with bird flu to create a readily contagious human flu armed with a lethal H5 surface protein. At time of writing, the virus had not become more severe, causing mild disease in most sufferers but making a small number – probably less than 1 per cent – extremely ill.

October 2009

Vaccination programmes begin in the US and Europe, but many healthcare workers are reluctant to have the vaccine, even though it is virtually identical to the seasonal vaccines used in previous years, which have a good safety record.

Production delays also continue to plague the deployment of vaccine. By 22 October, the US has only 27 million doses available, compared with the expected 45 million. Researchers show that this much vaccine will reduce the number of cases in the second wave by less than 6 per cent – but that is still enough to save 2000 lives.

Six months after swine flu first shot to world attention, US President Barack Obama declares the virus a national emergency.

WhatDoTheyKnow

Health Protection Agency: Communications

WhatDoTheyKnow, 29 October 2009; lk/337

https://www.whatdotheyknow.com/request/h1n1_diagnosis_and_positive_h1n1/response/57634/attach/html/3/Nov%20H1N1%20diagnosis%20and%20positive%20H1N1%20lab%20test%20rates.pdf.html

Public Information Access
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26 November 2009

Dear Mr Dee

Re: H1N1 diagnosis and positive H1N1 laboratory test rates in England

Thank you for your Freedom of Information request dated 29 October 2009 regarding H1N1 diagnosis and positive H1N1 laboratory test rates in England. Under section 1 (1) (a) of the Freedom of Information Act 2000, I can confirm that we do hold some of the information you require.

I have responded to your questions in the order you raised them below.

1. Total number of H1N1 influenza cases in England reported by the UK government in 2009 to date:

I can confirm that the total number of laboratory confirmed cases of H1N1 swine is 15886 (as of 13 November 2009). This is different to the estimated number of cases produced by the statistics unit each week.

2. Number of laboratory tests carried out for suspected H1N1 Influenza in England in 2009 to date:

A total of 70,390 tests were carried out up to Tuesday 10 November 2009 in Regional Microbiology Network Laboratories (RMN) for the H1N1swine virus. An additional 4284 tests were carried out at the Health Protection Agency's Centre for Infections. The HPA does not know how many additional tests may have been carried out in non RMN labs using commercial kits that are not the Colindale polymerase chain reaction (method for detecting small fragments of genetic material). This total figure includes repeat tests on the same patient whereas the confirmed cases figure above is individuals not tests.

2a. Number of these tests that have proved positive for H1N1 influenza

As of 13 November 2009, the Situation Report number was – 15,886.

2b. Number of these tests that have proved positive for a strain of influenza other than H1N1

From 01/01/2009 to 23/11/2009, the Respiratory Virus Unit (RVU) Reference laboratory at Colindale detected the following:

Influenza strain	Total
B	180
H1 Seasonal	63
H3	617

2c. Number of these tests that have proved negative for any type of influenza.

The HPA can only provide the number of tests that were not swine flu positive in RMN labs but not for any type of influenza as requested. The total number of tests that were negative for swine flu is 53,776. 'Labbase' doesn't hold negative data either.

3. The total number of completed questionnaires submitted to the National Flu Pandemic Service in England by telephone and via the www.pandemicflu.direct.gov.uk website since its establishment.

The National Pandemic Flu Service is run by the Department of Health and they have the total number of callers since it began at the end of July.

I can confirm under section 1 (1) (a) of the Freedom of Information Act that the HPA does not hold this information. In accordance with section 16 - *duty to provide advice and assistance* I would suggest that you contact the Department of Health directly to gain this information. =>

https://web.archive.org/web/20091105135700/http://www.dh.gov.uk/en/FreedomOfInformation/index.htm

As for the number of callers/web users with influenza, the Department of Health are not testing these individuals so the total number are not known. At the HPA, we are running a self-sampling scheme, where we are asking a small selection of callers to swab themselves and we test their samples for swine flu and other influenza viruses.

Up until 12 November 2009, the scheme only approached individuals over 16 for self-sampling. Sampling has now been extended to include school-age children (5-15 years) but no results are available for that age group.

So far, we have tested 7,142 National Pandemic Flu Service (NPFS) callers/web users since 3 August 2009; 828 individuals have returned samples that have been unsuitable for testing. Please note that all individuals tested were authorised antivirals and the majority had begun taking their antivirals before sampling. We are unsure as to how this may have affected the results.

3a. The total number of these questionnaires that led to a diagnosis of H1N1 influenza infection

Of the 7,142 samples tested, 1,205 NPFS users have returned samples positive for H1N1v (17%).

3b. The total number of these questionnaires that led to a diagnosis of influenza infection of a strain other than H1N1

Of the 7,142 samples tested, 4 callers/web users have returned samples positive for Seasonal influenza A/H3 (0.06%)

3c. The total number of these questionnaires that did not lead to a diagnosis of any type of influenza.

Of the 7,142 samples tested, 5,933 callers/web users have returned samples negative for influenza (83%). A further 828 samples returned were unsuitable for testing due to contamination.

I hope you have found this information useful, however, if you are dissatisfied with this response and would like a copy of the HPA complaints procedure then please contact Mr George Stafford, Complaints Manager at: Health Protection Agency, 61 Colindale Avenue, London NW9 5EQ.

Please note that you have the right to an independent review by the Information Commissioner's Office if a complaint cannot be resolved through the HPA complaints procedure. The Information Commissioner's Office can be contacted by writing to Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Please contact me if you require any further information or assistance.

Yours sincerely
Leigh Kelly
Freedom of Information Officer
Health Protection Agency

=>

THE FLU CASE

Minimal numbers of lab-confirmed swine flu cases in the UK, Government admits

The Flu Case, 27 November 2009, 13:00

https://web.archive.org/web/20100102030209/http://theflucase.com/index.php?option=com_content&view=article&id=2097%3Aminimal-numbers-of-lab-confrirmed-swine-flu-cases-in-the-uk-government-admits&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A Freedom of Information request to the UK Health Protection Agency has revealed that there have been only 15,886 laboratory confirmed cases of swine flu in the UK so far.

ФЕДЕРАЛЬНАЯ СЛУЖБА ПО НАДЗОРУ В СФЕРЕ ЗАЩИТЫ ПРАВ
ПОТРЕБИТЕЛЕЙ И БЛАГОПОЛУЧИЯ ЧЕЛОВЕКА

Об усилении мероприятий в группах риска в период пандемического распространения гриппа

Роспотребнадзор. Письмо от 1 ноября 2009, № 01/16326-9-23
https://web.archive.org/web/20160622082949/http://www.hippocratic.ru/medtext2/medtext_27102.htm

Федеральная служба по надзору в сфере защиты прав потребителей и благополучия человека информирует, что в ряде субъектов Российской Федерации имеет место широкое распространение пандемичечского гриппа A/H1N1-2009. наиболее неблагополучная ситуация складывается в Забайкальском, Красноярском Хабаровском, Приморском краях, Сахалинской области, г. Москве.

В Российской Федерации зарегистрировано 10 летальных исходов от пандемического гриппа (H1N1) 2009 у лиц от 20 до 53 лет, осложненного пневмониями, из них 8 летальных случаев в Забайкальском крае (в том числе 1 случай гибели беременной женщины), 1 - в г. Москве и 1 - в Красноярском крае.

При проведении эпидрасследований по поводу детальных исходов установлено, что в большинстве случаев имело место позднее обращение заболевших за медицинской помощью (на 3-5 сутки от начала заболевания) при значительном ухудшении состояния, развитии пневмонии и инфекционно-токсического шока.

При оценке тяжести течения заболевания и летальных исходов от гриппа в зарубежных странах, ВОЗ рекомендует обратить особое внимание на группы повышенного риска развития неблагоприятных последствий заболевания гриппом A/H1N1-2009: беременные, лица с имеющимися хроническими заболеваниями, наиболее значимыми из которых являются хронические заболевания легких (включая астму), сердечно-сосудистые заболевания, диабет и сниженный иммунный ответ.

Клиницистам, пациентам и лицам, осуществляющим уход за больными в домашних условиях, следует проявлять особую настороженность в отношении опасных признаков, которые могут свидетельствовать о прогрессировании болезни с переходом в более тяжелую форму (письмо №01/10939-9-32 от 04.08.2009 «О направлении временного методического письма ВОЗ «Пандемический грипп среди беременных женщин»).

В руководящем документе ВОЗ «Подготовка к пандемии гриппа и ответные действия» (от 13.05.2009 №01/6466-9-32) определены 3 степени тяжести оценки пандемии - умеренная, средняя, тяжелая, которые определяются уровнями смертности, заболеваемости и осложнений. Согласно данному документу, ситуацию в Забайкальском крае можно расценивать как тяжелую (3) степень развития пандемии.

Следует отметить, что в настоящее время на территории Российской Федерации отмечается рост заболеваемости гриппом и ОРВИ. Наибольшее число заболевших зарегистрировано в 14 городах и 7 субъектах Российской Федерации - в Санкт-Петербурге, Южно-Сахалинске, Хабаровске, Чите, Калининграде, Абакане, Благовещенске, Якутске, Красноярске, Норильске, Челябинске, Магадане, Мурманске, Москве, в Республиках Хакасия и Коми, Хабаровском и Забайкальском краях, Сахалинской, Амурской и Челябинской областях.

В настоящее время повышение заболеваемости обусловлено преимущественно за счет детей 3-6 лет и особенно школьников 7-14 лет.

Анализ еженедельного мониторинга за циркуляцией вирусов, вызывающих ОРВИ, свидетельствует, что в структуре обследованных заболевших имеет место значительный рост доли гриппа A/H1N1/-2009. // Руководитель – Г.Г. Онищенко

MailOnline

NHS hospitals 'running short of intensive care beds for swine flu patients'

Daily Mail, 2 November 2009, 18:09 GMT
https://www.dailymail.co.uk/news/article-1224580/Hospitals-running-short-beds-swine-flu-patients.html

NHS hospitals are coming under 'a lot of pressure' because of the swine flu pandemic, the Government's chief medical officer warned yesterday.

Sir Liam Donaldson said the shortage of intensive care beds for the most seriously ill patients was a 'concern' at a time when the number of flu cases was rising. His comments came as Government advisors are debating whether to introduce a vaccination programme for all British children aged 10 to 18.

Experts are believed to be in favour of giving the swine flu jab to children by the end of the year. There is growing concern about the impact of swine flu on young adults and children. Figures released last week showed that children under the age of 15 male up a fifth of all swine flu hospital admissions. More than 200 children have been treated in hospital - including 27 who are in critical care.

Overall, the number of new cases in England increased by 50 per cent last week to 78,000. Sir Liam said the number of people affected by swine flu had increased at a slower rate than feared. 'But what we are seeing is that while most people generally get a mild illness, a small proportion of people are getting very serious illnesses,' he told the BBC One Andrew Marr show. 'It's taking them into hospital and a small proportion are dying.

'The good thing about the situation at the moment is we are getting a bit of breathing space with the relatively slow increase in cases to be able to get the vaccine in place.' GPs were 'not under a great deal of pressure', he said.

'But on the hospital side the intensive care beds are under a lot of pressure,' he added. 'We have plans to expand them but that is a concern at the moment - the serious end of the spectrum, the hospitalised patients.'

The Government’s vaccination programme, which began last month, is targeting 11 million health workers and priority patients- including pregnant women and people with asthma and diabetes.

However, people at high risk from swine flu may not get their jabs until mid December. Deliveries of the vaccine to GPs started last week and people in priority groups will begin to get the vaccine in the next few weeks, he added.

Asked about reports that the vaccine programme could be extended to cover under-18s, Sir Liam said: 'We are looking about what to do next when we have enough vaccine to extend it beyond the priority groups. 'We haven't come to any final decisions about that yet.'

Last month the Joint Committee on Vaccination and Immunisation debated whether to extend the programme to under-18s once priority cases have been dealt with.

Professor Peter Openshaw, an expert on respiratory infections at Imperial College London and a member of the committee, told the Sunday Times: 'As increasing quantities of vaccine become available, then the initial recommendations will be extended.

'It depends on the emerging circumstances such as the efficacy and availability of the vaccine and the spread of the virus.'

Scientists believe the virus is more severe in children because they have not been exposed to related outbreaks. The elderly, by contrast, have not suffered as badly.

In the U.S., the jab is offered to everyone aged from six months to 24 years.

The move to protect children is being supported by the Royal College of General Practitioners.

Chairman Steve Field said: 'If there is enough vaccine available, it would be sensible to use it for children, who are the most vulnerable. They have had no previous immunisation or exposure to the virus.'

A spokesman for the Department of Health said: 'The vaccination programme is in its early stages, allowing time to plan for which groups will be offered the vaccine next. A decision has not yet been made.'

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Kurt Nimmo

IBM Knew About Pandemic in 2006

Info Wars, 2 November 2009
https://web.archive.org/web/20091108102954/http://www.infowars.com/ibm-knew-about-pandemic-in-2006/

A document has surfaced revealing IBM was aware of the current H1N1 "pandemic" in 2006. Excerpts from "Services & Global Procurement pan IOT Europe, Pandemic Plan Overview," an official inter-departmental document distributed to upper-level management of IBM in France during 2006 are posted on the Prevent Disease website. The document predicts a 100% chance of a "planned" pandemic occurring within five years.

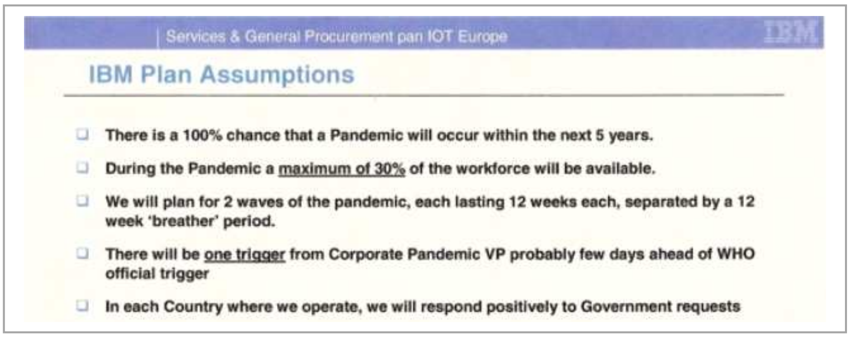
The document provides more evidence IBM and other large corporations are on the inside track in relation to the manufactured and orchestrated pandemic now unfolding. As Infowars and Prison Planet continue to document, the H1N1 virus is a bioweapon designed to frighten the public and stampede millions of people around the world into taking a vaccine that is a soft kill and eugenics weapon.

In addition, the contrived pandemic is a tool designed to implement martial law and increase government control over populations. The IBM document describes "quarantines"and operational procedures to be taken upon official announcement of the engineered pandemic by the World Health Organization.

"This single document definitively proves there is international, corporate collusion behind the ‘bird/swine flu pandemic’ and the intentional plan to create disease on a worldwide scale," reports Prevent Disease.

IBM worked closely with the Nazis in their mass extermination eugenics program. IBM’s machines and punch cards were used at all stages of the Nazi extermination program. According to author Edwin Black, IBM was involved in virtually every aspect of the Third Reich’s operations.

IBM, the Rockefellers, the Carnegie Institution and other globalist foundations were intimately involved in Germany’s eugenics program. In Mein Kampf, published in 1924, Hitler quoted American eugenic ideology and openly displayed a thorough knowledge of American eugenics. "There is today one state," wrote Hitler, "in which at least weak beginnings toward a better conception [of immigration] are noticeable. Of course, it is not our model German Republic, but the United States."



ref to =>

PreventDisease.com
Aiming Towards Better Health

IBM Internal Document Outlines Knowledge of Planned Pandemic With 100% Certainty

Prevent Disease, 2006

https://web.archive.org/web/20091105095601/http://preventdisease.com/news/09/110209_ibm_internal_doc_reveals_knowledge_pandemic_2006.shtml

"Services & Global Procurement pan IOT Europe, Pandemic Plan Overview,"an official inter-departmental document was distributed to upper-level management of IBM, France in 2006. Disclosed in this secret document was the prediction of a "planned" pandemic described as having a "100% chance of occurring within the next 5 years."

The document also describes "quarantines"and operational procedures to be taken upon the official announcements of the "pandemic"by the World Health Organization. The foreknowledge of such an event could not exist, unless the pandemic was a planned event.

Certainly, this document is the "smoking gun" which demonstrates the current bird/swine flu "pandemic"is an orchestrated event leading to mass vaccinations sponsored by the WHO and UN.

This single document definitively proves there is international, corporate collusion behind the "bird/swine flu pandemic"and the intentional plan to create disease on a worldwide scale.

As evidenced by this document (see below), IBM's primary concerns are focused on maintaining their workforce, even under an official quarantine, and the continuation of sales and services to their clients.

IBM is considered to be one of the most powerful corporations in the world. They and their subsidiaries helped create enabling technologies, step-by-step, from the identification and cataloging programs of the 1930s to the selections of the 1940s which designed complex solutions for Adolf Hitler during this period.

You can apply a simple search at www.ibm.com/us/en/ for additional documents. Query [pandemic 2006] or [pandemic 2005] for dozens of relevant results on pandemic preparedness and planning.

DW Made for minds.

Matthias von Hellfeld

Schweinegrippe auf dem Vormarsch

DW, 2 Novembre 2009

https://www.dw.com/de/schweinegrippe-auf-dem-vormarsch/a-4850220

Derzeit sind bundesweit mehr als 7000 Personen an der "Schweinegrippe" erkrankt. Bislang sind in Deutschland sechs Menschen an dieser neuen Form der Influenza verstorben. Experten rechnen mit steigenden Zahlen.

Es gebe eine dramatische Zunahme der Erkrankungen in Süddeutschland, stellte der Leiter des Instituts für Virologie der Universitätsklinik Bonn, Prof. Christian Drosten, am Montag (02.11.2009) fest. Er gehe davon aus, dass die Grippewelle in etwa fünf bis sechs Wochen über den restlichen Teil des Landes hinwegziehen werde. Das genaue Ausmaß der Infektionen lässt sich nicht feststellen, da aus Kostengründen nicht alle Erkrankten auf die neue Grippe getestet werden könnten.

Todesfall ohne Vorerkrankung

Am Freitagabend war in der Bonner Klinik eine 48 Jahre alte Frau an den Folgen der neuen Influenza verstorben. Sie war die erste Infizierte, die keinerlei Vorerkrankungen aufwies. Dieser Todesfall hat offenbar viele Menschen dazu gebracht, die eigene Impfentscheidung noch einmal zu überdenken.

Auch der Chef des renommierten Robert-Koch-Instituts, Jörg Hacker, äußerte sich besorgt über den Verlauf der Schweinegrippe in Deutschland. Neben steigenden Infektionszahlen rechnet Hacker auch mit weiteren Todesfällen, dabei wertet er den Tod der Bonner Patientin deswegen als Warnsignal, weil sie keine Vorerkrankungen hatte. Im Gegensatz zur ersten, kleinen Welle von Infektionen im Sommer, seien die aktuellen Fälle keine "Mitbringsel" aus Urlaubsländern, sondern Ansteckungen in Deutschland.

Debatte um Impfung

Angesichts dieser Zahlen hat die Debatte um Impfungen neuen Schwung bekommen. Die möglichen Nebenwirkungen (kurzzeitiges Fieber, Reaktionen an der Einstichstelle), so Hacker, stehen in keinem Verhältnis zu den Folgen einer Grippe. Deshalb sei eine Impfung nicht nur für medizinisches Personal, sondern für alle eine geeignete Maßnahme, die Ausbreitung der Schweinegrippe einzudämmen. Zudem wiederholte er die Regeln sich und andere zu schützen: Öfter Händewaschen und bei Husten oder Niesen nicht die Hände, sondern die Armbeuge vor das Gesicht halten.

Ukraine mit Schweinegrippe-Epedemie

Dramatisch ist die Lage in der Ukraine. Dort wurden vorsorglich Schulen und Kindergärten geschlossen und Massenveranstaltungen verboten. Zudem wurde über neun Regionen des Landes eine Quarantäne verhängt. Diese Maßnahmen sind Reaktionen auf drastisch gestiegene Infektions- und Todeszahlen: Die Ukraine meldet 255000 Erkrankungen und 70 Tote. Schwerpunkt der epedemischen Ausbreitung ist vor allem der Westen des Landes um die Stadt Lwiw, dem früheren Lemberg.

Staatschef Viktor Juschtschenko warnte sogar vor Gefahren für die nationale Sicherheit und bat deshalb die benachbarten Länder, die EU und die NATO um Hilfe. Was allerdings das Militärbündnis bei der Bekäampfung der Schweinegrippe leisten könnte, blieb unklar. Offensichtlich denkt der Präsident an Unterstützung bei der Versprühung von Chlor und anderen Chemikalien aus der Luft, um das Virus abzutöten.

Beim Handel mit dem Grippemittel "Tamiflu" ist es in der Ukraine offenbar in einigen Fällen zu Wucherpreisen von einigen Hundert Euro je Tamiflu-Packung gekommen, obwohl der Schweizer Pharmakonzern Roche dem Land das Medikament zu einem Sonderpreis zur Verfügung gestellt hatte. Die Regierung kündigte an, diesen Preis-Wucher auf Kosten der Bevölkerung hart zu bestrafen. Gleichzeitig deckten sich viele Menschen mit traditionellen ukrainischen "Medikamenten" ein: Wodka, Zitronen und Knoblauch.

Анна Кукарцева

Смертность от свиного гриппа такая же, как от обычного

КП, 3 ноября 2009, 23:40
https://www.kp.ru/daily/24388/567190/

Замминистра здравоохранения Вероника Скворцова успокоила всех, сказав, что в России умеренный уровень заболеваемости - не выше, чем в прошлый годы.

С сегодняшнего дня Минздравосцразвития ввел еженедельный мониторинг заболеваемости ОРВИ и гриппа, чтобы контролировать ситуацию. Результаты будут публиковать также еженедельно. Но при этом чиновники Минздрава успокаивают журналистов, а стало быть и общественность. Сегодня замминистра Вероника Скворцова сказала:

- Россия относится к странам с умеренным уровнем заболеваемости. Опасений, что сценарий болезни будет развиваться в неблагоприятном направлении, нет. Мы надеемся, что этого удастся избежать. Заболеваемость ОРВИ этого года не выше, чем в предыдущие два года. Получаемые данные говорят и о том, что смертность от гриппа AH1\N1 находится на уровне смертности от сезонного гриппа.

Но, чтобы подстраховаться, еженедельно буду исследоваться данные по случаям заболевания ОРВИ, гриппом, в том числе гриппом AH1\N1. Отдельно буду исследоваться случаи заболеваний, протекающих с тяжелыми осложнениями и внимательно отслеживаться группы риска –детей и беременных женщин.

Хуже всего – на Дальнем Востоке

Вероника Скворцова рассказала журналистам и про регионы:

- По данным на вчерашний день наиболее напряженная ситуация по сезонному гриппу зарегистрирована в субъектах Дальневосточного федерального округа. Из 9 субъектов округа эпидемический порог заболеваемости гриппом и ОРВИ по совокупному населению превышен в 7 (кроме Магаданской области и Чукотского автономного округа). Из-за этого там отменены все массовые мероприятия.

Будет усилен санитарный контроль на границе с гриппующей Украиной:
- Все лица, пересекающие границу, будут подвергаться обычным карантинным мероприятиям. Будет проводиться оценка состояния здоровья. При выявлении ОРВИ будет назначено лечение. В особых случаях будет назначен карантин, - уточнила Скворцова.

Вакцинация поможет распространению инфекции

Напомним, что вакцинация от H1N1 начнется раньше запланированного срока. Прививать первую партию - медиков, коммунальщиков и водителей общественного транспорта – начнут уже 9 ноября.
- В первую очередь вакцинация начнется в субъектах, граничащих с регионами с превышенным эпидемиологическим порогом, – сказала замминистра. –Таким образом мы хотим создать барьер дальнейшему распространению инфекции».

Напомним, что вчера министр здравоохранения и соцравития Татьяна Голикова собирала всех производителей вакцин. Они отчитались, что к 7 ноября произведут не менее трех миллионов доз живой вакцины. Во время клинических испытаний она показала свою эффективность и безопасность. При использовании живой вакцины будет проведена двукратная иммунизация с периодом в 10 дней. На вакцинацию выделено четыре миллиарда рублей, поэтому она будет бесплатной.

Между аптеками и фармакомпаниями – «водяное перемирие»

Вчера же Татьяна Голикова призвала фармпроизводителей не наживаться на панике вокруг гриппозного сезона, и не повышать цены. А представителей аптечных сетей настоятельно попросила следить за наличием необходимых для лечения ОРВИ препаратов и медицинских масок, на которые в аптеках большой спрос.

Сегодня Вероника Скворова подтвердила, что повышения цен на противовирусные препараты не будет:

- Производители заверили, что отпускные цены на противовирусные лекарственные препараты они будут держать на уровне цен начала этого года. Стационары и аптечные сети регионов снабжаются противовирусными препаратами и масками бесперебойно и в полном объеме.

Люди стали ответственней

Радует, что наиболее ответственно к эпидемии относятся именно обычные люди. Не стесняются появляться в метро и общественном транспорте в масках, проводит витаминотерапию, закупают противовирусные препараты. И хотя, согласно опросам, треть россиян все же не верят в опасность свиного гриппа, остальные относятся к своему здоровью трепетно. И правильно!

Но при этом, по словам Скворцовой, несмотря на всю серьезность проблемы распространения вируса H1N1, шумиха вокруг всего этого сильно преувеличена:

- Ежемесячно от сердечно-сосудистых заболеваний умирает более 90 тысяч россиян! От свиного гриппа скончалось 14 человек. Паника вокруг этого совершенно необоснованна.

Напомним, что погибали люди, которые занимались самолечением, запустили болезнь, и у них развилось осложнение – пневмония. Как следствие отек легких и смерть… Также у большинства погибших были серьезные хронические заболевания.

Цифры: На сегодняшний день в России подтверждены 3122 случая гриппа A\H1N1, сейчас им болеют 1200 человек, 1908 человек выздоровели. 14 случаев закончились летальным исходом. 6% заболевших переносят вирус гриппа в тяжелой форме, четверть из них требуют интенсивной терапии.

Кстати, в Забайкалье ввели штрафы за неношение масок.

В Забайкалье ситуация со свиным гриппом довольно серьезная. Чиновники от Минздрава в Чите даже предложили штрафовать всех, кто не носит маски. Для простых людей штраф будет 500 рублей, а чиновники могут лишиться 20 тысяч рублей.

(Ewa Kopacz)

Polish Health Minister on swine flu jabs issues A/H1N1

Polish Parliament, 5 November 2009
video: https://www.youtube.com/watch?v=RhZesZe33cw
text: https://orka2.sejm.gov.pl/Debata6.nsf/main/6421D78B

Panie Marszałku! Wysoka Izbo! Chcę państwu powiedzieć, że zasadę: ″Po pierwsze nie szkodzić″, którą wyznawałam, będąc przez dwadzieścia kilka lat lekarzem, przeniosłem do gabinetu na Miodową. Nie ma w tym nic złego. I nie dopatruję się w tym niczego złego. Wręcz przeciwnie. W sytuacji, w której miałabym zaaplikować pacjentowi jakikolwiek lek, u każdego z nas, kto pracuje w ochronie zdrowia i ordynuje ten lek, przez ułamek sekundy pojawia się myśl: czy dałabym to swojej wiekowej mamie lub swojemu dziecku? I takie myśli, właśnie takie myśli, spowodowały, że stałam się bardzo skrupulatna, jeśli chodzi o sprawdzanie informacji o leku, który minister zdrowia ma zarekomendować Polakom. Nie sobie, za to biorę sama odpowiedzialność, jeśli w aptece kupuję sobie preparat bez recepty i go połykam, ale właśnie milionom Polaków, którzy nie mają wiedzy medycznej i nie muszą jej mieć, ale liczą na wiedzę, którą posiada minister czy specjalista, jakim jest pani prof. Brydak. Specjalista, który od 40 lat pracuje nad grypą w jednym ze 189 ośrodków badania grypy na świecie. Jeden z tych 189 ośrodków jest w Polsce. Czy dzisiaj można nam zarzucać niewiedzę o grypie? Czy można teraz kwestionować opinię pani profesor, która od 40 lat pracuje nad

grypą, nie jednym rodzajem grypy, wydała tysiące publikacji na ten temat. Toteż mam tylko jedno zasadnicze pytanie: Czy dzisiaj chcemy walczyć z pandemią grypy, czy chcemy walczyć z ministrem zdrowia przy okazji zachorowań na grypę? (Oklaski) I bardzo państwa proszę, abyście państwo zrozumieli jedną rzecz. Te wątpliwości nie biorą się w związku z istnieniem takiego normalnego polskiego uporu, że oto minister zdrowia pomyślała sobie: będę inna niż wszyscy inni ministrowie.

My dzisiaj mamy wiedzę na temat tego, jakie klauzule są zawarte w innych umowach, które podpisywane były przez rządy innych państw, dużo zamożniejszych. I wiemy również, jaką zaproponowano Polsce umowę. Dzisiaj ze względu na ochronę negocjacji, które toczymy, ja państwu nie mogę przytoczyć szczegółów tej umowy, ale jedno mogę powiedzieć: departament prawny znalazł tam co najmniej 20 punktów spornych. A więc czy obowiązkiem ministra i rządu jest doprowadzić do tego, aby zawierać umowy zgodne z interesem państwa i pacjentów polskich, czy też z interesem firm farmaceutycznych? (Oklaski)

Jeśli dzisiaj wiem, że na rynku dostępne są trzy szczepionki trzech różnych firm, a każda z nich, ja nie zdradzam tu tajemnicy, ma inną zawartość substancji czynnej, to nie zastanawia państwa to, że mimo iż w każdej z nich obecność substancji czynnej jest inna, są traktowane tak samo? Czy dzisiaj minister zdrowia i fachowcy, którzy to oceniają, nie mają choćby przez moment wątpliwości co do tego, że może ta, która zawiera tę substancję czynną w śladowych ilościach, jest po prostu wodą święconą, a nie szczepionką? (Oklaski) Za to mamy zapłacić?

Dzisiaj mamy przykład Niemiec, w których oczywiście kupiono 50 mln dawek szczepionki, z czego wykorzystano na chwilę obecną niecałe 10 mln. 13% populacji Niemiec chce za ten cudowny lek dzisiaj zapłacić i chce się zaszczepić. Ale dla przykładu powiem państwu, że właśnie to Niemcy, co dziwne, przodują w jednym - w wyszczepialności na grypę sezonową. Jeśli na 1000 mieszkańców w Polsce na grypę sezonową szczepi się 52 Polaków, to w Niemczech szczepi się 228 osób. Co nagle takiego się stało - tam jest przecież tradycja szczepień - co się stało, że rząd kupił szczepionkę, zaoferował, a oni mówią: 13%, czyli mniej niż na sezonową chce się szczepić? Czy to są powody, nad którymi powinniśmy się zastanawiać, czy też nie? Także ci, którzy decydują o tym, że wprowadzają preparat, który dzisiaj jest w pewnym sensie owiany tajemnicą, bo jeśli państwo zobaczylibyście dokumenty rejestracyjne, to nie mamy tam wyszczególnionej ilości adiuwantu.

Ale też pamiętajmy o jednej rzeczy, że są tzw. strony niepożądane odczynów poszczepiennych, strony, które obligują wszystkich tych, którzy dany preparat wyprodukowali, do informowania o tych niepożądanych skutkach, które się zdarzyły po szczepieniu. Szczepimy się od początku października, na świecie szczepią się ludzie od początku października. Chcę, żeby ktokolwiek z państwa na tej stronie znalazł choć jeden paradoksalny objaw uboczny, choć jeden - wysypka, uczulenie. To się przy najbardziej bezpiecznym leku może zdarzać. Nie ma, jest pusto, cudowny lek. A skoro taki cudowny, to dlaczego firma nie chce go wprowadzić na rynek, biorąc odpowiedzialność za swój lek? Jeśli cudowny i bezpieczny, to biorę za to odpowiedzialność, wprowadzam go na rynek, wszystko jest transparentne i nie obciąża strony, która kupuje ten lek, płaci za to. Ta strona, która kupuje, nie ma wglądu w badania, nie ma wglądu również w skład szczegółowy i nie zna wyników, które pokazują w tej czwartej fazie, czy są jakiekolwiek minimalne działania uboczne po szczepieniu.

Zobaczcie, państwo, co się wydarzyło. Krótki okres badań, ale też jaka mała populacja. Jedna firma przeprowadza badania na 160 zdrowych ochotnikach w wieku od 20 do 60 lat, inna firma oferująca tę szczepionkę na 600 osobach zdrowych od 18. do 60. roku życia. Czy to nam, tu obecnym, szczególnie lekarzom, wystarcza do tego, żeby powiedzieć: tak, szczepimy się tą szczepionką przeciw tej grypie? Mnie nie wystarcza. Chcę mieć pewność, oczywiście nigdy stuprocentowej mieć nie będę, albo przynajmniej taką wiedzę, która pozwoli mi to zarekomendować przed ukończeniem negocjacji. My nie wypadliśmy z kolejki po tę szczepionkę. Ten czas do momentu podpisania tejże umowy, jeśli taka decyzja zapadnie - rekomendowana oczywiście będzie przez komitet pandemiczny - chcemy wykorzystać do maksymalnego pozyskania wiedzy o bezpiecznym produkcie, który chcemy zakupić dla państwa - lub też nie, jeśli się okaże, że będzie niezbyt doskonały.

A więc dzisiaj zadaję sobie pytanie: Jeśli na całym świecie miliard ludzi choruje na grypę sezonową, umiera milion z tego powodu, to czy ktoś - a grypa sezonowa nie występuje u nas od roku, od dwóch lat - z tego względu ogłaszał pandemię? Mało tego, okazuje się, że te wirusy grypy sezonowej są zdecydowanie gorsze, bardziej zjadliwe, nawet powodujące skutki śmiertelne i ciężkie powikłania. Czy ktoś właśnie z tego powodu ogłaszał pandemię? Może ci, którzy dzisiaj mnie namawiają do tego, żebym tak chętnie kupowała szczepionki na grypę A/H1N1, wiedząc, że w Polsce mamy 193 przypadki zdiagnozowane na 1000 przypadków sprawdzonych, z tego tylko 124 osoby były hospitalizowane, a z tych 124 podania tamiflu wymagało 100 osób? Czyli jaka jest zjadliwość tego wirusa w porównaniu z normalnym wirusem grypy, tym sezonowym? Zdecydowanie mniejsza. I dlaczego akurat przy tym wirusie jest taka histeria, a przy poprzednich, występujących tyle lat, zbierających żniwo śmiertelne, nie było takiej paniki, nie było takiej determinacji? Tych, którzy dzisiaj dopingują mnie do zakupu tej szczepionki, pytam, dlaczego zlekceważyli objawy grypy sezonowej w ubiegłym roku, dwa lata temu, trzy lata temu i w roku 2003. W roku 2003 w Polsce na grypę sezonową zachorowało ponad 1200 tys. osób. Czy ktoś wtedy mówił o tym na tej sali, a przecież parlament był, istniał, czy tu rozrywano szaty i krzyczano: ″Kupmy wszystkim szczepionki na grypę sezonową″? Ja sobie tego nie przypominam. My dzisiaj uczciwie mówimy: skoro grypa sezonowa jest groźniejsza, szczepcie się państwo przeciwko tej grypie. Mało tego, widzimy wzrost wyszczepialności. Co robimy? Otóż rząd podjął bardzo szybkie działania, żeby za kilka dni trafiły kolejne setki szczepionek do naszych aptek i hurtowni. To jest rozsądne działanie.

A więc na koniec chcę państwu powiedzieć tylko jedno: Polacy to bardzo mądry naród.

(Poseł Teresa Wargocka: W tym nasza nadzieja.)

Polacy bardzo dokładnie potrafią odróżnić to, co jest prawdą, od kłamstwa i potrafią również odróżnić to, co jest obiektywną oceną sytuacji, od gry politycznej. Za to Polaków bardzo szanuję. I chcę powiedzieć, że bardzo mi przykro, kiedy przekonuję się, że na tej sali w imię prawdy można oszukiwać Polaków. Tę ostatnią kwestię kieruję do tych wszystkich, którzy przebierają nogami w tej chwili po to, aby wywrzeć nacisk na ministra zdrowia i zmusić go do działań, za które bardzo chętnie albo jeszcze chętniej byście mnie rozliczali, gdyby się okazało, że coś jest nie tak. Właśnie to wy zarzucalibyście mi niestaranność, to wy zarzucalibyście mi brak wyobraźni, a dzisiaj zarzucacie mi przewlekanie w czasie. Powtarzam: w Polsce na 193 przypadki chorych na grypę A/H1N1 nie zszedł z tego świata ani jeden pacjent. Ci wszyscy ludzie w większości, czyli w ponad 50%, przechorowali tę grypę w domu. W związku z tym bardzo proszę Wysoką Izbę przede wszystkim o wsparcie dla ministra, który chce być wyjątkowo i odpowiedzialnym, i ostrożnym, chce dbać, co jest oczywiste w przypadku ministra zdrowia, o życie i zdrowie polskich pacjentów. Dziękuję bardzo. (Oklaski)

(Poseł Krystyna Skowrońska: Brawo, pani minister!)

РИА НОВОСТИ

Андрей Лубенский

Лукашенко призвал меньше "визжать" про свиной грипп

РИА Новости, 5 ноября 2009
https://ria.ru/20091106/192113439.html

"Давайте говорить откровенно, давно ли мы перестали "кукарекать" по поводу "птичьего" гриппа? "Кукарекал" весь мир. Наверное, все (лекарства) уже продали. Сегодня завизжали по свинячьи. А завтра, наверное, замурлыкаем или замычим", - сказал Лукашенко.

КИЕВ, 5 ноября 2009 – Причина искусственного ажиотажа вокруг свиного гриппа лежит в коммерческой сфере, считает президент Белоруссии Александр Лукашенко.

Эпидемия гриппа на Украине была объявлена в конце октября, в девяти западных областях введен карантин. По последним официальным данным Минздрава, от гриппа скончались 95 человек. Подтверждены 15 случаев заболевания гриппом A/H1N1. До сих пор в украинских аптеках не хватает антивирусных препаратов и медицинских повязок.

"Давайте говорить откровенно, давно ли мы перестали "кукарекать" по поводу "птичьего" гриппа? "Кукарекал" весь мир. Наверное, все (лекарства) уже продали. Сегодня завизжали по свинячьи. А завтра, наверное, замурлыкаем или замычим. Вы что, не понимаете, что происходит?" - сказал Лукашенко в четверг на совместной с президентом Украины Виктором Ющенко пресс-конференции в Киеве.

По мнению белорусского лидера, "этот грипп, пусть даже свинячий, – это не чума и холера, он вполне излечим", а ажиотаж только мешает в борьбе с болезнью. "Медикам приходится бороться не только с самим заболеванием, но и с ажиотажем", – заявил Лукашенко.

В то же время, президент Белоруссии отметил, что этот ажиотаж выгоден производителям лекарств и торговцам.

"Я знаю, что происходит в этой суперкоррумпированной, бандитской среде в производстве и торговле лекарствами", – подчеркнул он.

"Есть у нас марлевый завод, надо будут марлевые повязки – будем с Виктором Андреевичем вместе там штамповать и развозить. Только вы покупайте", – пошутил Лукашенко, добавив, что через неделю марлевые повязки украинцам уже не понадобятся.

Лукашенко выразил уверенность в том, что и Белоруссия, и Украина вполне в состоянии справиться с проблемой свиного гриппа. "Не надо бояться, нагнетать ситуацию и обстановку", – резюмировал белорусский лидер.

Президент Белоруссии посещает Украину с официальным визитом 5-6 ноября.

Made for minds.

{Matt Zuvela}

WHO warns swine flu is a virus that must be taken seriously

Deutsche Welle, 5 November 2009
https://www.dw.com/en/who-warns-swine-flu-is-a-virus-that-must-be-taken-seriously/a-4864727

Audio file

https://www.dw.com/en/pod0511-swine-flu/audio-4864673

Englisch: POD0511 Swine Flu - Produziert: 05.11.2009 - 18:14:58 von Foulkes

... **Swine Flu** with the *first noticed just seven months ago* ...

The World Health Organisation has warned against complacency in the face of swine flu, saying the H1N1 virus should not be regarded as the same as seasonal flu.

THE FLU CASE

Johan Niklasson

Swedish media desperately fighting against readers posting comments to the "swine flu" propaganda

The Flu Case, 5 November 2009, 13:26
https://web.archive.org/web/20100102050103/http://theflucase.com/index.php?option=com_content&view=article&id=1624%3Aswedish-media-desperately-fighting-against-readers-posting-comments-to-the-qswine-fluq-propaganda&catid=1%3Alatest-news&Itemid=64&lang=en

The media in Sweden is publishing the ordered propaganda as never before. The few sick and the few deaths, linked to the H1N1 virus is reported ad nauseum and no where is it possibkle to read about any type of critizism or see any normal journalistic attempts to objectivity regarding the mass vaccinations.

Having been an avid poster of comments myself, I have noticed how the treatment of these posts have been changing during the last couple of weeks. My own comments and many similar are usually very polite and serious with questions about the present policies and often with information about the possible dangers with vaccines and especially the new so called "swine flu" vaccines. No foul language and no links within the comments that lead to forbidden materials. The comments are following the clearly stated rules for comments and there is no reason to remove them unless the intention is to see to that no such information is made available to the public.

Initially, such comments showed up but was removed within hours. Weeks later, the removal of comments went faster until today, they lasted a few minutes at the most. Also, a few weeks ago, when a comment was removed, an e-mail was sent out, informing the poster that the comment was "breaking the rules of the comment section" (which they did not) and in this way the poster was notified. These notifications stopped coming a week ago.

Today, another step was taken by Aftonbladet, the by far most popular site in Sweden for online news. Today, the possibility for me to post comments has been blocked completely. After a few of my normal informative posts, the site reports "a problem have occurred" and it is no longer possible for me to make any more posts. Everything else works fine on the site, other people can post comments and do so, but the critical comments from myself and others are quickly removed. I assume I am not the only one running into this "problem". I also assume (from reading many similar stories from our readers) that the situation is similar in several countries where the "swine flu" is marketed.

To me this is a sign of how desperate media in Sweden have become and how much they fear that the population gets any other information than the state controlled propaganda. It is also a sign that shows that the situation is about to become uncontrollable. Very many in Sweden are upset about the "swine flu" propaganda, the abuse of tax payers money to buy untested and deadly vaccines and the massive failure to give the people needed information about the reality of the H1N1 situation.

The Sydney Morning Herald

WHO urges people to maintain guard over swine flu

The Sunday Morning Herald, AFP, 5 November 2009, 01:16 pm
https://www.smh.com.au/world/who-urges-people-to-maintain-guard-over-swine-flu-20091106-i0i3.html

The World Health Organisation on Thursday urged people not to drop their guard over the swine flu pandemic and insisted on the value of vaccination despite the broadly mild symptoms of the virus.

"At the WHO we remain quite concerned about the pattern we are seeing, particularly because a sizeable number of people do develop serious complications and death," said Keiji Fukuda, special adviser on pandemic.

"Again, we are seeing most of this develop in people who are younger than 65 years, a picture which is different from seasonal influenza," he explained.

Fukuda reiterated that the cases of serious complications were largely found among the chronically ill, pregnant women as well as some otherwise healthy younger people.

He also countered signs of public scepticism about the vaccine revealed by surveys in several countries, despite the resurgence of swine flu in the northern hemisphere with the onset of the colder season.

"WHO believes that these *vaccines are very useful* against the pandemic virus," Fukuda said in a telephone news conference.

Vaccination against A(H1N1) influenza has now started in more than 20 countries and were demonstrably safe, according to the WHO.

"What we are seeing is that these *vaccines are highly safe* and have been received by a significant number of people without any problems," Fukuda said.

Swine flu has differed from seasonal flu in persisting in the northern hemisphere during the summer period and in a pattern of occasional serious illness affecting under 65-year-olds.

However, Fukuda acknowledged that it was as transmissible as seasonal flu, showed the same pattern of spreading more widely in winter and was "self limiting" in that the large majority of people who caught it got better without the need for special treatment.

More than 5,700 people have died worldwide since the pandemic virus was first discovered in April, with most deaths – 4,175 – reported in the Americas region, according to WHO data.

PORTUGAL resident

Chris Graeme

Swine flu claims first child victim in Portugal

Portugal Resident, 5 November 2009
https://www.portugalresident.com/swine-flu-claims-first-child-victim-in-portugal/

Portuguese health authorities have appealed for calm following the death of a child in Lisbon last week.

The sudden death of the 10-year-old boy was confirmed to be as a result of the A (H1N1) virus, which an autopsy showed had complicated an unknown but pre-existing congenital heart problem.

The Directorate-General of Health said in Lisbon over the weekend that the death "did not justify any changes in behaviour or plans," while the Portuguese Society of Paediatrics added that it wasn't necessary for parents whose children were exhibiting flu-like symptoms to "demand that they be hospitalised".

"They will be given a blood test, anti-viral medicine and are in the first phase of vaccination. This was an exceptional situation and there are no reasons for a change in policy," said Maria João Brito, from the SPP.

The child, named only as Adriano, died on October 28 at Lisbon's Estefânia Hospital in what doctors said was a death that "couldn't be avoided."

The preliminary findings of the autopsy showed that the child had been suffering from muscular cardiomyopathy, literally heart muscle disease, where the heart muscle is congenitally weakened.

"The patient could have lived for years with a weakened heart, with the asymptomatic problem going undiagnosed. It's difficult to imagine the same situation arising twice," said the hospital's Clinical Director Gonçalo Ferreira.

"Cardiomyopathy can cause sudden death among apparently fit people like professional athletes and sports players," said the Minister for Health, Ana Jorge, rejecting criticism that the child had not been treated promptly.

The boy had first been taken to Francisco Xavier Hospital on Monday after complaining of feeling unwell and exhibiting a mild temperature. He was sent home after being medicated since he had not "presented serious symptoms".

He was later taken to the Casualty Department of the same hospital on Tuesday night showing symptoms of flu and then taken to Dona Estefânia Hospital.

Reacting to criticism, the President of the Portuguese Society of Paediatrics argued that the São Francisco Xavier Hospital had followed "all the rules" laid down for diagnosing and treating the virus.

The following day, a 50-year-old-man, who suffered from a chronic illness, also succumbed to the A (H1N1) virus at Ponta Delgada Laurindo Frias Hospital in the Azores, making him the fifth victim of the A (H1N1) virus.

In the Azores case the victim had been admitted to hospital on Wednesday last week with "serious breathing difficulties" complicated by an associated chronic disease.

The total estimated number of flue victims from both seasonal and A (H1N1) strains has topped 20,000 in Portugal according to Portuguese Health Department statistics.

President of Russia

Dmitry Medvedev instructed the Healthcare and Social Development Ministry to help Ukraine battle the flu epidemic

Kremlin, 6 November 2009, 20:28
http://en.kremlin.ru/events/president/news/48781

The President issued this instruction at a meeting with Healthcare and Social Development Minister Tatyana Golikova. The Minister reported that a decision has already been taken to send Russian anti-flu medicines to Ukraine as humanitarian aid, and the ministry has also proposed sending specialists to Ukraine to help carry out necessary tests.

Regarding the flu situation in Russia, Ms Golikova said that the number of cases is similar to past years and that vaccinations against the new virus would begin on November 9.

Also discussed at the meeting was the production in Russia of strategically important medicines to ensure the country's independence from foreign suppliers in this area. Mr Medvedev noted that he will comment on this issue in his Annual Address to the Federal Assembly (parliament).

Responding to Ms Golikova's observation that the flu season has sparked speculative tendencies on the medicines market, the President promised to instruct the Federal Anti-Monopoly Service and the Prosecutor General's Office to monitor developments on the pharmaceuticals market and to launch criminal proceedings in cases of unjustified price hikes. The necessary legislation for such action is already in place.

Mr Medvedev issued a relevant instruction to Prosecutor General Yury Chaika immediately following the meeting.

ВЗГЛЯД
ДЕЛОВАЯ ГАЗЕТА

ВОЗ:
Грипп A/H1N1 чаще всего проходит без серьезных осложнений

Взгляд, 6 ноября 2009, 18:00
https://vz.ru/news/2009/11/6/346014.html

Заболевание пандемическим гриппом вируса A/H1N1 в большинстве случаев протекает без серьезных осложнений, заявил руководитель Международной миссии ВОЗ Юкка Пуккила.

«Я хочу подчеркнуть, что как и в случаях сезонного гриппа, в случаях пандемического гриппа A/H1N1, заболевания у большинства людей протекают без серьезных осложнений и даже без потребности в медикаментозном лечении», - сказал он на пресс-конференции в пятницу.

В то же время представитель ВОЗ подчеркнул, что определенная часть людей заболевает тяжелыми формами пандемического гриппа.

При этом основными симптомами является боль в грудной клетке, выкашливание крови или окрашенной мокроты, осложненное дыхание и изменения в сознании человека. «В таких случаях необходимо срочно обращаться в больницу», - сказал эксперт.

Вместе с тем он подчеркнул, что препарат «Тамифлю» не следует давать людям, которые не больны тяжелой формой пандемического гриппа, а также тем больным, у которых не выявлен этот вирус гриппа.

«Действительно, «Тамифлю» не должен даваться людям, у которых не тяжелая форма заболевания, которые не относятся к группам риска, и людям, у которых точно известно, или скорее всего, заболевание гриппом A/H1N1. Об этом есть достаточно четкая рекомендация ВОЗ», - сказал Пуккила.

Главный государственный санитарный врач Украины Александр Биловол также подчеркнул, что препарат «Тамифлю» «дает очень высокий эффект» при лечении, однако он не является профилактическим средством.

Отвечая на вопрос, для чего Украина закупает такое огромное количество препарата «Тамифю», А.Биловол сказал: «Вы видите, что в этой ситуации у нас повышен эпидпорог заболевания на ОРВИ, вы видите, что в рекомендациях ВОЗ отмечено, что практически эффективность этого препарата при всех формах гриппа, в том числе и гриппа A/H1N1, который мигрирует у нас».

«Вторая особенность этого препарата - он может эффективно влиять на комплексные комбинированные инфекции, которые на сегодняшний день есть в Украине», - добавил Биловол, передает «Интерфакс».

КОМСОМОЛЬСКАЯ ПРАВДА

Анна Кукарцева

В России от свиного гриппа умер уже 21 человек

Комсомольская Правда, 6 ноября 2009, 20:53
https://www.kp.ru/daily/24389/568525/

Но Татьяна Голикова считает, что повода для паники нет и уровень заболеваемости ОРВИ и гриппом «умеренный».

Сегодня в интервью «Российской газете» министра здравоохранения и соцразвития РФ Татьяна Голикова сказала, что «уровень заболеваемости всеми типами ОРВИ и гриппа среди россиян можно назвать «умеренным», так как он не превышает показателей прошлого и позапрошлого года. Опасений по поводу развития событий по негативному сценарию у властей пока нет».

По словам министра, у людей возникают «излишние и необоснованные страхи». Поводов сеять панику из-за стремительного распространения во всех регионах России эпидемии свиного гриппа, просто нет. Все под контролем Татьяна Голикова подтвердила, что за ситуацией со свиным гриппом ведется непрерывный мониторинг, и все, что происходит, находится под строгим контролем.

Отдельно отслеживаются случаи, протекающие с тяжелыми осложнениями. Усилен контроль за беременными женщинами и детскими учреждениями. Все полученные министерством здравоохранения данные говорят пока только о том, что смертность от вируса А /H1N1 находится на уровне смертности от сезонного гриппа.

Как мы не раз уже писали, по наблюдениям, тяжело переносят свиной грипп примерно 5-6% от числа заболевших. Осложнения, требующие применения интенсивной терапии, в том числе искусственной вентиляции легких возникают у четверти тяжело заболевших – то есть примерно в 1,5% случаев.

Что делают власти и что делать нам С 9 ноября начинается вакцинация против свиного гриппа с первой группы риска. В нее входят работникам коммунальных служб, медикам, пенсионерам, беременным и детям. К концу уже этой недели будет выпущено около 3 миллионов доз живой вакцины.

Усилен контроль за работой аптек, отслеживается постоянное наличие вирусных препаратов, защитных масок и других необходимых для лечения ОРВИ и гриппа лекарств. Усилен контроль на границах со странами, где гуляет эпидемия, в том числе – с Украиной.

А простым людям не стоит забывать об элементарной профилактике:
- чаще мыть руки, особенно после улицы;
- избегать близкого контакта с больными людьми,
- не ходить на работу при симптомах заболевания ОРВИ,
- чаще гулять, стараясь избегать массового скопления людей, особенно в общественном транспорте,
- правильно питаться, не забывая о свежих овощах и фруктах, а также о хорошем мясе и рыбе.

Цифры: На сегодняшний день в России клинически подтверждены 3122 случая гриппа A/H1N1, болеют им 1200 человек. 1908 человек выздоровели, 21 человек умер.

REUTERS

Severe swine flu cases "snowballing"

Reuters, 6 November 2009, 12:21 AM GMT+8
https://www.reuters.com/article/uk-flu-england-idUKTRE5A43LN20091105/

London (Reuters) **-** The number of people needing hospital treatment for the H1N1 virus in England is "snowballing," although the rise in the overall number of estimated cases is slowing, health officials said on Thursday.

The Health Protection Agency (HPA) said there are now 848 patients in hospital with swine flu, of whom 172 are receiving critical care. In September, the number of swine flu patients in hospital was below 300.

Liam Donaldson, the chief medical officer, said the reason for the jump in severe cases was unknown, although the virus is not thought to have mutated.

"There has been a snowballing of cases in intensive care which is giving us concern," he told a news conference. "It is consistent with what happened in the southern hemisphere and it is unexplained."

There were an estimated 84,000 new cases of the flu in England, up from an estimated 78,000 the previous week, a rise of 7.7 percent, he added.

In the previous week, health officials said the number of estimated new cases had risen by nearly 50 percent.

The total number of people who have had flu since the outbreak began stands at 620,000. Donaldson said there was a small drop in the estimated number of people going to their GPs with flu-like symptoms, to 37.7 people per 100,000 compared to 42.8 in the previous week.

The HPA said the virus was generally mild and had shown no significant changes. The number of deaths of people with swine flu in England has reached 105, but not all those can be attributed to the virus.

ROMANDIE NEWS
L'INFO EN DIRECT : ENTREE

WHO says A H1N1 breaking species barrier, potentially creating new diseases

The Flu Case // Romandie News, 6 November 2009, 16:47
http://www.romandie.com/ats/news/091106125559.gadpn9sy.asp (deleted)

WHO has reported that there is evidence that the A H1N1 virus has acquired genes that allow it to break species barriers as they cross over from animals to people. WHO has called for stricter controls on farms.

The fact that the A H1N1 virus has found ways to cross over from one species to another (by artificial, genetic manipulation in a lab?) will spark fears about the appearance of new diseases that can infect humans.

WHO said that the AH1N1 virus has the capacity to infect "multiple hosts" and that "there is a potential that animals other than pigs can generate a new virus," according to a report in French.

Grippe: l'OMS préconise de renforcer les contrôles sur les fermiers

GENÈVE - L'Organisation mondiale de la santé (OMS) préconise de renforcer les contrôles sur les fermiers en contact avec des animaux atteints de grippe étant donné le potentiel d'apparition de nouveaux virus, selon une note diffusée vendredi sur son site internet.

"Les études récentes suggèrent que les virus de grippe de type A chez les animaux et les hommes se comportent de plus en plus comme un groupe de gènes qui circulent parmi de multiples hôtes et qu'il y a un potentiel que des animaux autres que les porcs génèrent de nouveaux virus", explique l'organisation.

"Cette situation renforce le besoin de surveillance et de collaboration rapprochées entre les autorités sanitaires publiques et les vétérinaires", ajoute-t-elle.

L'organisation recommande notamment que lorsque des cas de grippe sont détectés dans une ferme animalière, un suivi particulier des personnes y travaillant soit mis en place de façon à déceler au plus tôt les signes de maladies respiratoires. Dans ce cas, l'OMS préconise de faire des tests pour vérifier s'il s'agit d'une infection au H1N1.

Elle souligne toutefois qu'à l'heure actuelle, les transmissions de l'homme aux animaux du virus pandémique H1N1 restent isolées.

Concernant les cas, "peu nombreux", de porcs atteints du H1N1, il y a "peu de preuves" démontrant que l'infection est d'origine humaine, dit l'OMS qui prévient toutefois qu'une telle transmission "devrait devenir plus fréquente".

Pour les autres animaux, l'organisation fait également état de cas de dindes malades au Chili et au Canada ainsi que quelques animaux domestiques aux Etats-Unis.

"Ces infections restent des évènement isolés et ne posent pas de risques particuliers pour la santé humaine", assure l'OMS qui rappelle que le virus est tué à la cuisson et qu'"aucun cas humain" de grippe n'était "lié à la consommation de viande correctement préparée".

Selon les dernières données de l'OMS, la maladie qui contient des gènes d'origine porcine, aviaire et humaine a tué au moins 5.700 personnes dans le monde depuis son apparition il y a sept mois.

INFOWARS

Kurt Nimmo

Pneumonic Plague Drill Held in Illinois

Infowars // The Flu Case, 6 November 2009, 10:31

https://web.archive.org/web/20100102034217/http://theflucase.com/index.php?option=com_content&view=article&id=1681%3Apneumonic-plague-drill-held-in-illinois-reports-kurt-nimmo-&catid=1%3Alatest-news&Itemid=64&lang=en

In Lake in the Hills, Illinois, police will conduct a drill to combat a fictitious pneumonic plague on Saturday. “The Lake in the Hills Police Department is carrying out the test as part of a grant from the McHenry County Department of Health for its emergency health plan. In case of a biological terrorist attack or widespread disease outbreak, the site would be able get medicine to the community, Lake in the Hills Chief of Patrol Services David Brey said," reports the Northwest Herald. Brey said officials picked pneumonic plague for the scenario “so it would have nothing to do with the swine flu."

In Ukraine, the pneumonic plague is not fictional, although officials in that country insist the disease is a mutated version of the H1N1 virus, not pneumonic plague. Over the period of six days, the mystery disease has afflicted more than 500,000 people. The plague or virus in the Ukraine has 10 times the mortality rate than the normal swine flu. In late October, officials in Ivano-Frankivsk, a city located in southwestern Ukraine, characterized the outbreak as pneumonic plague. Pneumonic plague is caused by bacterium and is more virulent and less common than bubonic plague.

Official Ukranian sources place the number of death at 33 (as of November 5) and the news website ZIK claims a total of 97 deaths. Deutsche Presse-Agentur put the number at 95 and reported on November 5 that 633,877 Ukrainians nationwide have registered with health authorities as suffering from the flu. Doctors in the region, however, dispute this and say thousands have died.

Residents of Kiev claim light aircraft sprayed a mysterious substance on residents of the city, according to Radio Netherlands Worldwide. The spraying was denied by the country’s Office of Emergency Response.

Reports from Ukraine on the mystery illness are contradictory and confusing. “While the mainstream media is reporting that it is a surge in H1N1 influenza, alternative media sources are reporting that it is a new unidentified virus, while other reports cite witnesses in Ukraine who say there is no evidence of a pandemic at all," Steve Watson wrote for Infowars on November 2.

On November 5, it was reported by the alternative media that a town in China was locked down after 2 people died from an outbreak of pneumonic plague. In August, the Associated Press reported on a deadly outbreak of pneumonic plague in a remote farming town in northwestern China.

It should be emphasized that at this time there is no conclusive evidence that Ukraine is suffering from an outbreak of pneumonic plague. Experts note that if the country was indeed suffering from the illness the death rate would be much higher.

However, it is odd that a preparedness drill in the United States would use the pneumonic plague as its fictional predicate. It is not explained why officials in Lake in the Hills have chosen to avoid basing their drill on the H1N1 virus.

Lake in the Hills has ranked high in Illinois cities taking federal money for “homeland security" initiatives, according to a survey conducted by the Daily Herald.

It is not known if the Department of Homeland Security is involved in the drill to be conducted this weekend.

Lasse Råde, Anna Lindström, Anna Norberg

50-åring från Tjörn skickades hem - dog

Expressen, 7 November 2009
https://web.archive.org/web/20091217135632/http://www.gt.se/nyheter/1.1771470/50-aring-fran-tjorn-skickades-hem-dog

Den rullstolsburne mannen sökte vård förra helgen, men skickades hem med diagnosen lunginflammation.

Två dagar senare var han död - i svininfluensa.

Och fler dödsfall är att vänta, bedömer smittskyddsinstitutet.

- Det går nog inte att undvika, säger statsepidemiolog Annika Linde.

Landstinget i Västra Götaland bekräftade i går att den rullstolsburne mannen från Tjörn utanför Göteborg dog i svininfluensa. Mannen, som var i 50-årsåldern, sökte vård på Jourcentralen i Stenungsund förra lördagen. Där fick han diagnosen lunginflammation och behandlades med antibiotika och luftrörsvidgande läkemedel. I måndags avled han i sitt hem.

"Det hela är djupt tragiskt"

I går konstaterade landstinget att orsaken var svininfluensa.

– Mannen uppfattade inte sig själv tillhöra någon riskgrupp utan såg sig som frisk. Dock var mannen rörelsehindrad, och den utredning som nu är påbörjad får visa om detta faktum påverkade sjukdomsförloppet, säger Monica Ericson-Sjöström, chefsläkare vid primärvården i södra Bohuslän. I ett pressmeddelande säger hon:

– Det hela är djupt tragiskt och vi känner ett stort deltagande med de anhöriga.

"Vi får skärpa kontrollerna"

Efter dödsfallet på Tjörn, det första som har konstaterats i Västra Götaland, säger jourhavande smittskyddsläkaren Leif Dotevall:

– Nu får vi skärpa kontrollerna för att fånga in dem som är allvarligt sjuka.

– För dem räcker det inte att ligga hemma och dricka vatten, de måste få vård.

Enligt Annika Linde, statsepidemiolog på smittskyddsinstitutet, löper man inte större risk att drabbas för att man är rörelsehindrad.

– Om man inte kan andas ordentligt, om man är rörelsehindrad på det sättet, så kan det påverka. Att man inte kan gå, eller sitter i rullstol av skäl som enbart påverkar benen, det har man inte sett som någon riskfaktor.

Smittskyddsinstitutet uppskattar att mellan 130 000 och 300 000 svenskar nu har smittats. I takt med att svininfluensan sprids ökar också risken för ytterligare dödsfall.

– Att det blir några till det tror jag är oundvikligt, säger Annika Linde.

– Men vi hoppas ju att vi i och med att vi har hunnit vaccinera så många i riskgrupperna att det inte ska bli riktigt så många som det hade kunnat bli annars.

"Hoppas att det blir färre"

Tidigare befarade man att mellan 30 och 100 svenskar skulle dö i svininfluensa. Men det var, enligt Annika Linde, om Sverige skulle avstå från att massvaccinera.

– Nu vet vi inte i vilken mån vi har lyckats bringa ner de här talen. Vi kan faktiskt inte räkna på det. Vi bara hoppas att det blir färre, säger hon.

Har Sverige haft få eller många dödsfall så här långt?

– Jag skulle tro att vi ligger någonstans i mitten. Irland, England och Norge ligger före oss. Sen finns det länder framför allt i Centraleuropa som ligger efter oss.

Forbes

Андрей Бабицкий

Страхи и статистика

Forbes, 8 ноября 2009
https://www.forbes.ru/tehno/meditsina/24320-strahi-i-statistika

Насколько опасен свиной грипп?

«Большинство людей переносят болезнь с мягкими симптомами или вообще без симптомов», – говорится в отчете Европейского центра по контролю заболеваний. Тот факт, что смертность от нового гриппа невысока, признает и объявившая пандемию ВОЗ. На сегодняшний день в мире умерло чуть больше 6000 человек из более чем 500 000 людей, которым был поставлен соответствующий диагноз, то есть 1,36%.

В России цифры еще менее удручающие: 14 умерших на 3122 лабораторно подтвержденных случая (0,45%, данные Роспотребнадзора). При этом, если статистика по летальным случаям обычно полна, то общее количество заболевших сильно занижено – как раз потому, что большая часть заболевших не сдают анализы. Таким образом, летальность свиного гриппа составляет заведомо меньше 0,5% (летальность птичьего гриппа, для сравнения, достигала 60%) и сравнима с летальностью обычного гриппа.

Чуть более полная статистика существует для Южного полушария, где эпидемический сезон уже закончился. Смертность от гриппа составила там от 0,4 до 1,5 человек на 100 000 населения, в Австралии – 0,86. (Эти данные собрали Майкл Бейкер из университета Отаго (Новая Зеландия) и его коллеги.

Абсолютные цифры пока тоже не дают поводов для беспокойства: в Америке, например, по состоянию на конец октября зарегистрировано 1365 смертельных случаев, при том что в среднем за год от осложнений после обычного гриппа умирает 36 000 человек.

Откуда паника в мире?

11 июня, в день объявления пандемии свиного гриппа, директор ВОЗ Маргарет Чан сказала: «У нас есть хорошие поводы ожидать, что пандемия будет не очень суровой». Но чрезвычайные меры были оправданы, с точки зрения ВОЗ, тем, что «вирус меняется очень быстро, и совершенно непонятно, как он себя поведет». В частности, эксперты очень боятся, что свиной грипп может обменяться генетическим материалом с птичьим. «Это событие имело бы самые неприятные последствия для человечества», – сказал недавно специальный координатор ООН по пандемиям доктор Дэвид Набарро. Тем не менее пока этого не произошло.

24 октября президент Обама ввел чрезвычайное положение в США, мотивировав свой шаг тем, что количество заболевших растет и американская система здравоохранения может не справится с наплывом больных. Между тем за полгода в США с диагнозом «свиной грипп» были госпитализированы только 20 000 человек. А еще за месяц до этого, в сентябре, было ясно, что свиной грипп не так опасен, как предполагалось ранее. «Не обсуждая возможные изменения вируса, я думаю, у нас сейчас пандемия первой категории», – говорил тогда гарвардский эксперт доктор Марк Липсич. Пандемия первой категории сравнима с сезонной эпидемией гриппа.

Так что чрезвычайные меры вводятся для того, чтобы подстраховаться. Никаких оснований для паники в настоящий момент нет.

Что происходит в России?

Первый официальный случай свиного гриппа был выявлен 22 мая. Официальные цифры о числе заболевших, публикуемые Роспотребнадзором, росли медленно, и к 20 октября официально заболевших в России было 927 человек. В тот же день появились данные, что число заболевших свиным гриппом в России в действительности гораздо больше.

Директор НИИ вирусологии академик Дмитрий Львов заявил, что цифру 927 человек «можно умножать на 10». Ему вторил Олег Киселев, директор НИИ гриппа РАМН и руководитель национального центра по гриппу ВОЗ.

Наконец, уже 30 октября, Министерство здравоохранения и социального развития в лице замминистра Вероники Скворцовой признало правоту экспертов: «Грипп A/H1N1 стал занимать до 75-80% случаев заболевания, выявляемого в России, вытесняя при этом обычный сезонный грипп».

Таким образом, официальное сообщение о том, чем больны россияне, появилось только через пять месяцев после появления болезни в стране. Возможно, это отчасти объясняет панические настроения населения, раскупающего респираторы и противовирусные препараты.

Тем не менее в России эпидемия проходит пока так же мягко, как и в остальном мире. «Опасений по поводу развития событий по негативному сценарию у нас, по крайней мере пока, нет», – сказала министр здравоохранения Татьяна Голикова в интервью «Российской газете». Чуть ранее Минздрав прокомментировал введение чрезвычайного положения в Бурятии, назвав его назвав его «преждевременным».

DN.se

Influensan osynlig i sjukskrivningar

DN.se, 8 November 2009, 14:14

https://web.archive.org/web/20091025161907/http://www.dn.se/nyheter/vetenskap/190-tal-biverkningar-av-vaccinet-1.979474

Antalet nya fall av svininfluensa i landet slår rekord – ändå syns det inte i sjukskrivningstalen. Orsakerna kan vara att mest yngre drabbas – men också arbetslösheten.

- Det kan vara en förklaring, nu när arbetslösheten är lite högre än tidigare, säger Michael McKeogh, företagsläkare och centralt medicinskt ansvarig på hälsoföretaget Previa, till TT.

I torsdags kom siffror från Smittskyddsinstitutet (SMI) om att antalet nya fall av svininfluensan var rekordstort under den föregående veckan, vecka 44. Då anmäldes 647 fall av smitta A/H1N1.

Men siffror från Previa, som administrerar sjuk- och friskanmälningar för över 80.000 privat- och offentliganställda runt om i landet, visar att bara 36 personer anmälde influensaliknande symptom under den veckan. Detta motsvarade bara 1,4 procent av de nya sjukanmälningarna.

Inte heller var den totala andelen sjukskrivna under veckan, medräknat alla orsaker eller symptom, högt. Den låg på tre procent, att jämföra med 3,2 procent under veckan innan.

Det var den 7 september som Previa införde influensaliknande symptom som en särskild kategori vid sjukanmälan. Sedan dess har den andelen av alla sjukskrivningar varierat mellan 0,5 och 2,1 procent. Högst andel hittills uppvisade den första veckan.

Förklaringen kan alltså vara att absolut flest nya fall rör barn i ålder 0—14 år, som naturligtvis inte har något jobb att sjukskriva sig från. Men samtidigt mäter Previa också antalet som har frånvaro för vård av sjukt barn.

- Men någon särskilt ökad frånvaro syns inte heller där, säger McKeogh.

Återstår gör förklaringen arbetslöshet. Efter gruppen 0—14 år är gruppen 15—39-åringar värst drabbade. Där ingår alltså många ungdomar som i dag också slåss mot en mycket svår ungdomsarbetslöshet.

Om ett yngre par har ett influensasjukt barn, och där den ena föräldern är arbetslös, så är det naturligt att den utan jobb vårdar barnet — utan att det syns i sjukskrivnings- eller frånvarostatistiken.

- Det måste vara någonstans där som skillnaderna uppstår, säger McKeogh.

Samtidigt säger alltså SMI att toppen ännu inte på något sätt är nådd, vilket också kommer att synas hos Previa, enligt McKeogh.

- Först när smittspridningen tar fart ordentligt kommer det att märkas i sjukfrånvaron och i vård av sjukt barn.

Invisible flu according to statistics in Sweden

The Flu Case, 9 November 2009

https://web.archive.org/web/20100102044700/http://theflucase.com/index.php?option=com_content&view=article&id=1713%3Ainvisible-flu-according-to-statistics-in-sweden&catid=1%3Alatest-news&Itemid=64&lang=en

Media in sweden seem to be competing against each other in writing the most horrible stories about anyone suspected to have been infected with the so called "swine flu". Extreme exaggerations and flat out lies are now published every day. Over 80.000 were claimed to be infected one week when only a couple of hundred in reality had been confirmed.

Now Dagens Nyheter writes that Previa who manages the reports for sick and absent from work for over 80.000 employees have statistics to prove that very few indeed have reported sick from any type of flu. Out of the 80.000 only 36 reported sick from flu like symptoms. And of them, likely very few had the AH1N1 variety since the "normal" seasonal flu is now active.

"The number of "swine flu" cases in the country are record high - still it does not show in sick leave reporting." The cases of "swine flu" reported in media is high. The number of people sick in any type of flu was 1.4% among the relatively few reported sick during the period.

The Seattle Times

Amir Shah

Troops in Afghanistan fight swine flu amid war

The Seattle Times // Associated Press, 9 November 2009 at 6:45 am
https://www.seattletimes.com/nation-world/troops-in-afghanistan-fight-swine-flu-amid-war/

Hundreds of Afghan and international troops already battling a rising militant insurgency are facing a new fight – recovering from swine flu, the virus that has left 11 people dead in the country.

The Ministry of Public Health said Monday that 710 of the 779 cases of H1N1 reported since early July have been among Afghan, U.S. and Italian troops. The 11 people who have died from the virus were all Afghans, including one soldier.

Public Health Minister Dr. Mohammad Amin Fatemi said the Afghan National Army reported 390 cases of H1N1 and 320 cases were identified among foreign troops. Most are U.S. forces stationed at Bagram Air Base and Italian soldiers at the military base in Herat in western Afghanistan.

Worried that the flu could spread unabated through a country in its ninth year of war, the government decided earlier this month to close schools and universities for three weeks. Government health officials advised anyone with a fever to stay home from work, and those with mild symptoms to wear a mask in public places. The flu scare has prompted some people to wear blue surgical masks on the streets of the capital.

The day the government announced the school closings, Fatemi said he urged President Hamid Karzai to refrain from shaking hands with his deputies. That warning prompted Karzai to cancel several meetings that day, said Fatemi, who used hand sanitizer after shaking hands with people at the news conference.

"I don't think the decision to close educational institutions was taken lightly," Peter Graaff, the World Health Organization's representative to Afghanistan said at the press briefing. "If you decide to invoke measures, such as closures of educational institutions before you have, let's say, up to 1 percent of your population affected, you can reduce the number of people who will get the disease by a third to a half."

Graaff said Afghan health officials aggressively appealed to the WHO to be one of the countries to benefit from a global vaccine donation program, which is being administered by the organization.

"I'm pleased to say that out of the first 11 million doses that the WHO will receive – and we haven't received them yet – 500,000 doses will come to Kabul," Graaff said.

The ministry said 453 cases of H1N1 have been reported in Kabul; 272 in Parwan province; 32 in Kandahar province; 15 in Herat province; and the rest in Balkh, Bamiyan and Nangarhar provinces.

Cordélia Bonal, Marie Piquemal

Comment mesure-t-on l'épidémie de grippe A?

Liberation, 9 Novembre 2009, 19:10
https://web.archive.org/web/20091112173116/http://www.liberation.fr/societe/0101602082-comment-mesure-t-on-l-epidemie-de-grippe-a

Tous les médecins le disent: impossible de faire la différence entre une grippe A et une grippe classique sans faire des tests de dépistage à l'hôpital. Alors d'où viennent les chiffres brandis par le ministère ?

Et si vous aviez la grippe A sans le savoir ? Courbaturé et/ou fiévreux, vous filez chez le médecin pour un diagnostic. Sauf que vous n'en ressortez pas plus avancé... Et pour cause: impossible pour un généraliste de différencier une grippe A d'une grippe classique, les symptômes sont les mêmes. «On repère les symptômes grippaux, mais de là à dire si c'est une grippe A, B ou C, on ne peut pas savoir», assure une généraliste installée à Lille. Comment sont alors recensés les grippés? D'où sortent les chiffres brandis par le ministère?

Seule solution pour trancher, le test de dépistage. Au tout début, quand le virus ne touchait encore qu'un petit nombre de personnes facilement repérables (de retour de l'étranger), les cas suspects étaient systématiquement hospitalisés et testés. La méthode avait l'avantage de la précision mais est devenue inapplicable en période d'épidémie.

Des tests pas systématiques

L'Institut de veille sanitaire (INVS), qui publie chaque semaine un bulletin épidémiologique, a donc changé de procédé, passant du recensement exhaustif à une estimation statistique dite de «surveillance populationnelle». Désormais, les médecins de ville ont consigne de n'hospitaliser qu'en cas de complications. «Au début, on savait à quoi s'en tenir. Maintenant que les tests nous sont interdits parce qu'ils sont trop chers (entre 200 et 300 euros le test, ndlr), on est dans le doute. Tant qu'il n'y a pas de facteur de risque, on ne va pas plus loin. Dans la majorité des cas, on ne peut pas dire à 100% que c'est une grippe A», constate le docteur Jean-Pierre Le Roy, généraliste à La Rochelle.

Comment l'INVS établit-il ses statistiques? Première donnée: le nombre de «consultations pour grippe» enregistrées par des médecins témoins, dits «vigies» ou «Sentinelles», et par SOS médecins.

Le docteur Michel Béhar fait partie des 1.300 médecins volontaires du «réseau Sentinelles». Chaque soir, comme il le fait depuis des années pour la varicelle, les diarrhées aigues, ou les tentatives de suicide, il fournit via internet un certain nombre d'informations sur ses patients présentant des symptômes grippaux. «Il faut qu'ils aient 39 de fièvre, un syndrome respiratoire et des courbatures. Les critères sont stricts...» Quitte à ne pas comptabiliser des grippes moins sévères. «Bien sûr, on peut avoir la grippe A avec un petit 38, on sait d'ailleurs que 30% à 40% des porteurs du virus n'ont pas de symptômes, explique Thierry Blanchon, responsable adjoint du réseau Sentinelles. L'important n'est pas de compter tout le monde mais bien de suivre une tendance, pour savoir comment évolue l'épidémie en France semaine après semaine».

La plupart des grippes sont des grippes A

En parallèle, l'INVS établit une surveillance virologique à partir des quelque 2000 prélèvements réalisés chaque semaine, à des fins statistiques, par les 600 généralistes et pédiatres «vigies» du réseau des Grog (Groupe régionaux d'observation de la grippe). L'INVS en déduit le taux de circulation de la grippe A. «Si l'on prend la semaine du 26 au 31 octobre, en Ile-de-France, 60% des prélèvements étaient positifs à la grippe A. Autrement dit, en ce moment, un Francilien qui a l'air grippé a 60% de "malchance" de faire une grippe A», résume le docteur Jean-Marie Cohen, coordinateur du réseau des Grog. «On est bien là dans un raisonnement probabiliste».

Au final, rien ne permet donc de connaître le nombre exact de personnes touchées par la grippe A. Cela n'a pas d'incidence quant à la prise en charge médicale. Tous les médecins le répètent, «le traitement est le même quel que soit le type de grippe. On ne donne pas du Tamiflu comme ça». En revanche, les chiffres jouent un vrai rôle dans le message politique, a fortiori lorsqu'il s'agit d'encourager une vaccination boudée par les Français.

Steffen Judzikowski, Dana Nowak und Joe Sperling

Angst und Chaos: Verwirrung um die Schweinegrippe

_frontal 21, 9 November 2009.
http://frontal21.zdf.de/ZDFde/inhalt/3/0,1872,7927299,00.html (deleted)

Viele Patienten von Chefarzt Professor Wolf-Dieter Ludwig sind schwer krank. Die Krebspatienten kämpfen mit ihren Chemotherapien. Jetzt sind sie zusätzlich wegen der Schweinegrippe besorgt. Denn Ludwigs Patienten gehören zu der von Schweinegrippe besonders gefährdeten Risikogruppe der chronisch Kranken. Dennoch glaubt Ludwig nicht, "dass wir uns derzeit ernstlich sorgen machen sollten". Er findet es empörend, "dass fast jeden Tag eine Titelseite mit einem Todesfall dekoriert wird". Der Vorsitzende der Arzneimittelkommission der deutschen Ärzteschaft kritisiert, "dass die Öffentlichkeit nicht über alle Fakten informiert wurde".

Gerade die Nebenwirkungen sind ein Problem. Sie seien nicht genau erforscht, die bereits Geimpften würden so "Teilnehmer einer klinischen Studie", kritisiert Ludwig. Seiner Ansicht nach sei der in Deutschland eingesetzte Impfstoff nicht ausreichend getestet worden. Ludwig hält es darum gerade für besonders wichtig, alle Nebenwirkungen unbedingt zu melden.

Frontal21-Interview mit Chefarzt Professor Wolf-Dieter Ludwig, der die Meldung von Nebenwirkungen fordert.

Was die Nebenwirkungen bedeuten, spürt die Schwedin Lotta Lindström gerade am eigenen Leib. Die Krankenschwester wurde berufsbedingt vor drei Wochen gegen die Schweinegrippe geimpft. Einen Tag später litt sie unter starkem Fieber und hatte auch andere Grippe-Symptome. Seit der Impfung ist sie müde. Ihr Arm schmerzt. Vielen geimpften Kollegen erging es wie ihr. Lindström weiß heute nicht, ob sie sich einer zweiten Impfung unterziehen würde.

=>

German mainstream TV showed programme about swine flu jab dangers - predicts damage

The Flu Case, 17 November 2009, 11:07
https://web.archive.org/web/20100102051023/http://theflucase.com/index.php?option=com_content&view=article&id=1837%3Agerman-mainstream-tv-showed-programme-about-swine-flu-jab-dangers-predicts-damage&catid=1%3Alatest-news&Itemid=64&lang=en

Germany's mainstream TV station, ZDF Frontal 21, showed a documentary film strongly criticising the swine flu pandemic scam and the untested swine flu jab on November 9th.

In spite of these warnings, and the reports of people dying after taking the Pandemrix jab, the German government has announced no plans to abandon the mass swine flu vaccination programme.

THE FLU CASE

WHO publishes plans to take over the whole of society in pandemic emergency

The Flu Case, 9 November 2009, 06:44

https://web.archive.org/web/20100102043344/http://theflucase.com/index.php?option=com_content&view=article&id=1704%3Awho-publishes-plans-to-take-over-the-whole-of-society-in-pandemic-emergency&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WHO has just released its "Whole of Society Pandemic readiness guidelines" first prepared in April 2009, the same month the swine flu virus mysteriously appeared in Mexico City, and revised in July 2009.

The plan outlines how WHO will take over a country's essential services, including water and sanitation; fuel and energy; food; health care; telecommunications; finance; law and order; education; and transportation under the pretext of a pandemic emergency.

WHO claims even a moderate flu "pandemic" will "test the limits of resilience of nations, companies, and communities, depending on their capacity to respond" and require WHO to assume charge of government functions.

"National inter-ministerial pandemic preparedness committees should map out the central government's roles, responsibilities, and chain of command and designate lead agencies," says WHO, omitting to mention these committees answer to the UN health body.

WHO says the Ministries of Defence should consider what military assets should be brought to bear in the event of a pandemic and how to mobilize them, preparing for the use of the army to force quarantine and vaccinate people – perhaps after WHO has once more given a live bird flu virus to pharma companies to contaminate vaccine material as happened in Austria in February when Baxter nearly triggered a global pandemic.

Baxter executives sit on WHO's key vaccine advisory board which recommended the toxic and untested swine flu jab for the world in the response to a flu milder than the seasonal one..

"Public health measures, such as quarantines and school and business closures might place serious burdens on society and individual liberties, especially if they are implemented on a wide scale. Governments should carefully weigh the risks and benefits of far-reaching restrictions on movement and implement these measures in a way that respects individual rights," says WHO.

However, WHO also says: "Ministries of Justice should consider what legal processes could be suspended during the pandemic and make alternative plans to operate courts during pandemic."

In France, leaked documents show that the Minister of Justice has ordered the suspension of the most basic rights, and people can be incarcerated for up to six months without having to appear before a judge in a pandemic emergency.

In addition, drills and exercises of the kind conducted by WHO in the Ukraine a month before the pneumonic plague appeared there are envisaged.

"6.5 Table-top and simulation exercises and drills at all levels are the best way to test, validate, and improve pandemic preparedness plans. Tools developed by WHO or international organizations and adapted to local circumstances may be useful for a quick review to identify gaps during the pandemic response mode."

Link to WHO and the document there:
https://web.archive.org/web/20100201031621/http://theflucase.com/downloads/CP045_2009-0808_WOS_Pandemic_Readiness-FINAL.pdf

OÖNachrichten
nachrichten.at

H1N1: Behandlungsstrategie geändert

Nachrichten, 10 November 2009
https://web.archive.org/web/20091115010921/http://www.nachrichten.at/nachrichten/chronik/art58,291598

WIEN. *Das Gesundheitsministerium ändert, bedingt durch die rasche Zunahme an Erkrankungen, die Behandlungsstrategie bezüglich der Neuen Grippe (H1N1): Mit dem Ausrufen der Grippewelle wurde im Rahmen der höchsten Pandemie-Alarmstufe 6 von Mitigation Stufe 1 auf Stufe 2 umgestellt.*

Im wesentlichen bringt dies kleine Änderungen bei Tests, Meldepflicht und Behandlung mit sich. "Wir haben uns auf diese prognostizierte Welle an Influenza-Erkrankungen bestmöglich vorbereitet", betonte Gesundheitsminister Alois Stöger (S) am Dienstag in einer Aussendung.

Keine Tests aller Verdachtsfälle

Die neuen Regelungen gelten ab morgen, Mittwoch. Wichtigste Änderung: Künftig werden nicht mehr alle Verdachtsfälle getestet. Um die Ausbreitung der Influenza weiter beobachten zu können, wird künftig das sogenannte "Sentinella-System" eingesetzt. Dieses wird auch bei der saisonalen Grippe angewandt.

Ausgewählte Arztpraxen melden dabei Grippeerkrankungen an die Referenzzentrale. Auf Basis dieser Daten und der Krankenstandstage der Sozialversicherungsträger wird eine Hochrechnung über die Zahl der Erkrankungsfälle erstellt. Langjährige Erfahrungen zeigten, dass sowohl das sporadische Auftreten von Influenzaviren als auch der Beginn und das Ende von Grippewellen mit dieser Methode sehr gut erfasst werden könne, so das Ministerium.

Landessanitätsdirektionen, Krankenanstalten, Sozialversicherungsträger und niedergelassenen Ärzte werden in einem Schreiben über die neuen Maßnahmen informiert. Darin in Detail vermerkt: Rachenabstriche (spezifische PCR-Diagnostik) werden nur mehr im Rahmen des Sentinella-Systems sowie bei bestimmten Ausnahmen erfolgen. Letzteres ist der Fall, wenn ein Patient im Krankenhaus behandelt wird oder die Situation an einer Schule, einem Kindergarten oder anderen Gemeinschaftseinrichtungen abgeklärt werden muss. Dieses Vorgehen entspricht jenem bei der saisonalen Influenza.

Meldepflicht ändert sich

Verdachtsfälle werden künftig als Erkrankungsfälle gewertet. Weiters sind ab Mittwoch nur mehr laborbestätigte Erkrankungsfälle in Spitälern und Todesfälle meldepflichtig. Die Primärversorgung erfolgt nun im Regelfall durch niedergelassene Ärzte, wobei die Therapie mit Neuraminidasehemmern (Tamiflu Anm.) als Möglichkeit bleibt.

Leicht abgeändert wurde außerdem die Falldefinition "Neue Grippe", bei der die Komponente Auslandsaufenthalt wegfällt. Wegen der weltweiten Ausbreitung von Influenza A(H1N1) sei es nicht mehr zielführend, den Aufenthalt in bestimmten Ländern als epidemiologisches Kriterium zu verwenden, hieß es in der Aussendung.

=> an English version - next

THE FLU CASE

Austrian government drops requirement for accurate figures about swine flu

The Flu Case, 10 November 2009, 18:50
https://web.archive.org/web/20100102052427/http://theflucase.com/index.php?option=com_content&view=article&id=1723%3Aaustrian-government-drops-requirement-for-accurate-figures-about-swine-flu-&catid=1%3Alatest-news&Itemid=64&lang=en

The Austrian Health Ministry has said that there has been a rapid increase in illnesses caused by the swine flu and that doctors are no longer required to confirm the swine flu by lab tests or to report swine flu cases.

The relaxation of testing and counting requirements comes as officials have moved the pandemic emergency up a notch, switching from mitagation strategy 1 to 2 within the highest pandemic level framework of level 6.

The change in reporting and testing requirements will mean that the Austrian government is no longer required to produce accurate or specific figures for how many people are being infected by the swine flu or any other pandemic flu.

The absence of accurate figures will give the government more room to skew the figures for political purposes.

Both WHO and the Ukrainian government have been accused of manipulating statistics and exagerrating the number of swine flu cases to justify declaring pandemic emergencies that allow them to implement martial law and acquire power over key government functions.

The Austrian government's decision to change the criteria for tracking a pandemic virus comes as mass vaccination campaign has started and the mainstream media hype about the dangers of the swine flu has intensified.

Eyewitness reports from vaccine centers in Austria say the turn out for the vaccine jab was minimal but the state run TV station, ORF, is maintainingg there have been queues for the untested swine flu jab at some centers.

INTERPOL

International Bioterrorism Tabletop Exercise

Interpol, 10 November 2009
https://web.archive.org/web/20091110084341/http://www.interpol.int/Public/BioTerrorism/tabletop/default.asp

In September 2009, senior law enforcement officials, health care professionals and experts from international organizations joined their forces to confront a chilling crisis – the plague had just been unleashed on their countries by unknown evildoers.

A fictional scenario with a serious aim
Fortunately, this terrifying situation was a scenario under control, and the civilian authorities were all participants in a Tabletop Exercise on Preventing Bioterrorism hosted by INTERPOL. This exercise simulated a global bioterrorism attack and its aftermath. Participants in the Black Death scenario were faced with a fictional, intentional plague attack involving countries from their region, with the exercise designed to assist them in identifying critical co-operation and co-ordination issues which could hinder a quick and successful response to such an attack in real life.

The idea behind this exercise, the third in a series organized by INTERPOL, has been described by the Organization's Secretary General, Ronald K. Noble, as “helping focus our joint understanding of the role and responsibility of each of us – police, health care professionals, experts – in response to a bioterrorism incident, as well as identifying possible gaps or redundancies so that we can draw lessons from them."

Inter-agency co-operation in Central and Eastern Europe
Organized by the INTERPOL Bioterrorism Unit, this third edition of the event took place from 29-30 September in Warsaw, Poland. Participants in the workshop numbered 27 from six Central and Eastern European countries (Belarus, Czech Republic, Finland, Poland, Slovakia, Ukraine), as well as 15 participants from international organizations such as Europol, the UN Office for Disarmament Affairs (UNODA), the World Health Organization (WHO), the European Centre for Disease Control, the European Commission (Directorate General for Health and Consumer Affairs and Directorate General for Justice, Freedom and Security), the Organization for Security and Co-operation in Europe and the Commonwealth of Independent States (CIS).

A wide range of INTERPOL initiatives
The tabletop exercise is the latest in a series of initiatives launched by INTERPOL since the creation of its Bioterrorism Prevention programme. INTERPOL has worked ceaselessly since 2005 to heighten its member countries’ awareness of the dangers of bioterrorism and to enhance their preparedness for a bioterrorist attack. The Bioterrorism Prevention Programme has co-ordinated a series of events, starting with the Global Conference on Preventing Bioterrorism in March 2005; regional workshops in Africa, South America, Europe and Asia; train-the-trainer sessions all over the world; and practical tabletop exercises such as the one outlined above.

=> **WHO part of plague bioterrorism "exercise" in eastern Europe one month before plague appeared.** – The Flu Case, 7 November 2009, 12:02
https://web.archive.org/web/20100102045806/http://theflucase.com/index.php?option=com_content&view=article&id=1688%3Awho-part-of-plague-bioterrorism-qexerciseq-in-eastern-europe-one-month-before-plague-appeared&catid=41%3Ahighlighted-news&Itemid=105&lang=en

DW Made for minds.

Егор Виноградов

Свиной грипп в России: вакцинация на фоне дефицита

DW, 10 ноября 2009
https://p.dw.com/p/KS9w

Вакцинация от гриппа A/H1N1 в России началась, однако прививки будут делать избирательно. Между тем российские аптеки испытывают перебои с поставками противовирусных препаратов и средств профилактики.

Российская вакцина от вируса A/H1N1 должна была появиться в декабре. Тогда же планировали начать вакцинацию населения. Однако первые случаи смерти от нового гриппа заставили медиков поторопиться, и начало вакцинации перенесли на 9 ноября. Первыми вакцину получили Алтайский край, Тюменская, Брянская, Воронежская и Московская области. На первом этапе прививки будут делать работникам служб жизнеобеспечения, то есть коммунальщикам и сотрудникам МЧС. С конца ноября к ним добавятся медработники, учителя и студенты старших курсов медицинских вузов.

За бортом вакцинации

Рядовые граждане претендовать на получение особой защиты от свиного гриппа пока не могут. В поликлиники по месту жительства и в коммерческие структуры вакцина еще не поступала. Там советуют либо подождать, либо сделать прививку от сезонного гриппа, имеющего компонент H1N1. Это не тот штамм, который называют "свиным", но очень похож на него.

Как утверждают ученые, прививка может защитить если не от свиного гриппа, то от тяжелых осложнений. В Минздравсоцразвития, однако, настаивают на том, что вакцина от сезонного гриппа не защищает от штамма A/H1N1, поэтому тем, кто уже сделал прививки, рекомендовано повторить процедуру.

Пока надежной специфической защиты от гриппа нет, врачи советуют заниматься профилактикой. Но, как только эпидемия гриппа начала набирать силу, из аптек стали исчезать медикаменты и марлевые маски. Дефицит антивирусных препаратов нельзя назвать тотальным, хотя препарат "Арбидол" есть не в каждой московской аптеке. С большей вероятностью найти необходимое лекарство можно в крупных сетевых аптеках.

В областных населенных пунктах дела обстоят гораздо хуже. Так, в Наро-Фоминске ни в одной из четырех аптек ни "Арбидола", ни "Интерферона" найти не удалось. Кроме того, цена на отечественный препарат выросла за последний месяц примерно на 30 процентов. Президент России Дмитрий Медведев заявил 6 ноября на встрече с министром здравоохранения и социального развития Татьяной Голиковой, что за спекуляции на рынке лекарств может последовать уголовная ответственность.

"Наживаться на эпидемии – преступление. Я сейчас дам поручения Федеральной антимнопольной службе и Генпрокуратуре следить за этими процессами. В случае выявления злонамеренного характера действий - возбуждать уголовные дела. Необходимая правовая база для этого есть", - подчеркнул Медведев.

Спекулянты греют руки на масках

Марлевая повязка - самое простое и дешевое средство защиты от вирусной инфекции - и вовсе стала дефицитным товаром. В первую неделю ноября в Москве продали 350 тысяч масок, и их запасы на складах полностью иссякли. В более запасливых аптеках ввели норму продажи - не более трех масок в руки. В столичном департаменте здравоохранения, правда, заявили, что никакого дефицита нет и что резерв в 500 тысяч защитных масок позволит обеспечить всех желающих.

Между тем начальник эпидемиологического отдела Роспотребнадзора Ирина Лыткина советует гражданам шить маски самостоятельно. По ее словам, обычные четырехслойные маски, которые отлично защищают от респираторных инфекций, "можно стирать, кипятить", то есть использовать их многократно.

Сегодня люди с закрытым лицом на улицах Москвы - не редкость. И это, пожалуй, первая зима, когда горожане так демонстративно заботятся о своем здоровье. Татьяна Голикова не знает, радоваться или нет ажиотажному спросу на защитные маски. "Хорошо, что наши люди стали заботиться о здоровье и покупать препараты не только для лечения, но и для профилактики. Но ситуация с масками для нас представляется напряженной. Присутствует факт, к сожалению, спекулятивной скупки", - признала министр.

Народные средства не гарантируют эффекта

Однако не все знают, что носить маску можно не более двух часов, поскольку ее поверхность нагревается и становится влажной, а теплая влажная среда способствует размножению бактерий. Многие россияне предпочитают проверенные народные средства: чеснок, лук, мед с молоком и водка с перцем. Этот метод самозащиты сейчас, пожалуй, самый распространенный. Но у него есть и побочный эффект. По словам врачей, во всех случаях летального исхода, вызванного свиным гриппом, больные слишком поздно обратились за медицинской помощью и лечились самостоятельно.

Вот только ответа на вопрос, как поступать людям, когда лекарств и марлевых повязок не хватает, а народные средства эффекта не приносят, в Минздравсоцразвития пока не дают.

Г. Онищенко: Свиного гриппа не существует

РБК, 11 ноября 2009, 02:17
https://www.rbc.ru/society/11/11/2009/5703d77b9a7947733180c6b0

Эпидемию гриппа, в том числе гриппа А (H1N1) можно преодолеть за неделю, считает главный санитарный врач России Геннадий Онищенко. Главное, чтобы все граждане соблюдали меры предосторожности и рекомендации врачей.

Г.Онищенко, кроме того, высказался категорически против каких-либо определений пандемии гриппа. По его словам, ни свиных, ни собачьих, ни птичьих гриппов не существует. Г.Онищенко напомнил, что каждые несколько десятков лет появляется новый вирус, и нынешний вирус гриппа не последний, передает "Голос России".

Между тем накануне министр здравоохранения и социального развития Татьяна Голикова сообщила, что сейчас в РФ вирусом гриппа А (H1N1) болеют 1 тыс. 424 человека. Лабораторно подтверждено 4 тыс. 563 случая заражения этим вирусом по стране. Т. Голикова подтвердила, что умерли от гриппа А 19 человек.

Однако впоследствии стало известно, что за прошедшие выходные дни, 7-8 ноября, в Челябинской области от "свиного гриппа" скончались двое человек, и, таким образом, общее число погибших увеличилось до 21 человека.

Напомним, что в настоящий момент эпидемический порог заболеваемости гриппом превышен в 17 субъектах и 23 городах России.

Г. Онищенко: Этот грипп – не «свиной»! И победить его можно за неделю

КП, 11 ноября 2009, 15:35
https://www.kp.ru/daily/24392/570254/

Главный санитарный врач страны подтвердил заявления ВОЗ – пандемичный вирус не мутировал и не стал опаснее.

Во вторник Геннадий Онищенко выступал на Парламентских слушаниях.

- Если мы с вами будем соблюдать все меры предосторожности, граждане станут выполнять все наши рекомендации, с гриппом можно справиться за неделю, - сказал глава Роспотребнадзора.

И предложил особо не надеяться, что все за россиян сделает держава – самим тоже придется постараться. Носить маски, стараться оградить от заболевания детей. Этот вирус, по словам Онищенко, не первый и не последний, будут еще подобные.

- Нынешний вирус несколько засиделся, - сказал он, намекая, что последняя эпидемия гриппа была больше 40 лет назад. И поэтому эпидемиологи и вирусологи каждый год ждали появления новой «напасти». В 2009 – дождались. ...

И под конец главный санитарный врач попросил не называть новый вирус "свиным". Нет ни собачьих, ни кошачьих, ни свиных гриппов. Он - пандемичный!

Русская линия

Игумен Анатолий (Берестов):
Я подозреваю, что проблема «свиного гриппа» раздута

Русская Линия, 11 ноября 2009
http://rusk.ru/newsdata.php?idar=185825

Известный медик объяснил, кому выгодно сеять панику вокруг пресловутого вируса…

«Я не являюсь специалистом в области инфекционных болезней, но к мнению уважаемого академика Власова я, конечно, прислушаюсь. У меня у самого было интуитивное мнение, что проблема так называемого "свиного гриппа" раздута. Я полностью согласен с мнением академика, что разжигание истерии вокруг этого гриппа выгодно фармацевтической отрасли для увеличения прибыли», – заявил в интервью «Русской линии» руководитель Душепопечительского православного центра святого праведного Иоанна Кронштадтского, член Общественного совета Федеральной службы Российской Федерации по контролю за оборотом наркотиков доктор медицинских наук игумен Анатолий (Берестов).

«Подобная заинтересованность в сбыте своей продукции, фармацевтических препаратов и лекарств, хорошо просматривается на примере "аптечной наркомании". Не секрет, что в аптеках свободно без рецепта врача продаются лекарства, содержащие малое количество наркотиков. На эти лекарства "подсаживаются" наркоманы, которые в итоге погибают. Смертность от так называемой "аптечной наркомании" высокая, правда, не уточненная. Так что я допускаю возможность того, что в сеянии паники заинтересованы компании, которые хотят нажиться на "свином гриппе" », – добавил отец Анатолий.

В свою очередь, известный врач-педиатр, автор книг о детском и родительском здоровье Евгений Комаровский в интервью изданию «ForUm» заявил, комментируя истеричные сообщения СМИ об эпидемии «свиного гриппа», что 90% украинцев действительно перенесет это заболевание. «Я могу сказать с огромной долей вероятности, что 90% украинцев перенесет свиной грипп. Но только из этих 90% восемьдесят восемь процентов ничего не заметят – шмыгнут вечером носом, а к утру выздоровеют», – сказал врач. Комаровский отметил, что «свиной грипп» – это заболевание, которое может стать причиной смерти одного человека на миллион: «В остальных случаях у подавляющего большинства людей это заболевание протекает чрезвычайно легко».

«Пришел вирус, к которому ни у кого нет иммунитета, поэтому вся земля им переболеет. Но кто-то умрет, а кто-то даже не заметит, что болел. И что обидно в этом заявлении: люди произносят слова, но не объясняют их. А потом вся нация стоит на ушах. Так что в идеале хотелось бы, чтобы подобные заявления не звучали», – подытожил он.

Как сообщает издание, директор департамента здравоохранения и медико-биологической защиты МинЧС Украины Алексей Громазин заявил, что каждый второй украинец перенесет заболевание вирусом гриппа A/H1N1. «Специалисты прогнозируют несколько волн повышения заболеваемости гриппом и ОРВИ, а также A/H1N1, так как среди населения нет прослойки с иммунитетом к этому гриппу. Поэтому прогнозируется, что процентов 60, а может быть чуть больше или меньше населения страны переболеют этим гриппом», – сказал Громазин.

Русская линия

MED НОВОСТИ

Михаил Алексеев

Только без паники

MED Новости, 11 ноября 2009, 21:18
https://web.archive.org/web/20091116002821/http://medportal.ru/mednovosti/main/2009/11/11/nopanic/

Вирус A/H1N1, ставший на прошлой неделе доминирующим штаммом гриппа в России и мире, неуклонно распространяется по территории нашей страны. Согласно официальной статистике, сейчас эта инфекция лабораторно подтверждена у 4,5 тысячи россиян. Быстрый рост числа заболевших заставил Россию приступить к вакцинации против нового гриппа на несколько недель раньше запланированного срока. Минздрав и другие ведомства делают все возможное, чтобы убедить сограждан в том, что ситуация с гриппом находится под контролем и причин для паники нет.

Все в норме

По словам министра здравоохранения и социального развития Татьяны Голиковой, уровень заболеваемости всеми разновидностями гриппа и ОРВИ в Российской Федерации находится на уровне прошлых лет, а летальных исходов в первые девять месяцев 2009 года зафиксировано даже *меньше, чем в прошлом году*. Впрочем, доступная в настоящее время статистика ограничивается данными, собранными по сентябрь включительно, тогда как резкий скачок заболеваемости гриппом пришелся на октябрь и начало ноября.

В свою очередь, главный санитарный врач РФ Геннадий Онищенко поспешил заверить сограждан в том, что "эпидемию гриппа можно преодолеть за неделю", правда, при условии, что каждый россиянин будет соблюдать меры предосторожности, рекомендации врачей и носить защитные маски. При таком единодушии, конечно, справиться можно вообще с чем угодно.

В настоящее время на территории РФ выявлено 4563 случая гриппа H1N1, подтвержденных лабораторно. Дает ли эта цифра представление о реальном распространении инфекции, сказать сложно, поскольку лабораторные методы диагностики применяются только при нетипичных и тяжелых случаях течения инфекции. Однако для подавляющего большинства больных совершенно неважно, каким именно вирусом они заразились, поскольку, за редкими исключениями, грипп H1N1 не отличается по тяжести и симптомам от "обычных" гриппа и ОРВИ.

Согласно официальным данным, в России от нового гриппа умерли 19 человек. Впрочем, судя по сообщениям СМИ, умерших может быть существенно больше. Например, по информации анонимных источников "Интерфакса" в медицинских кругах, в Москве насчитывается уже семь скончавшихся от гриппа H1N1, тогда как официальные сообщения упоминают только об одном умершем.

По данным Минздравсоцразвития, эпидемический порог по гриппу и ОРВИ превышен всего в 17 субъектах федерации и в 23 городах. При этом кое-где, например в Москве, заболеваемость даже начала снижаться. По мнению Геннадия Онищенко, это свидетельствует об эффективности проводящихся в регионе противоэпидемических мероприятий – продления школьных каникул, карантинов в детских садах и вузах и т.д.

Вакцинация

Вакцинация против гриппа H1N1 в России началась 9 ноября, приблизительно на две недели раньше первоначально намеченного срока. Первыми прививки живой вакциной получили работники жилищно-коммунальных служб пяти регионов. В Московской, Брянской и Тюменской областях было привито по сто человек, в Воронеже – пятьсот человек, в Алтайском крае – сразу 14 тысяч. В начале следующей недели вакцинация работников системы ЖКХ, связи и водоснабжения начнется в Калужской, Тамбовской, Курской, Орловской, Ростовской, Астраханской областях, в Адыгее и Карачаево-Черкессии.

Следующими прививки живой вакциной получат сотрудники силовых структур: Минобороны, МВД, МЧС и пограничной службы. В общей сложности в России планируется обеспечить прививками около 40 миллионов граждан, так что пока число привитых очень невелико.

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Лекарства

Наименований лекарств, предназначенных для лечения гриппа, в России сейчас намного больше, чем в какой-либо другой стране мира. Помимо "Тамифлю" и "Релензы", рекомендуемых Всемирной организацией здравоохранения, Минздрав РФ предлагает лечить "свиной грипп" лекарствами отечественного производства: "Арбидолом", "Ингавирином", "Кагоцелом" и другими. Нигде за пределами бывшего СССР эти препараты не применяются. Впрочем, некоторое время назад эксперты ВОЗ согласились рассмотреть предоставленные Россией данные об эффективности продукции отечественной фармпромышленности. О результатах этого рассмотрения пока ничего не известно.

Помощь ближним

Несмотря на то, что острый дефицит противовирусных средств ощущается в нескольких регионах России, правительство РФ выразило готовность уже на этой неделе поделиться российским "Арбидолом" с братской Украиной. Уже на этой неделе туда будет безвозмездно направлено 200 тысяч упаковок российского лекарства.

Ситуация с гриппом на Украине действительно тяжелая: с конца октября там зарегистрировано более 1,2 миллиона случаев ОРВИ и гриппа, более 90 тысяч людей госпитализированы, сотни скончались. Так что сейчас украинские власти принимают любую помощь не только от США, Евросоюза и ВОЗ, но и вообще откуда угодно.

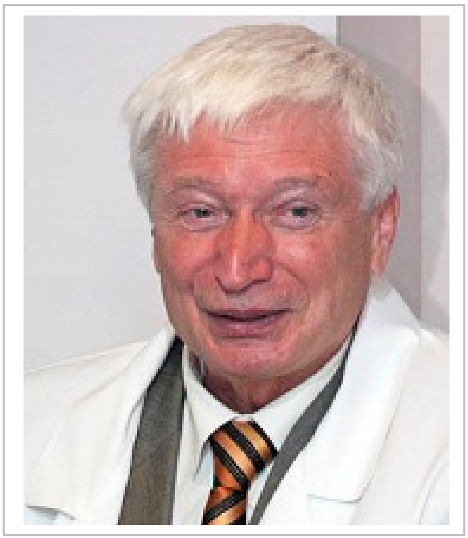
По словам Татьяны Голиковой, в будущем Россия, возможно, сможет поделиться с Украиной и своими вакцинами против гриппа H1N1. Один из отечественных препаратов уже проходит регистрацию в украинском Центре иммунобиологических препаратов. Впрочем, учитывая темпы вакцинации в России, к моменту, когда в нашей стране появятся излишки вакцин, украинская эпидемия может уже закончиться.

Русская линия

«Обыкновенный бизнес на обыкновенном гриппе»

Русская Линия, 11 ноября 2009
http://rusk.ru/newsdata.php?idar=731914

Академик Валентин Власов считает, что эпидемии «свиного гриппа» не существует…



Академик Валентин Власов: «То, что мы наблюдаем сегодня – это использование средств массовой информации в коммерческих целях. Результат этой деятельности – не якобы спасенные жизни, а опустошенные полки аптек», – рассказал директор Института химической биологии и фундаментальной медицины СО РАН академик Валентин Власов в интервью ИА Regnum.

«Несколько месяцев подряд нас пугают начавшейся эпидемией ужасного нового гриппа А (H1N1) с якобы очень тяжелым течением заболевания и высокой смертностью. Когда неподготовленный человек смотрит телевизор и видит лица в масках, госпитали и тому подобное, у него может сложиться впечатление о невероятной опасности.

На Украине началась уже настоящая массовая истерия. Но данные эпидемиологов показывают, что никакой "смертоносной пандемии" нет. Сравнительно с прошлыми годами сколько-нибудь значительного всплеска смертности не наблюдается», – отмечает Власов.

Среди умерших, о которых сообщают СМИ, большинство скончалось не от «свиного гриппа» как такового, а от пневмонии, бронхита и других заболеваний. Это обычная картина для обычной сезонной эпидемии гриппа, считает академик. Любой грипп (точнее – любой болезнетворный вирус) – это серьезное заболевание, оно ослабляет организм и вызывает осложнения, особенно опасные для маленьких детей, беременных женщин, пожилых людей. Зимние волны такой заболеваемости случаются фактически ежегодно, соответственно, для паники и экстраординарных мер нет никаких оснований, передает агентство слова академика.

«Вспомним, как несколько лет назад бушевала схожая паника по поводу так называемого "птичьего гриппа", как в Новосибирской области запрещали охоту, устраивали отстрелы дикой птицы и тому подобное. На что были затрачены немалые суммы. Есть обоснованное мнение, что нынешняя истерия уходит корнями туда. Во время операции птичий грипп на Западе были созданы огромные запасы фармацевтических средств. Тогда же на рынок выводились новые препараты – в частности, широко разрекламированный "Тамифлю", производимый фирмой "Гилеад", совладельцем которой является бывший министр обороны США. Возникла необходимость решить проблему сбыта, тем более в условиях кризиса. Лучшее средство активизации спроса лекарств — это распространение информации об угрозе здоровью и самой жизни, что мы и наблюдаем сегодня. Так что крики об особо ужасном вирусе – это не более, чем обыкновенный бизнес на обыкновенном гриппе. На таблетках, на вакцинах, на масках, а заодно и на лекарствах, не имеющих к гриппу никакого отношения», – считает Валентин Власов.

«Реклама сулит излечение от гриппа с помощью разнообразных таблеток. Должен огорчить – эффективность всех без исключения рекламируемых препаратов от гриппа, в том числе "Тамифлю", не имеет серьезных научных доказательств. Зато известно, что многие из них способны давать неприятные побочные эффекты, – говорит ученый. – Сегодняшние рекомендации по профилактике заболевания ничем не отличаются от правил поведения в условиях обычной сезонной волны гриппа. В основном это социальные меры.

У нас в Сибирском отделении готовится распоряжение директорам институтов: сотрудников с признаками заболевания немедленно удалять с работы. Вообще, следует избегать мест, где много людей скапливается в ограниченном пространстве: метро в час пик, больших собраний, а также, без необходимости – поликлиник и аптек. Необходимо соблюдать правила личной гигиены: пользоваться носовыми платками, несколько раз в день мыть руки с мылом (значение этой важной профилактической процедуры незаслуженно игнорируется), можно также смазать ноздри мыльным раствором или оксолиновой мазью», – заключил директор Института химической биологии и фундаментальной медицины.

// Русская линия

Kate Kelland

Swine flu skepticism demands deft response

Reuters, 12 November 2009, 8:20 PM
https://www.reuters.com/article/GCA-SwineFlu/idUSTRE5A52FU20091112

London (Reuters) – European scientists and health authorities are facing angry questions about why H1N1 flu has not caused death and destruction on the scale first feared, and they need to respond deftly to ensure public support.

Accusations are flying in British and French media that the pandemic has been "hyped" by medical researchers to further their own cause, boost research grants and line the pockets of drug companies.

Britain's Independent newspaper this week asked "Pandemic? What Pandemic?"

In their response, scientists are walking a fine line.

They say that although the virus is mild, it can still kill, and that the relatively low fatalities in Europe are in part the result of official response to their advice.

On suggestions of "hyping" the threat to boost research funding, they point out that while we know enough to start to protect the vulnerable, we need to know a lot more to conquer the virus, and funding for new research and drugs is vital to be equipped for future pandemics.

H1N1 is hitting a younger population – adults in their 20s and 30s and children – and the global death count so far is more than 6,000, according to the WHO.

While seasonal flu attacks about 20 percent of the population in an average year, experts estimate that even in Britain – the worst-hit country in Europe so far – fewer than 10 percent of people have had H1N1 swine flu.

Fred Hayden, influenza research co-ordinator at the Wellcome Trust and a former World Health Organization (WHO) expert, said early planning is paying off, but added:

"I wouldn't characterize this as a "mild" pandemic at all. We are seeing some very unfortunate loss of life. I think it a bit early to make that judgment."

Yet the word "mild" is used so often to describe H1N1's impact in most people that it is prompting skeptical publics to ask what all the fuss is about. Why they should care? And why take a vaccine?

France's Le Parisien newspaper ran the headline: "Swine flu: why the French distrust the vaccine" and noted a gap between the predicted impact of H1N1 and the less dramatic reality.

"Although some 30-odd people have died....the disease is not really frightening," it said. "Dangerous liaisons between certain experts, the labs and the government, the obscurity of the contracts between the state and the pharma firms have added to the doubt."

Scenario Revised Down

In Britain, health authorities' original worst-case scenario – which said as many as 65,000 could die from H1N1 – has twice been revised down and the prediction is now for around 1,000 deaths, way below the average annual toll of 4,000 to 8,000 deaths from seasonal winter flu.

A group of eminent scientists who called a media briefing in London this week to announce 7.5 million pounds ($12.4 million) of new funding for British research into H1N1 found their plans hijacked by reporters asking why the pandemic was so weak.

Scientists say the truth is they can't win.

The WHO has been urging countries to prepare for a flu pandemic since 1997, when H5N1 avian flu infected 18 people in Hong Kong and was stopped only after a mass slaughter of birds. The re-emergence of H5N1 in China and South Korea in 2003 fueled the urgency to get ready.

Now that it has arrived, the apparently low impact of the H1N1 pandemic so far may show that the planning is paying off, the Wellcome Trust's Hayden said.

British officials repeatedly said the nation was well-prepared for a flu pandemic. It had high stocks of antivirals and orders for enough vaccines to cover its population in place very early.

Hayden said comparisons with earlier flu pandemics like the one in 1918, which killed an estimated 230,000 people in Britain and up to 50 million worldwide, were skewed by the fact that there were so few effective treatments at that time.

"We didn't have antivirals then, and we didn't have antibiotics for the high frequency of bacterial complications," he said. "We have these kinds of interventions now and they are making a difference."

At the funding briefing, Peter Openshaw, director of the center for respiratory infection at Imperial College London, dismissed suggestions that scientists were enjoying the fruits of a pandemic in the form of big grants to keep them in work.

"This is not something that we are licking our lips and welcoming," he said. "But there is certainly an enormous outbreak of scientific information that has greatly enriched our understanding of flu."

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

CDC Estimates of 2009 H1N1 Influenza Cases, Hospitalizations and Deaths in the United States, April – October 17, 2009

CDC, 12 November 2009, 1:00 PM ET
https://web.archive.org/web/20091115092422/https://www.cdc.gov/h1n1flu/estimates_2009_h1n1.htm

Background
Estimating the number of individual flu cases in the United States is very challenging because many people with flu don't seek medical care and only a small number of those that do seek care are tested. More people who are hospitalized or die of flu-related causes are tested and reported, but under-reporting of hospitalizations and deaths occurs as well. For this reason CDC monitors influenza activity levels and trends and virus characteristics through a nationwide surveillance system and uses statistical modeling to estimate the burden of flu illness (including hospitalizations and deaths) in the United States.

When the 2009 H1N1 flu outbreak began in April 2009, CDC began reporting the number of laboratory-confirmed cases, hospitalizations and deaths associated with 2009 H1N1 flu in the United States that were reported by states to CDC. These initial case counts, and subsequent ongoing laboratory-confirmed reports of hospitalizations and deaths, are thought to represent a significant undercount of the actual number of 2009 H1N1 flu cases in the United States.

A paper in Emerging Infectious Diseases authored by CDC staff entitled "Estimates of the Prevalence of Pandemic (H1N1) 2009, United States, April–July 2009" reported on a study to estimate the prevalence of 2009 H1N1 based on the number of laboratory-confirmed cases reported to CDC. [Reed C, Angulo FJ, Swerdlow DL, Lipsitch M, Meltzer MI, Jernigan D, et al. Estimates of the prevalence of pandemic (H1N1) 2009, United States, April–July 2009. Dec 2009; DOI: 10.3201/eid1512.091413]
https://web.archive.org/web/20091119151410/http://www.cdc.gov/eid/content/15/12/pdfs/09-1413.pdf

Correcting for under-ascertainment, the study found that every case of 2009 H1N1 reported from April – July represented an estimated 79 total cases, and every hospitalized case reported may have represented an average of 2.7 total hospitalized people. Since that time, CDC has been working to develop a way to estimate, in an ongoing way, the impact of the 2009 H1N1 pandemic on the U.S. in terms of 2009 H1N1 cases, hospitalizations and deaths.

Method to Estimate 2009 H1N1 Cases, Hospitalizations and Deaths
CDC has developed a method to provide an estimated range of the total number of 2009 H1N1 cases, hospitalizations and deaths in the United States since April, 2009, as well as a breakdown of these estimates by age groups. This method uses data on influenza-associated hospitalizations collected through CDC's Emerging Infections Program (EIP), which conducts surveillance for laboratory-confirmed influenza-related hospitalizations in children and adults in 62 counties covering 13 metropolitan areas of 10 states. To determine an estimated number of 2009 H1N1 hospitalizations nationwide, the EIP hospitalization data are extrapolated to the entire U.S. population and then corrected for factors that may result in under-reporting using a multiplier from "Estimates of the Prevalence of Pandemic (H1N1) 2009, United States, April–July 2009."
https://web.archive.org/web/20091119151410/http://www.cdc.gov/eid/content/15/12/pdfs/09-1413.pdf

The lower and upper hospitalization estimates also are calculated using the EIP hospitalization data. The national hospitalization estimates are then used to calculate deaths and cases. Deaths are calculated by using the proportion of laboratory-confirmed deaths to hospitalizations reported through CDC's web-based Aggregate Hospitalization and Death Reporting Activity (AHDRA). Cases are estimated using multipliers derived from "Estimates of the Prevalence of Pandemic (H1N1) 2009, United States, April–July 2009." The lower and upper end of the ranges for deaths and cases are derived from the lower and upper hospitalization estimates. The methods used to estimate impact may be modified as more information becomes available. More *information about this methodology* is available. =>

https://web.archive.org/web/20091124105202/http://www.cdc.gov/h1n1flu/pdf/details_eip_methods_plus_schematic.pdf

Throughout the remainder of the 2009 H1N1 pandemic CDC will update the range of estimated 2009 H1N1 cases, hospitalizations and deaths every three or four weeks. While EIP data is reported weekly during influenza season, because the system is based on reviews of patients medical charts there are sometimes delays in reporting and it can take some time for all the data to fill in. CDC will continue to provide weekly reports of influenza activity each Friday in *FluView* and will update the *2009 H1N1 Situation Update* each Friday as well.

https://web.archive.org/web/20091112122154/http://www.cdc.gov/flu/weekly/fluactivity.htm
https://web.archive.org/web/20091115131333/http://www.cdc.gov/h1n1flu/update.htm

The estimated ranges of cases, hospitalizations and deaths generated by this method provide a sense of scale in terms of the burden of disease caused by 2009 H1N1. It may never be possible to validate the accuracy of these figures. The true number of cases, hospitalizations and deaths may lie within the range provided or it's also possible that it may lie outside the range. The underlying assumption in this method is that the level of influenza activity (based on hospitalization rates) in EIP sites matches the level of influenza like illness (ILI) activity across the states.

This methodology is not a predictive tool and cannot be used to forecast the number of cases, hospitalizations and deaths that will occur going forward over the course of the pandemic because they are based on actual surveillance data.

The Numbers

- CDC estimates that between 14 million and 34 million cases of 2009 H1N1 occurred between April and October 17, 2009. The mid-level in this range is about 22 million people infected with 2009 H1N1.
- CDC estimates that between about 63,000 and 153,000 2009 H1N1-related hospitalizations occurred between April and October 17, 2009. The mid-level in this range is about 98,000 H1N1-related hospitalizations.
- CDC estimates that between about 2,500 and 6,000 2009 H1N1-related deaths occurred between April and October 17, 2009. The mid-level in this range is about 3,900 2009 H1N1-related deaths.

The results of this method confirm previous epidemiological data indicating that this disease primarily affects people younger than 65 year old, with the number of cases, hospitalizations and deaths overwhelmingly occurring in people 64 years and younger. This is very different from seasonal influenza, where about 60 percent of seasonal flu-related hospitalizations and 90 percent of flu-related deaths occur in people 65 years and older. The proportion of younger people being impacted by 2009 H1N1 is much greater than what occurs during seasonal flu and people 65 and older are much less affected by this virus than what routinely occurs with seasonal influenza. The results generated by this method also underscore the continued importance of the 2009 H1N1 vaccination program and support the recommended target groups for vaccination.

This methodology and the resulting estimates also underscore the substantial under-reporting that occurs when laboratory-confirmed outcomes are the sole method used to capture hospitalizations and deaths. Since the outbreak began in April, states have reported 2009 H1N1 hospitalizations and deaths to CDC. Cumulative reports of laboratory-confirmed 2009 H1N1 hospitalizations and deaths for the same period used in this analysis (April through October 17, 2009), are 17,283 hospitalizations and 1,004 deaths. CDC has maintained since the beginning of this outbreak that laboratory-confirmed

data on hospitalizations and deaths reported to CDC is an underestimation of the true number that have occurred because of incomplete testing, inaccurate test results, or diagnosis that attribute hospitalizations and deaths to other causes, for example, secondary complications to influenza.

CDC Estimates of 2009 H1N1 Cases and Related Hospitalizations and Deaths from April-October 17, 2009, by Age Group

2009 H1N1	Mid-Level Range*	Estimated Range *
Cases		
0-17 years	~8 million	~5 million to ~13 million
18-64 years	~12 million	~7 million to ~18 million
65 years and older	~2 million	~1 million to ~3 million
Cases Total	~22 million	~14 million to ~34 million
Hospitalizations		
0-17 years	~36,000	~23,000 to ~57,000
18-64 years	~53,000	~34,000 to ~83,000
65 years and older	~9,000	~6,000 to ~14,000
Hospitalizations Total	~98,000	~63,000 to ~153,000
Deaths		
0-17 years	~540	~300 to ~800
18-64 years	~2,920	~1,900 to ~4,600
65 years and older	~440	~300 to ~700
Deaths Total	~3,900	~2,500 to ~6,100

** Deaths have been rounded to the nearest ten. Hospitalizations have been rounded to the nearest thousand and cases have been rounded to the nearest million*

(Information about surveillance and reporting for 2009 H1N1 is available at *Questions and Answers*: Monitoring Influenza Activity, Including 2009 H1N1.)
https://web.archive.org/web/20091119032233/http://www.cdc.gov/h1n1flu/reportingqa.htm

The estimates derived from this methodology provide the public, public health officials and policy makers a sense of the health impact of the 2009 H1N1 pandemic. While these numbers are an estimate, CDC feels that they present a fuller picture of the burden of 2009 H1N1 disease on the United States. CDC will continue to use weekly data from systems that comprise the *National Influenza Surveillance System* to monitor geographic, temporal and virologic trends in influenza in the nation. https://web.archive.org/web/20091112122154/http://www.cdc.gov/flu/weekly/fluactivity.htm

Background Emerging Infections Program

The Emerging Infections Program (EIP) Influenza Project conducts surveillance for laboratory-confirmed influenza-related hospitalizations in children and adults in 62 counties covering 13 metropolitan areas of 10 states. (This includes San Francisco, CA; Denver, CO; New Haven, CT; Atlanta, GA; Baltimore, MD; Minneapolis/St. Paul, MN; Albuquerque, NM; Santa Fe, NM, Las Cruces, NM; Albany, NY; Rochester, NY; Portland, OR; and Nashville, TN.)
https://web.archive.org/web/20091117160703/http://www.cdc.gov/ncpdcid/deiss/about_eip.html

Cases are identified by reviewing hospital laboratory and admission databases and infection control logs for children and adults with a documented positive influenza test conducted as a part of routine patient care. EIP estimated hospitalization rates are reported every week during the flu season. More information about the Emerging Infections Program is available at
https://web.archive.org/web/20091117160703/http://www.cdc.gov/ncpdcid/deiss/about_eip.html

Healio

CDC: Estimated 22 million Americans sick from influenza A (H1N1) during six months of pandemic

Healio, 12 November 2009
https://www.healio.com/news/pediatrics/20120331/cdc-estimated-22-million-americans-sick-from-influenza-a-h1n1-during-six-months-of-pandemic

An estimated 22 milllion people in the United States became ill from influenza A (H1N1) during the first six months of the pandemic and as there are several more months of influenza season to go, vaccination of certain groups, particularly children, is key, according to the CDC's director of immunization and respiratory diseases.

Anne Schuchat, MD, said that the estimates are based on data from the Emerging Infections Program Network. She said that based on data from this surveillance system of hospitalized patients, CDC officials estimate about 98,000 people have been hospitalized and 3,900 have died from this illness so far. Of that number, about 540 were children.

Until now, the CDC had conservatively put the U.S. mortality associated with this strain of influenza at "more than 1,000," and had reported on 129 laboratory-confirmed deaths in children. The surveillance data are helping CDC officials paint a more accurate picture of total morbidity and mortality associated with this illness, Schuchat said.

The figures track from April to Oct. 17, and suggest the number of hospitalizations range from 63,000 to 153,000 and deaths range from 2,500 to as high as 6,100. Schuchat said the illness has affected all age groups, with adults ages 18 to 64 making up about 12 million cases and seniors about 2 million cases.

Schuchat said the new figures reemphasize the importance of getting the vaccinations to high-risk groups, such as children and adults with chronic conditions like diabetes. She noted that November is American Diabetes Month and she said that it is important for patients with diabetes and other chronic conditions to get vaccinated to protect themselves, even if efforts to obtain the vaccine have been difficult. She said about 12% of all hospitalized patients seen have had chronic conditions, and of those, about 19% of those patients have diabetes.

So far, about 41.6 million doses of the vaccine are available, Schuchat said, which is far less than manufacturers had projected by this time. However, she said, more "vaccine is being ordered and delivered very day." — *by Colleen Zacharyczuk*

The Telegraph

Kate Devlin

Swine flu: drop in cases raises hopes for peak in second wave

Telegraph.uk, 12 November 2009, 5:09PM GMT
https://web.archive.org/web/20091115102542/http://www.telegraph.co.uk/health/swine-flu/6555080/Swine-flu-drop-in-cases-raises-hopes-for-peak-in-second-wave.html

The number of new cases of swine flu has fallen for the first time in months, raising hopes that the second wave of the pandemic has peaked.

However, health officials warned that the drop could be an anomaly caused by school closures over half-term and urged at risk patients to still take the vaccine.

There were an estimated 64,000 new cases in England last week, down from 84,000 the previous week.

But the numbers dying from the disease continue to grow.

The death toll in England from the virus now stands at 124, up from 105 last week.

However, the number of people in hospital with swine flu has dropped slightly to 785, of whom 173 are in intensive care.

Sir Liam Donaldson, the Chief Medical Officer, cautioned that the dip in cases did not meant that they would not rise again next week.

The impact of school holidays over half term could last two weeks, he said, insisting that next week's figures should give a clearer picture of how the virus is developing.

Last month cases in America recorded a small dip only to rise again the following week.

Children have been described as 'super spreaders' of the swine flu, and there have been numerous outbreaks of the because of the virus in schools across the country.

The Department of Health is also publishing new guidance for pregnant women about the dangers of swine flu, which urges them to have the vaccine.

The information is being placed on the Department's website and leaflets will be in GP surgeries from next week.

Sir Liam said the Government was making a "strong recommendation" to pregnant women to have the jab, because they are known to be at higher risk of complications than many members of the public.

Clatsch News

Schweinegrippe Pandemie:
Österreich im Januar – Schweiz Pandemie angekommen

Clatsch News, 12 November 2009
https://web.archive.org/web/20091117090327/http://www.clatsch.de/2009/11/12/schweinegrippe-pandemie-sterreich-im-januar-schweiz-pandemie-angekommen/

Laut verschiedener Berichte soll angeblich in unserem Nachbarland der Schweiz die Pandemie Welle angekommen sein. Dort hab es in der letzten Woche eine Verdoppelung der Fälle. Dies wurde jetzt offiziell von Patrick Mathys des Bundesamt für Gesundheit (BAG) berichtet. Damit sei in der Schweiz die Pandemie der Schweinegrippe angekommen.

Er geht davon aus das die Anzahl der Erkrankungen weiterhin exponentiell steigen wird. Hoffen wir es nicht, denn solche Bilder möchte keiner sehen. In Österreich ist die Lage laut den berichten von OE24 noch nicht so bedrohlich. Dort wird erst so richtig ab Januar mit einem Ausbruch gerechnet. Dies geben allerdings nur Modellrechnungen so wieder und ich bin der Meinung, das die Aussagekraft dieser nicht wirklich gut ist.

Natürlich wird alles davon abhängen wie schnelle die Impfungen durchgeführt werden und vor allem wie die Impfbereitschaft sein wird. Je mehr sich Impfen lassen desto besser um einen Pandemie rechtzeitig noch abzuwehren.

Aber auch hier gibt es wie immer Unterschiedliche Meinung. Experten gehen allerdings davon aus das sich die Schweinegrippe weiterhin ausbreiten wird. Ob es wirklich zu den Szenarien kommen wird das die Intensivbetten in den Krankenhäuser ausgehen werden darf man nicht hoffen

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Fallen behind schedule with swine flu jabs,
Austrian government spreads idea no "pandemic" until January

The Flu Case, 14 November 2009, 14:45
https://web.archive.org/web/20100102040628/http://theflucase.com/index.php?option=com_content&view=article&id=1803%3Afallen-behind-schedule-with-swine-flu-jabs-austrian-government-spreads-idea-no-qpandemicq-until-january&catid=1%3Alatest-news&Itemid=64&lang=en

Far behind schedule with their swine flu vaccination campaign in Austria and Switzerland, the governments and media (see example below) have started preparing people for the idea that there will not be a pandemic until January and not in November/December as first predicted.

Many experts say that the vaccinations will cause the pandemic as happened during the Spanish flu pandemic of 1918. However, so few people have taken the swine flu jab in Austria and Switzerland so far that it will be hard to generate a pandemic by these means unless numbers can be increased.

One thing is for sure: with the economy about to collapse due to the criminal dealings of the banksters and their allies in government who have sucked billions of euros from tax payers under various pretexts, there is not a lot of time left to implement the "swine flu" vaccination campaign before people wake up to the full dimensions of the scam being perpetrated on them.

NewAmerican

Alex Newman

CDC Guesstimates, 'Recalculates' Swine Flu Deaths

New American, 12 November 2009, 11:24.
https://web.archive.org/web/20091122094913/http:/www.thenewamerican.com/index.php/usnews/health-care/2303-cdc-guesstimates-recalculates-swine-flu-numbers

The U.S. Centers for Disease Control and Prevention (CDC) recalculated its original estimates and is now indicating that over 4,000 Americans have likely died from problems linked to the H1N1 swine-flu virus.

The figure is four times higher than previous estimates of about 1,000 dead provided by federal health officials. The new number reportedly takes into account people who died from other related complications like pneumonia and bacterial infections. But the official tally is based mostly on educated guesses, since the CDC quit tracking actual cases back in August.

According to a Reuters analysis of the data entitled "New US swine flu death estimates will be guess," "The death figures will be based on models, calculated by looking intensively at small groups of people, gathering data on overall reports of sickness and death, and reconciling the two." The report also noted that there are not nearly enough diagnostic tests to see if everybody with flu-like symptoms really have the H1N1 swine flu.

A CBS investigation in late October revealed that the government was already inflating swine flu numbers, but experts suggest that even 4,000 deaths would still rank the current H1N1 virus as relatively mild. Some doctors have also seriously questioned even the earlier estimates of 1,000 deaths.

"The central question is: have a thousand people died from H1N1," explained Dr. Joseph Mercola, also an author and vaccine critic, while discussing President Obama's declaration of a national emergency. "It does not appear to be the case — there are no substantiation or any support or factual data on the CDC's own website, in fact we have evidence to the contrary."

The World Health Organization estimates that about 6,000 people have died worldwide from swine flu-related complications. The figure is also based on calculations, not confirmations. But to put that number in perspective, the WHO claims that seasonal influenza is linked to between 250,000 and 500,000 deaths each year.

The Stockholm-based European Center for Disease Prevention and Control has reported slightly more than 400 deaths in Europe so far, while the death toll from a supposed health emergency in Ukraine still remains unclear. British health authorities have been forced to revise future worst-case scenario death-toll estimates down from an original 65,000 to a more modest prediction of 1,000. That number is well under the 4,000 to 8,000 who normally die each year from seasonal flu, Reuters reported in an article entitled "Swine flu skepticism demands deft response" about the alleged profitable "hype" surrounding swine-flu hysteria.

U.S. presidential council concluded this year that up to 90,000 Americans could die from H1N1-related-complications, but medical experts cited by the *New York Times* have disputed the assertions. Discussing the new CDC estimates in an article entitled "Recalculating the Tally in Swine Flu Deaths," the *Times* warned that "a much higher death rate would mean more drastic measures to keep people apart and could mean, for example, adding immune-boosting adjuvants to the vaccine so more people could get it."

The new estimates come as the federal government still faces massive problems nearly a month into its mass vaccination campaign. Concerns about safety and efficacy, along with reports of side effects including the neurological disorder Gullian-Barre Syndrome and even reports of deaths attributed to the vaccine in Europe have caused many Americans to remain skeptical of the government program. There have also been reports of some vaccine shortages, but whether the shortages are real or are merely part of a strategy to get people to clamor for the vaccine, a move that was proposed at the Council on Foreign Relations to build up demand for the inoculations, is unknown.

The government routinely misleads the public with its numbers, on everything from the Consumer Price Index to unemployment figures to health statistics. Whether 4,000 people have actually died from complications "related" to swine flu is certainly up for debate, but Americans should always regard government numbers with healthy suspicion until proven with facts. More importantly though, education is key for individuals and families considering options to keep the flu at bay.

Schweinegrippe: Serbien Notstand

MM News, 12. November 2009
https://web.archive.org/web/20091115120243/http://www.mmnews.de/index.php/200911124198/Dies-Das/Schweinegrippe-Serbien-Notstand.html

Wegen der Schweinegrippe hat Serbien einen Epidemie-Notstand ausgerufen. Massnahme erlaubt ein Verbot von Massenveranstaltungen. / Politiker in Polen halten H1N1- Gegenmittel für Betrug. Verstärkt Hinweise auf gezielte Panikmache.

Immer mehr Länder nutzen die Schweinegrippe, um einen Notstand auszurufen. Wegen H1N1 hat Serbien nun einen Epidemie-Notstand erklärt. Die Massnahme, die unter anderem ein Verbot von Massenveranstaltungen erlaubt, soll helfen, die Infektionskrankheit einzudämmen.

Die Entscheidung ermöglicht es der Regierung auch, Schulen zu schliessen und Besuche in Krankenhäusern zu verbieten. Serbien hat bei bisher rund 260 nachgewiesenen Schweinegrippe-Infektionen bereits sieben Todesfälle gemeldet.

Ganz anders sieht die Situation z.B. in Polen aus. Das polnische Parlament hat in einer Sondersitzung über die sich zuletzt ausbreitenden Grippegefahren an Ost- und Westgrenze des Landes beraten.

Im Ergebnis der Tagung geht man nun davon aus, dass Polen, zumindest aktuell, kein Opfer irgendeiner Epidemie ist. Was die Schweinegrippe betrifft, habe man es zwar mit 193 Fälle von H1N1-Infektionen zu tun, doch alle Betroffenen zeigten harmlose Krankheitsverläufe und noch nie sein ein Patient daran gestorben.

Polnische Politiker halten H1N1- Gegenmittel für Betrug

Der Stellvertretender Minister für das Gesundheitswesen Adam Fronczak fügte hinzu, dass es in der Saison 2006/2007 349 Tausend Grippefälle in Polen gab. In der Saison 2007/2008 - 235 Tausend und in der Saison 2008/2009 - gar 543 Tausend. "Kein abnormale Sache, denn an der jährlichen saisonalen Grippe leiden mehr als eine Milliarde Menschen auf der ganzen Welt, und eine Million stirbt hieran - sagte Fronczak. Der der polnischen Regierungspartei PO angehörende prominente Abgeordnete Janusz Palikot behauptet, dass die Impfstoffe gegen Schweinegrippe einem riesigen Betrug dienen und es keine neue bedrohende Grippe gebe. Die Pharmaunternehmen bezeichnete er als Mafia. Dies meinen auch andere polnische Politiker. Zum Beweis, dass es keine gefährliche Krankheit gibt will man nun in die ukrainische Stadt Lemberg fahren und dort jedem die Hand reichen, der dies zulasse.

Verstärkt Hinweise auf gezielte Panikmache

"Egal was wir jetzt tun, wir können die Pandemie nicht mehr verhindern: "Die Schweinegrippe ist in der Schweiz jetzt richtig angekommen. Auf der Nordhalbkugel und inbesondere in Irland breitet sich die Schweinegrippe derzeit explosionsartig aus" - liest man aktuell in Schweizer Zeitungen, also aus einem Land wo H1N1 Arzneien hergestellt werden. In Deutschland sind die Medien da schon etwas kritischer, auch wenn sie den Bürgern zuletzt nicht verraten wollten, dass sie die eigentlichen Testopfer für die Nebenwirkungen eines möglicherweise völlig wertlosen, aber offenbar gefährlichem, Produktes geworden sind. Die deutschen Politiker haben dagegen durch eine eher harmlose Vitamin-C Injektion, die man auch "abgespeckte Version" des nationalen Grippemittel nennt, nichts zu befürchten.

USA: Schweinegrippe-Hysterie in vollem Gange

Die Zahl der tödlich verlaufenen Schweinegrippe-Infektionen in den USA ist auf angeblich mindestens 4.000 gestiegen. Die Gesundheitsbehörden teilten am Mittwoch mit, diese Zahl schließe Sterbefälle aufgrund von Komplikationen wie Lungenentzündungen und bakterielle Infektionen mit ein.

THE FLU CASE

Serbia using the swine flu as a pretext to suspend civic rights, suggests MMNews

The Flu Case, 13 November 2009 18:46

https://web.archive.org/web/20100102044814/http://theflucase.com/index.php?option=com_content&view=article&id=1785%3Aserbia-using-the-swine-flu-as-a-pretext-to-suspend-civic-rights-suggests-mmnews&catid=1%3Alatest-news&Itemid=64&lang=en

Michael Mross of MMNews has said that more and more countries are using the swine flu as a pretext to declare an emergency and suspend basic rights.

Serbia has declared an emergency, allowing the government to ban public gatherings, close schools and prohibit visits to people in hospitals in spite of the fact there have been only 260 cases of swine flu officially reported and 7 deaths, he writes.

In the meantime, the Polish government has rejected the idea that there is a swine flu pandemic in the country with only 193 reported cases of swine flu and no deaths while there were 543,000 cases of seasonal flu in 2008/2009.

Polish MP Janusz Palikot has said that the vaccine against the swine flu is a huge fraud and there is no dangerous flu. He called the pharmaceutical companies a mafia.

Виктор Резунков

Эксперты в гостях у Виктора Резункова обсуждают, как в России и в Петербурге, в частности, борются с эпидемией гриппа A/H1N1

Радио Свобода, 13 ноября 2009
https://www.svoboda.org/a/1878429.html

Виктор Резунков: В российской прессе продолжают появляться многочисленные публикации, посвященные эпидемии гриппа A/H1N1. Причем публикации самые противоречивые.

В одних сообщается о том, что Россия не успела подготовиться к эпидемии, и поэтому надо ожидать массовых заболеваний, в других – о том, что вирус гриппа A/H1N1, по сравнению с вирусом обычного гриппа, совершенно безобиден, и его нечего бояться, в третьих граждан призывают бежать прививаться, в четвертых советуют не спешить и сообщают о побочных эффектах вакцин против гриппа. Не понятно, судя по публикациям, сколько граждан в России заболело новым гриппом, сколько скончалось от него, как вообще определяется эта статистика. Не ясно, какими лекарствами надо лечиться, а может быть, надо лечиться народными средствами. Все эти вопросы, на которые в российской прессе ответы самые противоречивые, не только запутали простого российского гражданина, но и создали в целом чуть ли не панику в стране.

Конечно, на все эти вопросы дать ответы четкие и ясные в нашей передаче мы не сможем, но хотя бы попытаться разобраться в этой ситуации попробуем. В Петербургской студии Радио Свобода - врач-инфекционист, координатор программы «Российского Красного Креста» «Стоп, грипп!» Андрей Дьячков и корреспондент газеты «Санкт-Петербургские ведомости» Александр Жабский.

В начале нашей передачи я бы хотел определиться с терминами. Информационное агентство «Росбалт» публикует заявление главного санитарного врача Российской Федерации Геннадия Онищенко, который сообщает: «Нынешнюю эпидемию гриппа, в том числе A/H1N1, можно преодолеть за неделю, если каждый будет соблюдать меры предосторожности и рекомендации врачей. Все будет зависеть от нас. Если мы будем выполнять меры предосторожности и наши рекомендации, то можно преодолеть грипп за неделю. Не надо надеяться только на то, что все за нас сделает держава. Это не первая и не последняя напасть. Нынешний вирус явно «пересидел». Онищенко категорически высказался против каких-либо определений пандемического гриппа. «Нет ни свиных, ни собачьих, ни птичьих гриппов», - резюмировал глава Роспотребнадзора».

Я хочу сказать, что я не буду употреблять выражение «свиной грипп», но так как я буду цитировать статьи, то я вынужден буду это делать.

Андрей, все правильно?

Андрей Дьячков: Вирус гриппа A/H1N1 действительно известен достаточно давно. Еще в 70-ых годах в США были обнаружены случаи этого заболевания у людей. Свиней бояться не надо – хрюкать мы не начнем, если заболеем. У свиней есть похожий вирус. И изначально в Мексике действительно случаи были у людей, которые ухаживали на фермах за свиньями. Но это термин, который «прилепился» к этому вирусу неправильно. Более корректное название «A/H1N1». То есть все вирусы подразделяются, у них есть два белка - гемагглютинин и нейраминидаза, и классификация вируса гриппа как раз проходит по этому принципу.

Виктор Резунков: И я бы хотел зачитать публикацию из немецкого издания «Die Zeit», которое отмечает: «Несмотря на активное распространение по всей России эпидемии свиного гриппа, сообщения о летальных исходах и появление людей в марлевых повязках в московском метро, на взгляд иностранцев, среди россиян никакой паники не наблюдается». Как пишет издание: «Многие россияне относятся к эпидемии с равнодушием – смесью отсутствия интереса, граничащего с наивностью оптимизма и уверенности в том, что жизнь вообще опасная штука. Отметим, что одной из самых популярных в России действительно является шутка Юрия Олеши на эту тему: «Жизнь вредна, от нее умирают». В качестве аргумента, что бояться нечего, россияне приводят примеры, что в Российской Федерации без всякой эпидемии ежедневно от последствий употребления алкоголя умирают 110 человек, в автомобильных авариях гибнут 93 человека».

Как вам это нравится, Александр?

Александр Жабский: В этом есть, конечно, доля правды, может быть, даже очень большая доля. Действительно, мы – народ, который не подвержен паникам на пустом месте. Мы, скорее, будем запасать соль и спички, чем марлевые повязки. Но это и хорошо. То есть мы не выходим, мне кажется, за рамки разумного. А вообще остерегаться, конечно, надо. Я, едучи сюда, в метро видел двух немолодых дам, которые шли в повязках, не панически совершенно, но они решили побеспокоиться о своем здоровье. С другой стороны, насколько я знаю, об этом писала и наша газета, что работникам метрополитена вменено в обязанность носить такие повязки, но вот вчера-сегодня я их не видел на них, ни на «Чернышевской», ни на станции «Парк Победы». Наверное, это следствие того самого, о чем пишет немецкий журналист.

Андрей Дьячков: Мне кажется, чтобы не звучало, что мы как будто рекламируем всем носить обязательно маски, надо ко всем методам профилактики подходить разумно. То есть в определенных ситуациях маска действительно полезна. Если вы находитесь в местах массового скопления людей короткое время, например, можно эту маску применить. А на улице ее использовать совершенно бесполезно. Естественно, если у вас самого есть симптомы простуды или гриппа, то лучше находиться дома. Но если вы вынуждены выйти, например, в поликлинику или какие-то другие обстоятельства, тогда, естественно, социально ответственное поведение – это именно надеть эту маску. Мне кажется, должен быть баланс, не должно быть какого-то шапкозакидательства и наплевательского отношения, но и какой-то истерики вокруг этой ситуации не должно быть. Потому что существуют определенные правила профилактики, соблюдая которые, ну, не остановить за одну неделю, но, по крайней мере, действительно ограничить распространение вируса точно возможно.

Александр Жабский: Видимо, об этом как раз и говорит немецкий журналист. Можно сделать вывод, что в Европе, видимо, более панически к этому относятся. А смогут ли они управиться за неделю – интересно посмотреть. Хорошо бы, чтобы Геннадий Онищенко сделал такой анализ: такие точные, пунктуальные, ответственные и такие доверяющие всем службам, в том числе и медицинским, европейцы, справятся они за неделю или нет.

Виктор Резунков: Журналисты «Вечернего Петербурга» провели эксперимент. Они прошли по аптекам в Петербурге, пытаясь найти лекарства против гриппа и маски. Но они не обнаружили во многих аптеках этого.

Андрей Дьячков: Совсем недавно прошла информация о том, что у нас соль то ли исчезнет, то ли подорожает, и в общем-то, ее тоже смели с полок. Поэтому я думаю, что если под нужным соусом подать информацию, то могут и телевизоры, и швейные машинки пропасть.

Александр Жабский: Я-то думаю, что тут как раз не в этом дело. Просто прагматичные владельцы аптек, наверное, и не завезли такую кучу всяких препаратов, понимая, что российский человек не кинется скупать все это, в отличие от соли и спичек. Можно и так подумать.

Виктор Резунков: Вы знаете, в Петербурге уже отмечен один случай ограбления с использованием противогриппозной маски. Пришел человек и попытался ограбить, по-моему, сберегательную кассу.

Александр Жабский: Но это не бросает на нее тень, я думаю, так же, как и на капроновые чулки.

Андрей Дьячков: Мне больше нравится версия, когда маску украшают какими-то рисунками, и все это выглядит достаточно мило и интересно.

Виктор Резунков: Я приведу выдержку из публикации Агентства «Росбалт»: «Главные врачи нижегородских больниц - депутаты областного Законодательного собрания убеждают нижегородцев не впадать в панику по поводу распространения гриппа A/H1N1. «Вирус гриппа меняется ежегодно, впадать в панику от появления его новой разновидности оснований нет, - утверждает главный врач Арзамасской городской больницы скорой помощи Александр Цопов. - Сегодня напряженность в обществе нагнетается во многом искусственно, что, на мой взгляд, совершенно недопустимо. Нельзя создавать нервозную обстановку, ни к чему хорошему это не приведет. Серьезно нужно относиться к вирусу в целом, вне зависимости от того, как он называется. Нужно понимать, что это ОРВИ - острая респираторно-вирусная инфекция, которая передается от человека к человеку воздушно-капельным путем. Меры профилактики в этом отношении аналогичны тем, что применяются при обычном сезонном гриппе».

Андрей, вы с этим согласны?

Андрей Дьячков: В целом, наверное, да. Всегда хорошо сохранять спокойствие. Единственно, мне кажется, в чем возникла сейчас проблема – все-таки в дефиците информации. Вот мне, как врачу, ежедневно мои знакомые и друзья звонят с вопросом: «Что же это все-таки за грипп? Что приобретать?». Это говорит о том, что несмотря на то, что внимание в прессе уделяется достаточно пристальное этой теме, но конкретной информации все-таки не хватает. И я хотел бы сказать, что в Интернете создан сайт Роспотребнадзор его курирует, это официальный сайт Роспотребнадзора. И с достаточно высокой регулярностью, периодичностью обновляется информация по гриппу и доступны рекомендации не только российской, но и Всемирной организации здравоохранения, и Американского центра по контролю заболеваемости в США.

Виктор Резунков: А кто тогда нагнетает обстановку, если разобраться?

Александр Жабский: С моей точки зрения, может быть, даже и санитарные врачи. Вот вспомним Онищенко, который говорил, что не надо нашим детям ездить за границу летом в лагеря, не надо футбольным болельщикам ездить за нашими командами в Европу, потому что там этот грипп A/H1N1. Теперь он говорит, что если мы поднапряжемся, ничего страшного нет, то и ликвидируем. Конечно, сшибка в сознании у людей происходит. Наверное, как-то растерялись. Все-таки главный санитарный врач, хотя всякие, даже экстравагантные он решения принимал в недавнее время, но он пользуется уважением, ну, просто потому, что больше не к кому обратиться. Ну, не президент же будет эти вопросы решать. И я думаю, что во многом это зависит от неточных посылов, которые идут, может быть, даже от санитарных медиков и от организаторов здравоохранения. Они сами-то, наверное, еще до конца не разобрались. Я понимаю, что фармакологические компании мировые нагнетают как раз этот интерес для того, чтобы больше сбыть. Но в России это не пройдет, повторяю, у нас спички и соль будут закупать, а не фармакологические средства антигриппозные. Но там это проходит. И видимо, доходит волна до России. Врачи разбираются и видят, что, да, это грипп, это тоже опасно, потому что всякий грипп опасен. Насколько мне известно, примерно 1% людей всегда во времена сезонных эпидемий умирает, а заболевает очень много людей. Но чего-то из ряда вон выходящего, такого, что нужно уж прямо прятаться от всего мира и заматываться платками, я думаю, не происходит.

Андрей Дьячков: Мне кажется, сейчас новый виток, можно назвать, истерии, он случился после сообщений из Украины.

Александр Жабский: Речь идет в прессе о том, что, будто бы, Украина уже вся слегла.

Андрей Дьячков: Совершенно верно. И мы можем не очень ориентироваться на западные страны, которые мы, может быть, считаем слишком предусмотрительными или слишком осторожными, то когда наши братья-славяне начинают так себя вести – ходить в масках, то поневоле задумаешься: а почему мы этого не делаем?

Виктор Резунков: А у вас в «Красном Кресте» есть ли какие-то данные по Украине? Насколько там ситуация действительно сложная?

Андрей Дьячков: Мы не являемся мониторинговой организацией, эпидслужба этим занимается. Я знаю, что украинское общество «Красного Креста» распространяет информацию о гриппе. И мне кажется, тут должен быть конгломерат, симбиоз государства со своими медицинскими мерами и общественные организации с немедицинскими мерами профилактики. И вот это надо донести до каждого человека. И тогда можно серьезным образом повлиять на развитие эпидемии.

Виктор Резунков: Русскоязычный журнал «Newsweek» приводит пример того, как с гриппом борются, например, в Великобритании: «Попытка остановить свиной грипп на границах в России провалилась. Теперь выясняется, что Россия не успела подготовиться к эпидемии. Если чувствуете недомогание - ни в коем случае не идите к врачу. Просто зайдите на сайт Минздрава и заполните специальную анкету. Программа тут же определит, есть ли у вас симптомы свиного гриппа. Если есть, вам пришлют личный код. Его нужно сообщить другу или родственнику, который сходит в аптеку и получит для вас препарат тамифлю и другие лекарства. Лечитесь дома - к врачу обращайтесь, только если станет совсем худо. Такая система борьбы со свиным гриппом действует в Великобритании. «Отличный способ, - одобряет зампред комитета по охране здоровья Думы академик Российской Академии медицинских наук Сергей Колесников, - но у нас это, к сожалению, невозможно. Не так широко распространен Интернет».

Андрей Дьячков: Я думаю, что не каждый раз, когда человек заболевает острым респираторно-вирусным заболеванием, он должен бежать к врачу. Другой вопрос, что ему «больничный» нужен, поэтому он, может быть, вынужден обращаться за медицинской помощью. А в целом, конечно, есть определенные показатели, которые говорят о том, что заболевание течет необычно, более тяжело. Например, если температура держится больше четырех дней, если у вас появились трудности при дыхании, если изменился характер кашля или характер мокроты, которая отходит, изменился ее цвет – она стала желто-зеленого цвета, если судороги, а особенно у детей, - это, безусловно, показания к обращению к врачу. Повторный подъем температуры после периода улучшения самочувствия, это какие-то психические нарушения, бредовые расстройства, галлюцинации – это все может возникнуть на фоне тяжелого течения гриппа. Но правильно было замечено, летальность и тяжелые формы развиваются не у всех людей. Сейчас подключают и 6-ой курс Педиатрической академии,

потому что, конечно, обслужить то количество вызовов, которое обрушивается на «скорую», на поликлиники, просто невозможно.

Александр Жабский: А мне все-таки более симпатична инвектива нашей медицины. Обращайтесь к врачу, не занимайтесь самолечением. Конечно, врачи рассказывают, какую проводить профилактику элементарную: есть определенные продукты, просто мыть руки. Просто мойте чаще руки – и будет меньше любых инфекций, а не только гриппозной. Мне кажется, что это более правильно. Вот если докажут британские медики, что это эффективный путь, можно им последовать. А пока все-таки мы верим нашей традиционной медицине российской, которая имеет глубочайшие корни и санитарные, а не только «вылечивательные», так скажем. Поэтому мне как-то симпатичнее наш способ.

Андрей Дьячков: И потом, все-таки наша медицина в периоды кризиса лучше справляется. Еще можно вспомнить первое заседание Народного комиссариата здравоохранения. Владимир Ильич Ленин сказал о том, что или вши победят революцию, или революция победит вшей. Со многими эпидемиями уже в России справлялись, и я думаю, что и с этой тоже справятся.

Александр Жабский: Хотя страшная «испанка» унесла во всем мире и в России слишком много людей.

Виктор Резунков: Андрей, а вы можете рассказать о вашей программе, которая называется «Стоп, грипп!»? Что это такое?

Андрей Дьячков: Мы собрались с волонтерами, когда вся эта ситуация начала раскручиваться, и мы подумали о том, как мы, молодые люди, можем принять участие в противодействии эпидемии. И поняли, что наша роль именно в информировании. Опять же я сужу по себе, сколько звонков мне, как врачу, поступает от моих друзей, и постоянно с какими-то вопросами, которые кажутся достаточно элементарными, но, тем не менее, они людей беспокоят. И мы подумали, что, наверное, с «Красным Крестом» больше всего ассоциируются дети. Мы подумали, что школы, детские садики – там мы больше всего нужны, можем помочь. И мы решили научить людей, как правильно мыть руки, а это тоже нужно делать правильно. Существует специальный алгоритм, он на всемирном уровне принят, везде так должны мыть руки. И как правильно защищаться при чихании. То есть нельзя прикрываться ладошкой, нужно использовать либо платочек одноразовый, бумажный, после чего его выбрасывать, либо прикрываться локтем. Потому что если вы прикрываетесь ладошкой, вы взялись за ручку двери, другой человек, если возьмется за нее и дотронется до своего глаза, потрет слизистые носа или рта, он может таким образом заразиться. То есть наша работа – это информационная работа. Мы начали в Калининском районе. Если все пойдет хорошо, будут положительные отзывы, мы готовы продолжать в других районах города.

Александр Жабский: А молодежь хорошо поддерживает волонтерский призыв?

Андрей Дьячков: Сначала, конечно, была ирония: как это – учить мыть руки? Но сейчас, когда наши волонтеры посетили детский садик... У нас сейчас небольшой гимн у этой программы появился – это песня из фильма «Усатый нянь». Она позитивная, и действительно, все эмоции у ребят именно такие.

Александр Жабский: Если молодежь подхватит – дело получится.

Андрей Дьячков: Мне тоже так кажется. Тем более что в конце каждого занятия мы говорим школьникам: «Ребята, расскажите вашим мамам, папам, бабушкам и дедушкам. И если вы в следующий раз увидите на улице человека, который чихает в локоть, значит, это работает».

Виктор Резунков: И давайте о вакцинах поговорим. Агентство «Росбалт» сообщает: «Поскольку вакцина от свиного гриппа создана лишь недавно, то об эффективности и безопасности такой прививки детальных данных обнаружено не было - лишь заверения официальных лиц и разработчиков вакцины о несомненной безопасности современных вакцин. Тем не менее, большинство опрошенных врачей все-таки предполагает, что вакцинация от свиного гриппа не менее эффективна и безопасна, чем и от сезонного. Однако очевидно, что целую группу медиков смущает тот факт, что научных данных о безопасности недавно созданной вакцины против свиного гриппа слишком мало. Тот же испанский профессор Хуан Хервес вспоминает вакцину, созданную в США в 1976 году, в разгар гриппозной эпидемии: «Мы ничего не знаем об эффективности и безопасности вакцины против свиного гриппа, которая готова к маркетингу. Однако известно, что в 1976 году в США разработали подобную вакцину - результатом стала эпидемия тяжелых побочных эффектов (синдром Гийена-Барре, неврологические заболевания, тяжело пострадали десятки человек). Программа вакцинации была остановлена. Ускоренная разработка таких вакцин не приносит пользы (это справедливо и в отношении гриппа A/H1N1, смертность от которого столь низка)».

Андрей Дьячков: Наверное, было бы неправдой сказать, что при выполнении прививок не бывает побочных эффектов. Это давно известный факт, и он подтвержден многочисленными исследованиями. Но давайте задумаемся, о каких побочных эффектах мы говорим. То есть после вакцинации от гриппа, как правило, бывает небольшое повышение температуры, могут быть какие-то небольшие проявления простудного заболевания, но это нормальная ситуация, и это нельзя назвать серьезным побочным эффектом, который побудил бы людей отказаться от вакцинации. И хочется привести пример наших украинских коллег. Там случилась неприятность

при вакцинации от кори, летальный случай, после чего и ВОЗ, и UNICEF украинским правительством были обвинены чуть ли не в шпионской деструктивной деятельности на территории Украины. А сейчас они лучшие друзья. То есть колеблется информация, и нам иногда не совсем понятно, по каким причинам. Но надо сказать, что все вакцины действительно проходят тщательное исследование. Постоянно проводится мониторинг побочного действия вакцин. То есть каждая прививка отслеживается. А в педиатрической практике особенно тщательно проводится. Поэтому я не думаю, что стоит бояться именно вакцины, потому что это давно известная практика, и необходимо ее применять.

Виктор Резунков: А чем можно объяснить, что в России существует мощное «антивакцинозное» движение, если так можно выразиться?

Андрей Дьячков: Когда я ходил в школу, мне родители говорили: «Будут предлагать прививку – отказывайся». А почему отказывайся? Ну, прошли опять-таки какие-то материалы в СМИ. И к чему это привело? Например, в середине 90-ых у нас был сумасшедший подъем заболеваемости дифтерией, очень тяжелые случаи. Как Булгаков в «Записках молодого врача» описывал, у нас такие случаи. Сейчас это все сошло на нет, потому что, в том числе, поняли, что надо вернуться к вакцинации. И естественно, ее надо делать по календарю, по плану. Отсутствие противопоказаний. И медикам это все очень давно известно.

Александр Жабский: Тем не менее, мне кажется, что ваши родители поступали правильно. В 90-ых годах учились мои дети. И я тоже им это говорил. Но это не связано с недоверием к вакцинации. Это связано с тем, что через родителей этот вопрос должен решаться. Родители отвечают за детей, они знают состояние здоровья ребенка. Медсестра в школе чаще всего может и не знать, к каким лекарственным средствам не расположен ребенок. Я был членом родительского комитета, и я помню, что мы все это обсуждали. И я говорил медикам: «Пожалуйста, ставьте нас в известность».

Виктор Резунков: Я зачитаю выдержку из публикации в газете «Санкт-Петербургские ведомости»: «Объявлено, что с понедельника в особенно неблагополучных регионах началась вакцинация от свиного гриппа. В неблагополучные попали Москва, Брянск, Воронеж, Тюмень и Алтай. На все про все: и на разработку вакцин, и на закупку выделяется 4 миллиарда из бюджета страны. При этом разработкой вакцины заняты три структуры: НПО «Микроген», «Петровакс» и наш (петербургский – В.Р.) НИИ гриппа. Как государственные деньги поделены между ними, не сообщается. А сообщается лишь, что вакцина для взрослых уже проходит апробацию, а разработка вакцины для детей – в начальной стадии. Как тут не вспомнить пресловутую атипичную пневмонию, птичий грипп. Кстати говоря, нашему НИИ гриппа до сих пор должно икаться от той истории. Шумели много! Пугали всех до облысения. А между тем, как в прошлом году выяснила Контрольно-счетная палата Петербурга, проверяя городское управление ветеринарии, 15 миллионов рублей, выделенные в 2006-2007 годах на разработку вакцины от птичьего гриппа, оказались потрачены «безрезультатно» (так записано в заключении) – вакцина так и не была разработана».

Андрей Дьячков: Дело в том, что ситуация с «птичьим гриппом», например, совершенно особняком стоит. Это вирус гриппа H5N1, и меры профилактики предпринимались не только в нашей стране. И понятно, что, может быть, те прогнозы, которые строились, они не оправдались, но не предпринимать никакой работы в этом направлении просто нельзя. А насчет ее эффективности – это уже должны комментировать специалисты, которые занимались разработкой этой вакцины.

Александр Жабский: Я с вами совершенно согласен. Тем более что я всегда думаю: сколько денег закопано в дамбу, закопано вообще в никуда. И если уж мы потратились, может быть, и не очень эффективно на разработку этой вакцины, ведь на кону же стояло здоровье людей. Это, может быть, и нехорошо, но не думаю, что это трагично.

Виктор Резунков: У нас есть звонки. Дмитрий из Москвы, здравствуйте.

Слушатель: Здравствуйте. Я врач по профессии, и знаю, что не может продолжаться эта эпидемия перманентно. У нее есть довольно-таки ограниченный срок. А сейчас она уже превращается в перманентную, я бы сказал, эпидемию, перефразируя нашего великого Троцкого. И еще один момент в связи с вакцинами. К ним никакого доверия быть не может, тем более, со стороны врача. Потому что, прежде всего, лично каждый из врачей сам не проводил исследований, не являлся наблюдателем или экспертом. В этом плане врачи не могут быть истиной в последней инстанции. Мы можем только лишь надеяться на свое здоровье: выдержит – выдержит, не выдержит – не выдержит.

Александр Жабский: Какой же врач, даже районный, может отвечать за Аспирин или какое-то другое средство?

Андрей Дьячков: Я хотел бы привести пример. Обязательно все лекарства проходят многостадийные клинические испытания. И с вакцинами та же самая ситуация. Существуют у врача отдельные формы регистрации всех случаев поствакцинальных осложнений, и они достаточно быстро доходят до сведения и разработчиков, и до органов, которые регулируют применение этой вакцины. Поэтому по поводу ответственности врача, врач в этом смысле полагается на результаты клинических исследований, которые проводятся по определенным стандартам.

Виктор Резунков: Георгий Серафимович из Москвы, здравствуйте.

Слушатель: Здравствуйте. Очень хорошую тему вы сегодня обсуждаете. Но у меня масса сомнений в отношении правильности ваших советов. Вот консультант из «Красного Креста» рекомендует обращаться к врачам, если появились какие-то симптомы гриппозного порядка. А как учитывается в данном случае влияние закона о техническом регулировании, который в 2002 году отменил все нормативы по всем видам деятельности в России и принял решение разработать новые? В силу этого ответственности у изготовителей фармацевтических препаратов совсем никакой не осталось. Все эти многочисленные испытания, которые проводятся ими, им верить нельзя, потому что уже давно известно, что очень много фальшивых лекарств, так называемых «дженериков». Где, скажите, у нас гарантия в этом случае получить действительно объективную медицинскую помощь в поликлинике, а не заболеть еще чем-то дополнительно?

Андрей Дьячков: Хотел бы обратить внимание, что, безусловно, не нужно заниматься самолечением. И если ваше самочувствие у вас вызывает какие-то сомнения, необходимо, конечно, обратиться к врачу. Я перечислил некоторые признаки, когда точно нужно идти к врачу. И хотелось бы обратить внимание, что все-таки каким-то образом мы должны доверять производителям лекарств, потому что они за это отвечают своим именем, своей репутацией. И исследованиям, которые проводятся, у меня нет оснований им не доверять. Они проводятся независимыми экспертами и в соответствии с международными стандартами. Как раз вы можете быть уверены, что признанные в мире препараты прошли все испытания, и в их надежности и безопасности можно быть уверенным. И по поводу дженериков. Это не совсем поддельные лекарства, это просто лекарства, которые выпускаются не оригинальным заводом-производителем, но с использованием тех же самых действующих веществ.

Александр Жабский: То есть та же формула, ничем не отличается от бренда по составу, но имеет иное название. Но это никак не фальшивые лекарства, которые могут принести вред.

Виктор Резунков: Александр, Бологое, здравствуйте.

Слушатель: Здравствуйте. Очень хорошая тема, затрагивающая нужное дело в стране, да и вообще в мире. Я хотел бы предложить такую тему. Зимой перевести младшие классы, хотя бы до 6-го класса, чтобы они летом учились – июнь-июль, а зимой три месяца они бы находились дома. И дети бы не заболевали ОРЗ, может быть, гриппом.

Виктор Резунков: Хорошая идея! Ее можно обдумать и предложить.

Александр Жабский: Я думаю, школьники восстанут. Как я радовался, что есть каникулы, а есть еще возможность поболеть, погрипповать, как говорилось в мое детство. Я знал, что мама меня всегда вылечит и наш доктор районный.

Виктор Резунков: Юрий Николаевич из Москвы, здравствуйте.

Слушатель: Здравствуйте. В одной из радиопередач я слышал консультации специалиста, который рекомендовал, что Арбидол не очень-то эффективен для профилактики гриппа и укрепления иммунитета. Он рекомендовал Амиксин, кажется, антивирусный и укрепляющий препарат.

Андрей Дьячков: Буквально вчера я говорил со своим знакомым фармацевтом, и он сказал, что кто-то в какой-то программе упомянул название одного препарата, и на следующий день его не было в аптеках. Мне кажется, что такие высказывания по поводу того, что этот препарат действует, а этот не действует... Опять же можно обратиться к сайту Минздравсоцразвития, Роспотребнадзора, к врачам, и они назначат те препараты, которые действительно работают.

Александр Жабский: И вообще лучше всего действует, мне кажется, здравый смысл. А все, что из этого вытекает, то и будет полезно.

Виктор Резунков: Марина Майорова, наш постоянный слушатель, пишет: «Действительно, сплошные сомнения. Сегодня была на приеме у невропатолога, та предложила мне сделать вакцинацию. У нас в поликлинике ее делают. Заглянула к терапевту, та посоветовала не спешить, так как в июне у меня была сложная гинекологическая операция, да и лет мне более чем. Может быть, действительно пару месяцев подождать?».

Андрей Дьячков: Диагнозы по телефону врачами никогда не ставятся. Поэтому прислушайтесь к совету специалиста, который непосредственно с вами общался, он вас лучше знает и знает вашу ситуацию.

Александр Жабский: А лучше сходить к главврачу поликлиники, и пусть он проведет консилиум.

Виктор Резунков: Михаил Андреевич из Москвы, пожалуйста.

Слушатель: Я - не стандарт, у меня такой принцип: если хочешь быть здоров, меньше слушай докторов. Поэтому я лечусь пивом с водкой.

Андрей Дьячков: Я надеюсь, что этого не слышали дети и подростки.

Виктор Резунков: Марина задает вопрос: «Какова должна быть санобработка марлевых повязок? Может ли стирка или кипячение уничтожить вирус? Если мы носим повязку, значит, мы свой собственный вирус глотаем».

Андрей Дьячков: В некоторых газетах в Питере уже призвали изготавливать марлевые повязки самостоятельно. В принципе, вирус порядка 6 часов на объектах окружающей среды может оставаться. Поэтому стирка, которая подразумевает потом сушку, она вирус уничтожит. Но если вы сами имеете симптомы заболевания, и вы возьмете чистую повязочку руками, на которые чихнули, то, соответственно, эту повязочку нужно отправлять обратно в стирку. Поэтому мойте руки почаще, пожалуйста.

Виктор Резунков: Алла Павловна из Москвы пишет: «Панику в связи с эпидемией искусственно создают заинтересованные лица. Вчера купила в аптеке марлевые повязки по 9 рублей, а неделю назад они стоили 3 рубля. Оксолиновой мази нет, зато есть Арбидол, и он широко рекламируется по телевизионным программам. Какие деньги наживают бизнесмены!..».

Александр Жабский: Кто-то, видимо, и наживается. Но я-то все-таки убежден, что вряд ли нажива идет по линии антигриппозных препаратов. У нас знают, что люди этим запасаться сильно не будут. Хотя в отдельно взятом месте могли и сыграть на этом.

Виктор Резунков: Давайте обсудим ситуацию в Петербурге, в частности. Интернет-издание «Фонтанка.Ру» сообщает: «Специалисты НИИ Гриппа заявили, что в Петербурге пора объявлять об эпидемии гриппа. Врачи 12 ноября сообщили журналистам, что количество заболевших горожан ежедневно растет в геометрической прогрессии. Пора привлечь к ситуации внимание общественности, уверены они. По данным НИИ Гриппа, большая часть Европы, 48 штатов США и Канада уже охвачены эпидемией. При этом выделяется порядка 10 тысяч вирусов, курсирующих по всему миру, основным среди которых является грипп типа A/H1N1, в народе именуемый «свиным». В России эпидемия пока зарегистрирована лишь в нескольких регионах: Приморском крае, Восточной Сибири и Забайкалье. В Институте гриппа уверены, что Петербургу уже давно пора последовать их примеру - эпидемиологический порог в городе превышен на 50% (для сравнения, в Чите эта цифра составляет 700%). В середине октября во Всемирной организации здравоохранения обсуждались особенности пандемической болезни. Оказалось, что A/H1N1 имеет ряд особенностей: основная масса заболевших - люди в возрасте от 5 до 30 лет. Это молодые, здоровые люди, многие из которых, в результате, попадают в палаты реанимации. При этом порядка 25-30% требуется искусственная вентиляция легких и интенсивная терапия. Однако, наиболее опасен «свиной» грипп для детей до 2-х лет, людей с нарушением обмена веществ, а также имеющих хронические заболевания бронхолегочной системы и пожилых. Кстати, в НИИ Гриппа говорят, что паника недавних лет, вызванная сообщениями о «птичьем» гриппе, очень сильно помогла ученым. Вакцину от «свиного» создавали по образу и подобию средства от уже слегка подзабытого H5N1. Прививать от A/H1N1 в России начали 9 ноября».

Александр Жабский: С другой стороны, в другой публикации говорилось, что та вакцина не удалась. Конечно, это специфика научных исследований, и говорилось не в шутку. Ну, как не верить нашему НИИ Гриппа?! Авторитетнейший. Единственно, мы можем, может быть, протранслировать еще раз их тревогу Роспотребнадзору, который принимает решения о принятии мер для того, чтобы считать это эпидемией в городе или нет. Мы не в состоянии этого сделать.

Виктор Резунков: Я приведу выдержки из публикации в российских средствах массовой информации, которые рассказывают о том, какие методы лечения применяются в России. «Традиционные и не очень народные рецепты регулярно озвучивают с телеэкранов ведущий и гости популярной программы «Малахов+». Один из сентябрьских выпусков был посвящен гриппу, и из него можно было почерпнуть следующее: грипп (обычный, не свиной) весьма успешно лечится спиртовыми обтираниями, чаем с лимоном и малиной. Чеснок же Геннадий Малахов советует не есть, а нарезать пластинками и положить между слоями самодельной марлевой маски - по его словам, такие чесночные ингаляции, вдыхание «обеззараженного» воздуха, «на 100% защитят от любого гриппа».

Андрей Дьячков: Я скажу, что существуют записи египетских иероглифов, где было указано, сколько лука и чеснока было съедено при строительстве египетских пирамид. Чеснок никто не отменял. Ну, обтираться спиртом в нашей стране тяжело рекомендовать, потому что этим может не ограничиться, во-первых, а во-вторых, это все-таки не панацея. То же самое и относительно других домашних средств. Все-таки какое-то здравомыслие должно присутствовать и беззаботного отношения не должно быть. Если три-четыре дня вы пробуете лечиться – не получается, то обязательно надо обращаться к врачу. Если что-то вас смущает раньше, идите раньше.

Александр Жабский: Я тоже так обычно делаю. Симптом почувствовал – принял меры. Но это не болезнь, это некий намек или сигнал, что она может возникнуть. Болезнь – это дело, конечно, уже медицинское.

Виктор Резунков: Дальше. «Вообще вся программа изобиловала рецептами, их прозвучало свыше десятка, и все они приведены в текстовой расшифровке на сайте. В основном речь шла о приготовлении различных настоев из лекарственных и огородных растений. На этом фоне самый необычный способ избавления от гриппа

озвучила гостья передачи, народная артистка Зоя Зелинская. Она поведала, что от запущенного гриппа, переросшего в сухой плеврит, ее спасло... пение (как своего рода дыхательное упражнение)».

Андрей Дьячков: Известный факт, что больным с пневмонией рекомендуют надувать шарик воздушный, разрабатывать легкие в период восстановления.

Александр Жабский: Был такой великий певец в Узбекистане Батыр Закиров, отец Фаруха Закирова, создателя «Яллы». А я выходец из Ташкента, поэтому его хорошо знал. Вот он от тяжелейшей формы туберкулеза спасся тем, что уехал в горы, ему врачи посоветовали, и надувал футбольные камеры – и выздоровел.

Андрей Дьячков: Но речь, наверное, не идет о тех ситуациях, когда вы остро заболели, первые несколько дней. И надо почаще менять воздушный шарик.

Виктор Резунков: Дальше продолжаю. «Насчет пения как средства профилактики гриппа медики молчат (некоторые, впрочем, утверждают, что больное горло нельзя перегружать, иной раз даже разговорами), однако они порадовали другим нетрадиционным и не менее приятным, чем пение, способом борьбы с простудными заболеваниями - это секс. Врачи из ряда стран Европы на днях пришли к выводу, что он является прекрасной профилактикой простудных заболеваний и защищает от вирусов при условии соблюдения двух простых правил: сексом следует заниматься регулярно и без фанатизма».

Александр Жабский: А как определить регулярность и фанатизм?! Это сложно. Но вообще хорошее средство, я скажу.

Виктор Резунков: Владимир из Москвы, здравствуйте.

Слушатель: Здравствуйте. Вот вы в вашей программе привели такой пример, что маски россияне уже используют даже для ограбления банков. Вообще российский человек имеет такую особенность превращать все в абсурд. Вот я сегодня прочитал статью в «Советском спорте». В шахматном турнире, который сейчас в Москве проходит, «Мемориал Таля» Иванчук воспользовался вот этой маской и одержал первую победу. То есть он психологически очень здорово подействовал на Бориса Гельфанда и обыграл его. Конечно, надо ко всему не так серьезно относиться, как сейчас это все раздули, всю эту шумиху. Надо предостерегаться, но не в такой степени, как нам это навязывают.

Александр Жабский: Российская абсурдность вообще все побеждает. Ну, может быть, и это тоже отчасти.

Виктор Резунков: Я продолжаю дальше. «Специалисты из Европы утверждают, что обмен слюной при поцелуе не представляет чрезмерной опасности в плане заражения. Портал отмечает, что у этих энтузиастов секс-терапии, безусловно, есть оппоненты, призывающие к воздержанию, чтобы избежать лишних проблем в период сезонного гриппа. Те, кто склонен прислушаться к совету последних, могут попробовать лечиться грибами: ученые пришли к выводу, что с их помощью можно снизить риск заболевания гриппом. Как оказалось, грибы активизируют работу цитокинов - протеинов, «которые играют ключевую роль в защите организма человека от заражения вирусами, а также способны уничтожать клетки злокачественных опухолей», - пишет газета «Дни.ру».

Андрей Дьячков: Опять же какие грибы...

Виктор Резунков: Ну да, если поганок наесться, то...

Андрей Дьячков: Опять же ругая фармакологические компании, вопрос: была ли у них контрольная группа, которая не ела грибы, у которых исследовали содержание цитокинов? Мне кажется, что предложение по поводу поцелуев все-таки критики не выдерживает. Недаром во французских школах уже давно выпущена рекомендация... При встрече сейчас молодежь часто лобызается в щечку, а этого категорически не рекомендуется делать. И у нас тоже не стоит этого делать. И такой рыцарский жест, как рукопожатие при встрече, на период эпидемии тоже рекомендуют ограничить.

Виктор Резунков: Елизавета Михайловна из Москвы, здравствуйте.

Слушатель: Здравствуйте. Я вот удивляюсь, что никто не скажет о том, что у нас школьники поголовно курят, и этим они наверняка ослабляют свои дыхательные пути, сопротивляемость вообще любой инфекции. Может быть, этим самым просто боятся задеть наше табачное лобби? И второе. А почему наши власти не обратят внимания на то, что в аптеках взвинтили цены на эти повязки и на средства от гриппа?

Виктор Резунков: Насколько известно, сейчас как раз обсуждается этот вопрос, и фискальные органы занимаются изучением того, почему повышаются цены на противогриппозные препараты и повязки.

Андрей Дьячков: А вот то, что касается курения, то я хочу сказать, что мы с Александром буквально перед началом эфира обсуждали тему подросткового курения. Безусловно, это снижает резистентность, устойчивость организма к вирусам.

Александр Жабский: А я-то другому удивляюсь: почему у нас не говорят не только о детском курении и курении вообще, а в целом об ослабленности народа? Ведь крепкий организм, напитанный витаминами... Вот моя мама спаслась в блокаду, когда ее вывезли по «дороге жизни», и врач военный, когда осматривал, он сказал: «Вы выжили только благодаря тому, что в детстве ели много ягод, грибов». Она росла в местности под Ленинградом. У нас ослабленный организм, у нас плохая структура питания. Я не доктор, конечно, но думаю, что и побочные эффекты разных вакцин антигриппозных тоже, может быть, больше проявляются на ослабленных организмах. Если бы люди хорошо питались, если бы люди были крепкие, сытые, бодрые, то, наверное, к ним меньше всякой дряни-то вязалось. Вот о чем еще надо думать. К сожалению, кстати, в послании президента об этом не было сказано ни слова.

Виктор Резунков: Но Госдума, по крайней мере, по поводу сигарет – акцизы повышаются.

Андрей Дьячков: Безусловно, идет борьба. Им запретили проводить всякие благотворительные мероприятия, чтобы не рекламировать себя.

Виктор Резунков: Валерия из Московской области, здравствуйте.

Слушатель: Здравствуйте. Я слышала в вашей передаче, кстати, что сказали, что в период активизации заболевания уже поздно прививаться, нужно было заранее, чтобы переболеть и приобрести иммунитет. Как вы на это смотрите? И еще у меня один народный рецептик. Мед, чеснок и лимон – вот эту смесь на ночь по столовой ложке и запивать теплой водой.

Андрей Дьячков: Любое лекарство хорошо в меру. У меня был один знакомый доктор, который говорил мне, что если пациент ест толченое стекло – и ему это помогает, то надо его оставить в покое с этим толченым стеклом. Ну а в отношении меда ничего не могу сказать. Единственно, у меня возникают сомнения относительно желудочно-кишечного тракта, который ежедневно мучается от чеснока с медом. Но если ваш организм переносит, плохого в этом ничего не будет.

И по поводу прививок. Конечно, прививаться должен человек, у которого нет проявлений заболевания. То есть должна быть нормальная температура, не должно быть никаких катаральных явлений – насморка, кашля, естественно, никаких болей в горле и других проявлений гриппа. И так прививка сработает. Понятно, что лучше это сделать раньше, но если не получилось, то прививайтесь. Если вы сейчас здоровы, то можно привиться, и прививка будет работать.

Александр Жабский: А вот если из того средства еще вычесть чеснок, а только натертый с цедрой лимон с медом смешать – меня так лечила мама, и так лечил я своих детей. И все здоровы, слава Богу.

Андрей Дьячков: Это музыка сфер.

Виктор Резунков: Сергей из Ростовской области, здравствуйте.

Слушатель: Здравствуйте. Допустим, человек заболел «свиным гриппом». Насколько известно, есть такой препарат Тамифлю.

Андрей Дьячков: Действительно, есть такой препарат, он рекомендуется и на международном уровне, и наши медики тоже не отказываются от того, что, да, он эффективен.

Александр Жабский: Но радиослушатель, видимо, хотел спросить: от другого вида гриппа он помогает, а от A/H1N1 поможет?

Андрей Дьячков: Помогает, да.

Александр Жабский: Значит, в Ростовской области можно лечиться и этим препаратом.

Виктор Резунков: Наша передача подошла к концу. И я закончу перечислением тех шести способов защититься от гриппа, которые рекомендует еженедельник «Аргументы и факты»: мойте руки, сдерживайте эмоции – поцелуи при встречах и пожимание рук, сделайте прививку, пейте витамины, ходите по лестнице, потому что это помогает повысить сопротивляемость организма, носите водолазки. «Когда человек чихает или кашляет, зона мгновенного поражения микробами может составлять до 1,5 метров. А следовательно, если вы сидите напротив кого-то, кто не совсем здоров, вам крупно не повезло. Прийти на работу в марлевой повязке - это чересчур, но вот надеть свитер или водолазку с высоким воротником вполне можно».

REUTERS

Maggie Fox

H1N1 has killed 3,900 Americans, U.S. CDC says

Reuters, 13 November 2009, 6:52 AM GMT+8
https://www.reuters.com/article/idUSN12428571/

Washington, Nov 12 (Reuters) - H1N1 swine flu killed an estimated 3,900 Americans from April to October, including more than 500 children, U.S. health officials said on Thursday.

More complete data and more comprehensive calculations than previously released now show that, in the first six months of the pandemic, H1N1 infected an estimated 22 million Americans and put 98,000 in the hospital, the U.S. Centers for Disease Control and Prevention said.

Of these totals, children account for 8 million of the infected, 36,000 of those in hospital and 540 deaths.

"I have already seen a larger number of deaths than we have had for several years," the CDC's Dr. Anne Schuchat told reporters. "I do believe the pediatric death toll from this pandemic will be extensive and much greater than what we see with seasonal flu."

In an average flu season, about 82 children die in the United States, the CDC says. But those are lab-confirmed cases, which Schuchat points out are far lower than the kinds of estimates released on Thursday.

For the first six months of this pandemic, 129 U.S. children who died had lab-confirmed H1N1 flu.

The CDC said swine flu is causing the worst flu season in the United States since 1997, when current measurements started.

"What we are seeing in 2009 is unprecedented," Schuchat said. "Influenza is really serious. The vaccines we have are the best way to protect patients."

But the vaccines are being produced and distributed slowly. Schuchat said 41.6 million doses were available or had been distributed but this is far below what had been expected.

"Last week we did mention that we had been led to expect about 8 million doses this week," Schuchat said. "Based on what we have today, we aren't expecting to meet that estimate that the manufacturers gave us."

Many things can go wrong with flu vaccine production, Schuchat noted.

Quick Antivirals

The CDC said doctors need to treat cases of severe flu quickly with the antiviral drugs Tamiflu, made by Roche AG, Relenza, made by GlaxoSmithKline, or for severe hospitalized cases, peramivir, made by BioCryst.

But a team of CDC experts said in a report released on Thursday that only about 75 percent of hospitalized patients with laboratory-confirmed pandemic H1N1 get them.

Schuchat stressed that the pandemic is not worsening but noted that it takes time to gather data on flu cases and deaths. Thursday's count is not an actual reckoning of deaths but is an extrapolation based on detailed data from 10 states.

CDC's precise count of confirmed flu deaths is 1,265.

"For influenza it's virtually impossible to find every case with a lab test. So the estimation method we are using now we believe gives a bigger picture, a probably more accurate picture of the full scope of the pandemic," Schuchat said.

In an average flu season, about 36,000 Americans die and 200,000 are hospitalized. But 90 percent of these are people over 65.

With H1N1, the opposite is true – 90 percent of those infected and seriously ill are younger adults and children.

And Schuchat pointed out that it is only November. "We have a long flu season ahead of us," she said. The U.S. flu season usually runs from October to May.

Most of the confirmed flu cases are H1N1 flu and about 30 percent of people who show up at the doctor's office and are actually tested for influenza turn out to have flu, as opposed to some other infection.

domik

Из паники – в Пофигизм

Domik Новости, 13 ноября 2009
https://domik.ua/novosti/iz-paniki---v-pofigizm-n69513.html

Киевские власти говорят, что в городе – 31 больной свиным гриппом и 6 смертей. Власть, к ужасу иммунологов, требует немедленной вакцинации.

Когда свиной грипп в Тернополе только-только перестал быть предположением, дрожала и шепталась вся Украина. Вирус A/H1 N1 казался страшней любой другой опасности. «Самое яркое впечатление: две тетки в масках, перебегающие улицу на красный свет», - писали в одном из блогов. А что сейчас? За сутки, по официальным данным, в стране умирает по 15-19 человек, зараза точно в Киеве – а народ расслабился. Масок, во всяком случае, в транспорте стало на порядок меньше. Сработал механизм, о котором «Газету... » предупреждал социальный психолог Олег Покальчук: тема перестала волновать новизной, превратилась в гнетущую «почти обыденносты» – и сознание старается ее вытеснить. Вдобавок мы убедились, что можно перенести свиной грипп, благополучно выздороветь, и только потом узнать, чем болел.

– Умирают в основном те, у кого есть осложнения по другим хроническим заболеваниям, – рассказала вчера на брифинге заммэра Ирэна Кильчицкая. – Это диабет, болезни эндокринной системы, ожирение. Или те, кто поздно обратился за помощью. Среди умерших – одна беременная женщина с диабетом.

По словам Кильчицкой,до понедельника в Украине работало всего 2 лаборатории, которые могли диагностировать свиной грипп: е институте Громашевского и в институе гриппа. Каждая из лабораторий могла делать не больше 30 анализов в сутки. Это очень мало, поэтому у многих диагностировали свиной грипп уже после того, как они переболели и выздоровели.

С понедельника государственная санитарная служба открыла лабораторию, где могут определять штамм вируса за 8 часов. Экспресс-тесты далеко не всегда говорят правду.

Были случаи, когда они не подтверждали наличие вируса свиного гриппа, а длительный тест потом подтверждал. И наоборот.

Обнаружили вирус у девочки, дочки 35-летней женщины, умершей от свиного гриппа в ночь со 2 на 3 ноября (напомним, это был первый смертельный случай в Киеве). Но девочка идет на поправку. Из 3-ей детской больницы выписался 3-месячный ребенок.

Лишь после его выздоровления определили, что малыш переболел именно свиным гриппом. В больнице N°9 сейчас лечится гражданин России. 3 ноября у него, когда он был еще на родине, диагностировали свиной грипп. был в больнице, пошел на поправку, выписался и приехал в Киев 7 ноября в командировку. Здесь ему снова стало плохо. И результат анализа снова подтвердил, что у него свиной грипп. Еще два подростка 17 и 18 лет лежат в детской больнице, им стало лучше.

Власти убеждают, что ужесточать карантинные меры, несмотря на такую статистику, не стоит. Уровень заболеваемости резко не увеличивается, остается примерно на одном и том же уровне. Прогнозируют, что так будет и в дальнейшем. А вот второй всплеск заболеваемости прогнозируют, когда закончится карантин и студенты начнут возвращаться в Киев.

Недавний страх перед свиным гриппом притупившийся у всех

...

Премьер Юлия Тимошенко заявила вчера, что наметившийся спад с 8 ноября прекратился и 10 ноября количество заболевших за сутки, увеличившись в 2 раза, достигло 90.592 человек. Тимошенко заговорила об «угрожающей динамике, требующей снова более активных действий».

А это, с ее слое, - обеспечение врачей лекарствами и оборудованием (хотя недавно мы слышали, что «страна полностью подготовилась»!) и немедленная вакцинация как от сезонного гриппа, так и от калифорнийского. Прививать нас собираются бесплатно и добровольно. Но ведь медики говорили, что во время эпидемии это бесполезно и даже вредно!

Спад по «гриппу вообще» в Киеве продолжается Мы не сообщали киевским медикам, что обращаемся к ним, чтобы поставить под сомнение слова премьера. Но никто о всплеске заболеваемости рассказать не смог.

– К нам с первых чисел ноября стало обращаться на 30% меньше больных с ОРВИ и гриппом, -говорит начмед поликлиники Подольского района N°2 Игорь Омельченко. – А с 7-8 числа мы отмечаем уменьшение на 5-7%.

– На выходных таких пациентов было много, но с понедельника – все меньше, рассказывает Леся Дорошенко, начмед поликлиники Дарницкого района N°3, – больше больных с ОРВИ и гриппом? Да нет же, их в последние дни становится меньше, – удивляется Валентина Антонова, зам главного врача поликлиники Шевченковского района N°3.

Допустим, увеличение - не за счет столицы, а за счет востока страны. Об этом вчера говорил и главный санврач страны Александр Биловол, тоже настаивающий на вакцинации. Но разве в Минздраве не подозревали, что грипп поползет туда? Почему же тогда «снова активные действия» понадобились внезапно, а не были выполнены заранее, без шума и пыли? И кто заслужил за это хорошего ремня?

А Польша неисследованной вакциной прививаться не будет...

Вакцинироваться от сезонного гриппа надо, от свиного - тоже. Но вот Ева Копач, глава польского Минздрава, отказалась проводить вакцинацию от A/H1 N1, пока фирмы, делающие вакцину, не предоставят результаты исследований ее безопасности. Критику в свой адрес Копач объяснила тем, что производители хотят быстрей заработать на вакцине, но не хотят брать на себя ответственность, если она вдруг нанесет вред. Украину это отчего-то не пугает.

Так или иначе, «Газета...» не раз печатала заявления иммунологов: делать прививку надо не во время эпидемии, а хотя бы парой недель раньше, чтобы иммунитет успел сформироваться. Есть и более жесткие мнения.

– Прививать во время эпидемии – это преступление! – считает ученый секретарь института микробиологии и иммунологии имени Мечникова Артур Мартынов. - Вы не отличите здорового человека от того, кто только что переболел в очень легкой форме, введете ему вакцину - и можете вызвать тяжелейший рецидив!

KURIER

Schweinegrippe: Drittes Todesopfer

Kurier, 13 Novewmber 2009, 20:16
https://web.archive.org/web/20091116073146/http://kurier.at/nachrichten/1954828.php

Die Schweinegrippe hat in Österreich einen 26-Jährigen das Leben gekostet. Der Student hatte eine angeborene Nierenkrankheit.

Die Schweinegrippe hat ein drittes Todesopfer in Österreich gefordert: Am LKH Graz ist ein Risikopatient laut *Kleiner Zeitung* gestorben. Der 26-jährige Student hatte eine angeborene Nierenkrankheit und war schon mehrfach nierentransplantiert. Der Student ist vor fünf Tagen mit Fieber ins Spital gekommen. Die Diagnose lautete H1N1-Infektion, erklärte die Pressestelle des Krankenhauses. Der junge Mann habe in Folge eine schwere Lungen- sowie eine Herzmuskelentzündung entwickelt, deren Verlauf tödlich gewesen sei. Eine Obduktion wurde angeordnet.

Von Geburt an habe der 26-Jährige an einer Erkrankung der blutreinigenden Organe gelitten. Da er nach den Einpflanzungen von fremden Nieren Immunsuppressiva nehmen musste, war sein Körper geschwächt und anfällig für Viren. "Alle Intensiv-Maßnahmen haben nichts geholfen," so Gernot Brunner, ärztlicher Direktor des LKH Graz.

Die Schweinegrippe hat zuvor bereits zwei Opfer in Österreich gefordert: Am 2. November war ein elfjähriges Mädchen aus Südtirol im LKH Innsbruck einer H1N1-Infektion erlegen. Am Dienstag starb ein 38-jähriger Mann in Schwarzach in Salzburg an der Folgen der Krankheit.

Aftenposten.no

John Hultgren, Ingeborg Moe, June Westerveld

Hvor er alle de syke?

Aftenposten, 13 November 2009, kl. 23:48
https://web.archive.org/web/20091116180546/http://www.aftenposten.no/helse/article3372691.ece

Aldri før i moderne tid har så mange nordmenn vært syke som nå, ifølge helsemyndighetene. Så hvorfor merkes det ikke mer i samfunnet?

Hver syvende nordmann har fått svineinfluensa. Pandemien har truffet oss for fullt. Bare i forrige uke ble 300000 nye smittet, opplyser Folkehelseinstituttet. Overlege Hans Blystad forteller at det aldri i moderne tid har vært så mange nordmenn som er influensasmittet i samme sesong.

Offentlige etater og private bedrifter har lagt kriseplaner for hva de skal gjøre i en slik situasjon der en stor del av arbeidsstokken kan forventes å ligge rett ut i sengen i stedet for å gå på jobb. Det er en situasjon der produktiviteten i samfunnet er forventet å gå ned. Hvor det ikke lenger er noen selvfølge at bussen eller trikken kommer når den skal om morgenen. Hvor butikker må stenge. Hvor samfunnet lammes.

Er Norge slik nå?

Lavere fravær

For å finne ut hvor vanskelig situasjonen er, har Aftenposten kontaktet 10 av Norges største bedrifter i tillegg til NHO, LO og Fagforbundet, som organiserer blant annet sykehuspersonell og andre offentlig ansatte. Fagforbundet kontaktet alle sine 19 fylkeslag. Spørsmålet alle har fått er hvor mange flere enn vanlig som er syke, og hvilke problemer det skaper. Det ga et litt uventet resultat.

–Vi overvåker sykefraværet kontinuerlig, men har ikke sett noen store endringer i det siste. Vi har understreket viktigheten av håndvask, være hjemme når man er syk, og eventuelt bruk av hjemmekontor for å hindre smitte, sier informasjonssjef Elisabeth Evjen i Telenor, som har 6500 ansatte i Norge.

– Sammenlignet med tidligere år ser vi faktisk at sykefraværet er noe lavere i høst. Det kan ha sammenheng med tiltakene, og at befolkningen har vært flinkere for eksempel med håndhygiene, sier Evjen

Heller ikke i Posten er det flere som er syke. Informasjonssjef Kjell Rakkenes opplyser at sykefraværet i oktober ikke skiller seg ut. De har sett en økning i antall personer som er hjemme med sykt barn, men antallet er fortsatt lavt.

Vaksinert

Tone Zander er informasjonssjef i Fagforbundet. Torsdag ba hun i en e-post alle fylkeslag om å melde inn rapporter om mannskapsmangel rundt i kommunene. Bare ett fylke meldte tilbake. Det var Vestfold, og de meldte at alt var i orden. Da ringte Zander rundt til ytterligere fire, og situasjonen var ikke så annerledes der.

– Det er ingen som rapporterer at de har noen krise. Flere mener det kan være fordi mange er vaksinert, forteller hun.

– Overrasker det deg?

– Jeg vil si at hvis dette er riktig, så tyder det vel på at helsemyndighetene har gjort en god jobb, sier Zander.

Men det etterlater uansett spørsmålet om hvor de er, alle de som er syke. En mulighet er at anslagene fra Folkehelseinstituttet rett og slett er feil, men flere eksperter Aftenposten har kontaktet sier den metoden som brukes, er god. Det påpekes likevel at det er betydelig usikkerhet knyttet til anslagene, men at det ikke finnes bedre måter å gjøre dette på. Folkehelseinstituttet opplyser at overvåkingssystemet deres dekker 15prosent av befolkningen.

– Hvorfor ser vi ikke større konsekvenser i samfunnet?

– Størstedelen av dem som smittes, er under 30 år. Det er en stor andel skoleelever og studenter. Derfor merker kanskje ikke arbeidslivet det like mye. Skolen merker det mest, sier lege Siri Hauge ved Folkehelseinstituttet.

Mild sykdom.

Tallene for bekreftede tilfeller av svineinfluensa er svært lave i forhold til det antallet nordmenn som egentlig er smittet. Men disse tallene viser likevel at mer enn en tredjedel av dem er mer enn 30 år gamle. Man skulle altså tro at de ikke lenger er studenter.

Så hvorfor rammes da ikke arbeidslivet hardere?

– Jeg tror den viktigste årsaken er at dette er en mild sykdom. Det er derfor ikke noe langt sykefravær vi snakker om. For noen er sykdommen så mild at de ikke vet at de har den, og likevel går på jobb, sier professor Steinar Westin ved Institutt for samfunnsmedisin ved Norges teknisk-naturvitenskapelige universitet (NTNU).

–Men det er en sykdom med to ansikter. For de fleste er den veldig mild, men for enkelte er den svært brutal. Hadde det ikke vært for det siste, så hadde vi møtt denne sykdommen med et skuldertrekk, sier Westin.

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THE FLU CASE

Where are all the sick? asks Norwegian news paper

The Flu Case, 17 November 2009, 13:30

https://web.archive.org/web/20100102044537/http://theflucase.com/index.php?option=com_content&view=article&id=1847%3Awhere-are-all-the-sick-asks-norwegian-news-paper&catid=1%3Alatest-news&Itemid=64&lang=en

The news paper Aftenposten's headline "Where are all the sick", summarize their article where they compare the official numbers of sick, given by the Norwegian authorities and the simple fact that the sick are nowhere to be found in reality. Only in the last week, over 300.000 people were infected according to the official numbers from the Norwegian Helth Agency, Folkehelseinstituttet. This is an obvious bluff, so obvious that even normally controlled media can no longer play along.

John F. Edmaier, Wien.

Offener Brief an den Gesundheitsministe

Kronen Zeitung, 14 November 2009
https://web.archive.org/web/20091117014847/http://www.krone.at/krone/S99/object_id__171152/hxcms/index.html

Sehr geehrter Herr Minister, ich suche Antwort auf die Frage, wie weitsichtig die europäischen Gesundheitsbehörden eigentlich sind.

Einer namhaften Pharmafirma die auch in Österreich ansässig ist wurde bereits am 4. März 2009 die Bewilligung erteilt, einen Impfstoff gegen den (vermuteten) A/H1N1 (vulgo Schweinegrippe, vulgo Neue Grippe) zu entwickeln.

Allerdings ist der erste Krankheitsfall ironischerweise in Mexiko aber erst im April 2009 aufgetreten bzw. gemeldet worden. Hat die Lobby dieser Pharmafirma die Fähigkeit, in die Zukunft zu blicken?

Müsste nicht der verantwortliche Forscher, der den Impfstoff entwickelt hat, für den Nobelpreis nominiert werden? Oder handelt es sich um eine "erfundene Pandemie", um den Misserfolg mit dem vorangegangenen Impfstoff Tamiflu wettzumachen?

Warum wird eine Pharmafirma in Europa beauftragt/ermächtigt, einen Impfstoff zu entwickeln der voraussichtlich in Mittelamerika zuerst auftreten wird? Man könnte auch auf den Gedanken kommen, dass ein solches Virus im Labor entwickelt wird um dagegen einen Impfstoff entwickeln zu können, der bei entsprechender Panikmache dann gewinnbringend verkauft werden kann.

Oder ist die Entscheidung der europäischen Gesundheitsbehörde unter der Rubrik "europäisches Dogma" einzuordnen, dem von aufmüpfigen Steuerzahlern nicht widersprochen werden darf? Ihrer erklärenden Antwort sehe ich mit Spannung entgegen.

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Austrian popular newspaper carries open letter to Health Minister about artificial pandemic to make profits for big pharma

The Flu Case, 14 November 2009.
https://web.archive.org/web/20100102010935/http://theflucase.com/index.php?option=com_content&view=article&id=1798%3Aaustrian-popular-newspaper-carries-open-letter-to-health-minister-about-artificial-pandemic-to-make-profits-for-big-pharma&catid=1%3Alatest-news&Itemid=64&lang=en

INFOWARS

Barbara Loe Fisher

H1N1: Fact or Fiction?

Infowars, November 14, 2009
https://web.archive.org/web/20091116070704/http://www.infowars.com/h1n1-fact-or-fiction/

It's been about six months since the Department of Health and Human Services and the Secretary of Homeland Security followed the World Health Organization and declared a very scary pandemic influenza public health emergency in the United States.[1]

Last spring we suddenly found ourselves watching You Tube videos of people being quarantined in hotels and detained on airplanes by HazMat teams.[2] When we went to the grocery stores, we encountered fellow Americans wearing face masks.[3] And every time we turned on the television, there were news reports about schools closing so desks and lockers could be scrubbed down.[4]

The Worst Is Yet to Come?

And we watched CDC press conferences[5] warning us that the worst was surely yet to come because the H1N1 swine flu virus first identified outside a pig farm in Mexico had the potential to mutate and kill tens of thousands more Americans[6] than the 36,000 that CDC officials tell us die every year from seasonal influenza.

It was enough to make us very, very afraid.

No Liability for Vaccine Makers

It was enough to make Congress give drug companies more than a billion dollars of our taxes to quickly create H1N1 swine flu vaccines[7] and then throw in another couple of billion dollars for health officials to deliver and aggressively promote vaccination in Sesame Street ads[8] and on the internet and radio and TV. And while they were at it, Congress shielded everyone who has anything to do with making, promoting and giving swine flu vaccines from all liability in civil court whenever somebody gets hurt or dies after getting vaccinated.[9]

It was enough to make us very, very afraid.

Health Worker Mandates & School Vaccination Programs

It was scary enough to make legislators in Massachusetts and other states talk about passing stronger laws to suspend civil liberties and force people to be quarantined or vaccinated whenever a public health emergency was declared.[10] It was scary enough to prompt New York state health officials to mandate that health care workers get seasonal and H1N1 influenza shots or be fired.[11]

And then there were calls by public health officials for children to line up and get vaccinated in schools[12] just like in the polio mass vaccination campaigns of the 1950's and early 60's.

Older Americans Have Antibodies to H1N1 Swine Flu

Throughout the summer, we were told that H1N1 swine flu was sweeping through the country[13] and millions of us had already been infected with the new virus and pregnant women and children were dying.[14] Curiously, many Americans over 60 were told they didn't need H1N1 vaccine because we were still protected by antibodies we got when we recovered from being infected with similar H1N1 flu strains in the past.[15-16]

Drug Companies Want Adjuvants, No More Eggs

And then, the vaccine manufacturers, who had been pressing the FDA for decades to let them use reactive squalene adjuvants[17] in vaccines, started complaining that they couldn't grow the H1N1 virus fast enough.[18] The threat of vaccine shortages suddenly loomed on the horizon.

The drug companies complained that they didn't want to use chicken eggs anymore to make flu vaccines. They wanted the FDA to let them use insects,[19] and e coli bacteria,[20] and fungus,[21] and virus like protein particles,[22-23] and dog kidney cells,[24] and other really, really interesting stuff.

This is an EMERGENCY they said and drug companies need to be allowed to make flu vaccine any way they want to right now because this is a really serious public health emergency.[25] And, oh by the way, let's not forget that it is so serious that everyone who has anything to do with making, promoting and giving new flu vaccines need to be shielded from liability in civil court if people get hurt or die after getting vaccinated.

Yes, it was enough to make us all very, very afraid.

H1N1 Swine Flu Looks Like Seasonal Flu

And when we are really afraid, we don't think we have time to ask questions or double check the facts. We just want someone to tell us what to do right now so we can feel safe and not afraid anymore.

By the end of the summer, while the drug companies and NIH were testing the new H1N1 vaccines on several thousand healthy American children and adults,[26-27] reports started coming out of Australia and the southern hemisphere where they had just finished their influenza season, that the H1N1 swine flu virus was really not so bad after all.[28-29] It was not causing excess mortality, which means there weren't more people dying from H1N1 than had died in years past from other seasonal flu strains.

Yes, people were getting sick with what looked like influenza just like they do every year but – for most people – it was a few days of fever, chills, body aches, runny nose and cough, maybe some diarrhea, staying in bed, drinking lots of water and juice, and then – feeling just fine again.

CDC Stops Confirming Most Suspected H1N1 Cases

Abruptly at the end of July – when the Secretary of Health quietly extended the national public health emergency declaration for three more months – the CDC announced they were not going to lab confirm suspected cases of H1N1 swine flu anymore.[30-31] The CDC told the states not to test Americans who were flooding doctors, offices and hospitals with symptoms of influenza and confirm that they WERE in fact suffering from type A or B influenza, especially H1N1 swine flu. The story was – if it looks like influenza then it IS influenza and can be ASSUMED to be H1N1 swine flu.[32]

Really? Is that how the CDC "scientifically" calculates how many Americans die from regular influenza every year?

Two to Four Flu Shots for Many Young Children

The decision to stop testing for H1N1 was followed by an announcement that all children between the ages of 6 months and 10 years – who had never gotten a flu shot before – should get 4 doses of influenza vaccine this year: two seasonal flu shots and two doses of H1N1 vaccine. Further, that the millions of chronically ill and disabled children and adults and also pregnant women should be the first in line to get two shots of influenza vaccine this year.[33]

And then Americans, who were still very afraid, started asking questions because most of us, who got sick with flu-like symptoms this year, realized that it was no worse than the flu we got last year. And most of us didn't know anyone who had died from the flu this year, which was true for most other years as well.

Two to Four Doses of Mercury?

And then we started asking questions about why young children needed two to four doses of influenza vaccine this year. And we thought – what is up with mercury still being in most vials of

influenza vaccine?[34] We thought – is it really a good idea to give children – whose doctors don't have access to single dose vials of mercury free flu vaccine – two to four doses of mercury this year? Especially when it is against HazMat regulations to pour unused mercury containing influenza vaccine down the drain or toss it into a garbage can?[35-36]

Is It Influenza, Seasonal, H1N1 or None of the Above?

And then a veteran investigative journalist at a major news network published an interesting report about the fact that 83 to 97 percent of all specimens of suspected H1N1 cases sent to the CDC by state health departments for lab confirmation last spring and summer came back negative – for not only H1N1 swine flu influenza – but also negative for ANY kind of type A or Type B influenza. at all.[37] Which confirmed what the CDC's influenza expert said at an FDA meeting in 2003: that 80 percent of all flu-like illness every year is not actually influenza but viral and bacterial infections that LOOK like influenza.[38]

Wait a minute. Didn't President Obama stand up at a press conference in October and say that 1,000 Americans, including about 100 children, had died from H1N1 swine flu?[39]

But were those 1,000 H1N1 lab confirmed deaths or deaths that were ASSUMED by the CDC to be deaths caused by swine flu?

And how does that number of deaths compare with the 36,000 deaths that CDC officials say are caused by seasonal influenza every year?[40]

People Started Asking Questions

And then something unusual happened. Doctors started asking questions and privately some of them told their patients not to bother getting the H1N1 vaccine.[41] And the people, who were still being told by health officials to be very, very afraid, started to do their own research using the great new Library of the World, the internet. People started asking more questions of their government health officials – not just in America – but in Great Britain[42] and the Netherlands,[43] in Germany[44] and Italy,[45] in Poland[46] and in Canada[47] and many other countries.

And then the poll results started coming in revealing that about 50 percent of us were saying "yes" I want to get a swine flu shot and[48] percent of us were saying "No, thank you."[48-49]

Fear or Facts?

And that is where it stands today. Some of us are still very afraid and some of us are not.

I am reminded of a famous quote from Abraham Lincoln: You can fool some of the people all of the time and you can fool all of the people some of the time, but you can't fool all of the people all of the time.

New Vaccine Ingredients Calculator

And I would urge those of you who want to get seasonal or H1N1 vaccines, to go to the homepage of the website of the National Vaccine Information Center at www.NVIC.org and look at the new Vaccine Ingredient Calculator, which will tell you how much mercury is in those vaccines.

Support NVIC's Research & Public Education Programs

And I would urge those of you, who want better vaccine science and the right to make vaccine choices, to become a donor supporter of the National Vaccine Information Center's research and public education programs.

Truth and freedom are not free, especially when there are so many doing so much to limit the people's access to both.

=> next page

Footnotes (*some links require additional serach and change* - editor)

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THE FLU CASE

Jane Burgermeister

Korneuburg prosecutor stays silent on reasons why he dropped the Baxter case

The Flu Case, 14 November 2009, 14:34
https://web.archive.org/web/20100102044717/http://theflucase.com/index.php?option=com_content&view=article&id=1802%3Akorneuburg-prosecutor-stays-silent-on-reasons-why-he-dropped-the-baxter-case&catid=1%3Alatest-news&Itemid=64&lang=en

On Wednesday, I sent the Korneuburg state prosecutor Christian Pawle an email asking to see the files on his investigation into Baxter's contamination of 72 kilos of seasonal flu vaccine material with the live bird flu virus to assess what the basis for his decision to drop the case against Baxter was.

A memeber of the Korneuburg prosecutor's office told me on the phone on Wednesday it was possible, in principle, to see the files.

I asked for a reply by the end of Wednesday about whether I could see the files, but have so far received no information.

Questions that need to be answered include:

- how could 72 kilos of seasonal flu vaccine material be contaminated with the live bird flu virus when strict biosafety level 3 precuations are in place at Baxter's lab in Orth an der Donau close to Korneuburg that require the bird flu virus to be keep in siolation at all times in a separate lab etc?

- what was the exact sequence of events that led to the accidental contamination of the material as Baxter maintains?

- what records has Baxter maintained of the incident? Are the records complete?

- why did Baxter have the bird flu virus in its facilities in Orth an der Donau in the first place when it is a production and research facility not connected with the bird flu?

- what type of bird flu virus was it? Was it genetically engineered?

- why did WHO give Baxter the viru`s?

- how come the vaccine material with the live bird flu virus left the facilities without being properly radiated?

- how come it was sent under a false label to 16 labs in Austria, Germany, Slovakia and the Czech Republic via Avir in Vienna?

- how come Avir and a Czech lab, BioTest, have said the end purpose of the material was for use in regular flu vaccines when Baxter maintains it was research material?

- why was the contaminated vaccine material returned to Baxter?

- what has happened to the contaminated vaccine material?

NBC NEWS

Swine flu shows signs of peaking in some areas

NBC News // Reuters, 14 November 2009, 1:54 AM +08
https://www.nbcnews.com/id/wbna33912366

The winter flu season that began early in the northern hemisphere this year may be peaking in parts of north America and western Europe, the World Health Organization said on Friday.

In an update on the H1N1 swine flu virus, the WHO said parts of the southern and southeastern United States, as well as Iceland and Ireland, seemed to have weakening levels of disease.

But the U.N. agency, which declared a global flu pandemic in June, said that big sections of the United States were still experiencing "widespread and intense" flu infections. It described waves of outbreaks across Canada and in Mexico, where the first severe cases were identified earlier this year.

"In Europe and central Asia, overall influenza transmission continues to intensify," the WHO said, adding that almost all the influenza viruses analyzed in Europe in recent weeks have been the H1N1 strain and not seasonal flu.

While saying "high to very high intensity of respiratory diseases" have been reported in some parts of Europe including Belarus, Bulgaria and Russia, it said experts were now less concerned about a big outbreak in Ukraine.

"The initial analysis of information from Ukraine indicates that the numbers of severe cases do not appear to be excessive when compared to the experience of other countries and do not represent any change in the transmission or virulence of the virus," it said in a statement posted on the WHO website.

Israel has suffered sharp increases in flu infections and Mongolia has seen a severe impact on its health care system from people falling ill, the WHO said. China and Japan have also experienced continued increases but in much of south and southeast Asia the transmission rates are leveling off.

The H1N1 virus has now spread to 206 countries, with the latest reported laboratory-confirmed cases in Somalia, Nigeria and Burundi. There have been more than 6,250 deaths to date, mostly in the Americas region, according to the WHO toll.

"In the temperate region of the southern hemisphere, little pandemic influenza activity has been reported in recent weeks," the WHO said, while noting that Buenos Aires has had a cluster of pandemic flu cases.

Ukraine and Belarus have recently extended school breaks due to fears about the pandemic virus while Afghanistan declared a health emergency and ordered its schools shut for three weeks to battle it.

WHO spokesman Gregory Hartl said that school closures were among steps that could slow viral spread at the beginning of an outbreak, but had less usefulness once the flu had reached 5 percent of a given population.

"After the virus becomes more widespread in a country, closing schools has less of an impact," he told a news briefing earlier this week. "If you take a decision to close schools and universities and other institutions you have to be aware there are social and economic consequences of this decision."

Ajmone Kuqi, Jochen Becker

Hysterie um die Schweinegrippe

3NDR, 15 Novembre 2009, 00:00 Uhr
https://web.archive.org/web/20091119064205/http://www3.ndr.de/sendungen/zapp/archiv/medien_politik/schweinegrippe328.html

Das Schweinegrippe-Virus beherrscht die Schlagzeilen und das schon seit Wochen. Zwar weiß keiner so ganz genau wie es aussieht, wie es wirklich wirkt und vor allem, was dagegen wirkt. Aber viele Medien tun zumindest so, als wüssten sie es. Menschen, Viren, Sensationen und Spekulationen.

Die Schweinegrippe ist in den Schlagzeilen: "Infektionen explodieren" titelt die "Bild" am 3. November. Die Boulevardzeitung befürchtet am 21. Oktober "35.000 Tote". "Die unaufhaltsam Seuche" schreibt am 15. Juli die "Süddeutsche Zeitung". An Superlativen herrscht kein Mangel. Viele Medien schüren eine "Epidemie der Angst" ("Tagesspiegel" vom 5. November), verbreiten Panik: "Ein Killer-Virus, das für Zehntausende Todesfälle allein in Deutschland verantwortlich sein wird, vermuten Seuchenexperten", ist etwa in "Spiegel TV" vom 21. Oktober zu hören. Dr. Günther Jonitz, Präsident Ärztekammer Berlin, meint: "Das Bild, das derzeit von der Schweinegrippe gezeichnet wird, ist krass überzogen. Die Schweinegrippe wird als flächendeckende tödliche Bedrohung, insbesondere für Junge, Gesunde dargestellt, wo man also schleunigst sich unbedingt impfen lassen muss, um nur ja nicht krank zu werden." Norbert Bolz, Professor für Medienwissenschaft, erklärt, "das fasziniert die Aufmerksamkeit und es macht Angst. Insofern gehören die Massenmedien natürlich auch zu einer Art Angstindustrie, die davon lebt, dass Informationen nicht neutral und besonnen aufgenommen werden, sondern dass sie unmittelbar emotionalisieren und in dem Fall eben Angst schüren".

Fast täglich Tote auf dem Titel

"Bild" zählt die angeblichen Opfer der Schweinegrippe. Jeder einzelne Fall wird zelebriert. Besonders der Tod der 15-jährigen Büsra. Ihr Schicksal wird bei "RTL aktuell" dramatisch ausgebreitet. Dort heißt es am 6. November: "Im Fall von Büsra aus Kassel hatten die Ärzte alles versucht, um das Mädchen zu retten. Ihre Schule bleibt vorerst zwei Tage geschlossen, nicht wegen der Schweinegrippe, sondern damit Freunde und Mitschüler ihre Trauer verarbeiten können." Die Schülerin ist für "Bild" ein Opfer der Schweinegrippe. Nach Angaben des Gesundheitsamtes ist noch unklar, was die tödliche Herzmuskelentzündung verursachte. In einer Presseerklärung heißt es: "Bei dem Mädchen wurde das Schweinegrippevirus H1N1 nachgewiesen. Dies bedeutet jedoch nicht, dass das Virus nachweislich die Ursache der Herzmuskelentzündung ist."

Für Norbert Bolz bestehen "die Interessen der Medien (...) natürlich einerseits darin, über die Welt zu informieren, die über die Lage zu informieren. Auf der anderen Seite aber darin auch Sensationen zu verbreiten, das heißt ja nämlich die Aufmerksamkeit der Zuhörer und Zuschauer zu fesseln".

Verharmlosen und Dramatisieren

Auch in der Berichterstattung über die Impfung gilt: nur nicht verharmlosen. Selbst der "Spiegel" zitiert angesichts der Impfung am 3. August: "Was wir hier erleben, ist ein Großversuch an der deutschen Bevölkerung". Der Kölner Express berichtet am 4. November über den "Kollaps bei der Impfung". "Frau stirbt nach Impfung", heißt es bei "Bild" am 12. November in der Überschrift. Nur

klein im Text darunter die Einschränkung durch den Witwer: "Es besteht kein Zusammenhang zwischen der Impfung und dem Tod meiner Frau. Sie hatte unmittelbar nach der Impfung keine Beschwerden."

Dr. Günther Jonitz meint: "Das Problem, was wir allerdings in einer solchen dramatisierenden Berichterstattung zu Krankheiten haben, ist, dass damit jede Menge Menschen unnötig verängstigt werden, (...) und dann nicht zur Impfung gehen und sich nicht behandeln lassen, obwohl es eigentlich für genau diese Menschen sinnvoll wäre. Das heißt, das Aufrühren von Emotionen, das schüren von Gefühlen dient letztendlich nur dem Geschäft, aber nicht der Gesundheit."

Zahlen-Verwirrung und viel Emotionalität

Es gibt haufenweise Zahlen von Infizierten in allen Medien. Sie gaukeln Wissen vor, wo in Wahrheit Unklarheit herrscht. Menschen erkranken und sterben als Zahl im Balkendiagramm. Bei "Bild" startet die Infektions-Rakete. Zwischendurch gibt es in der Zeitung Expertenprognosen: "30 Millionen Kranke". Es herrscht Zahlenwirrwarr. Dr. Günther Jonitz erklärt: "Die Zahlen haben eigentlich überhaupt keine Aussagekraft. Denn wenn ich wissen möchte, für mich persönlich, wie gefährlich ist die Krankheit, dann reicht mir nicht aus zu wissen, wie viele sterben dran. Ich muss dann vor allen Dingen wissen, wie viele erkranken an der Krankheit und wie viele Menschen gibt es überhaupt." Für Norbert Bolz ist klar: "Niemand weiß, wie groß die tatsächliche Bedrohung ist, aber genau das kann man nicht senden und das kann man auch nicht drucken, denn zu sagen ich weiß es nicht, ist keine Information. Das ist uninteressant und wird deshalb auch von den Medien nicht berücksichtigt."

Dafür gibt es massenhaft Mitgefühl, zum Beispiel in der Sendung "Kerner". Hier wird der Fall einer Frau mit Schweineg endig als Familiendrama inszeniert. Im Sportclub im NDR Fernsehen wird am 8. November jemand im Studio geimpft, kommentiert von Moderator Gerhard Delling: "Absolute Stille, da kann man hören, wie die Nadel hineingeht. (...) Ist die Schweinegrippe so gefährlich wie die Einen sagen? Ist sie besonders gefährlich für die Sportler?" Selbst der "Bild" - Chefredakteur Kai-Diekmann lässt sich mutig impfen. Seine Erkenntnis gibt es im Video vom 26. Oktober in seinem Blog zu sehen: "Das wars schon?" meint Diekmann zur Ärztin, die antwortet: "Das war es schon".

Plakative Einzeleinschätzungen – auch von Experten

Prof. Christian Floto, Wissenschaftsredaktion "Deutschlandfunk", meint: "Das ist ein Prinzip: Geh du voran! Schaut, macht es uns nach. Ich weiß nicht, was da die Botschaft sonst anders sein könnte. Ich halte das allerdings für bedenklich. (...) Die gesamte Differenzierung, die wir auch versucht haben, mit Informationen in den Medien auch zu geben, wird geopfert zugunsten einer plakativen Einzeleinschätzung, die überhaupt völlig unfundiert ist." Plakative Einzeleinschätzungen bietet auch eine schier unerschöpfliche Zahl von Experten. Zurate gezogen aus Ratlosigkeit. Ihre Aussagen werden nur selten hinterfragt oder eingeordnet. Christian Floto sagt: "Wofür ist jemand Experte? So werden hier auch Experten benannt für Schweinegrippe, die beispielsweise nie einen Patienten gesehen haben, weil sie von Haus aus Biologen, Biochemiker, Grundlagenforscher sind. Das sind hervorragende Virusforscher beispielsweise, aber was den klinischen Verlauf angeht, haben die noch nie einen Patienten gesehen und können irgendwo wirklich den Einzelfall auch einordnen."

Für Norbert Bolz liegt "das größte Problem bei der Heranziehung von Experten, also Leuten wie meinesgleichen, die aus dem Bereich der Wissenschaften kommen, in dem Fall natürlich vor allen Dingen der Medizin, (...) darin, dass die Experten auch etwas lernen, im Umgang mit den Medien. Nämlich dass sie überhaupt nur noch gefragt werden, wenn sie extreme Meinungen produzieren".

Für die Journalisten läuft das Geschäft mit der Angst gut in diesen Tagen. Die erste Grippeimpfung, war ein mediales Großereignis. Parallel zur Schweinegrippe grassiert die Medienpandemie, die Ängste schürt und sich völlig unkontrolliert verbreitet. Prof. Christian Floto: "Diese mediale Unwucht, diese Verzerrung, die da stattfindet, die ist eigentlich keinen einzigen Tag mehr auszuhalten."

LE FIGARO

Grippe: 3 écoles fermées en Pyrénées

L Figaro, AFP, 15 Novembre 2009, à 12:29
https://www.lefigaro.fr/flash-actu/2009/11/15/01011-20091115FILWWW00059-grippe-3-ecoles-fermees-en-pyrenees.php

Trois établissements scolaires des Pyrénées-Atlantiques, une école, un collège et un lycée, seront fermés à compter de lundi matin pour une semaine en raison de cas groupés de grippe H1N1, a annoncé la préfecture. Les trois établissements concernés sont le collège Henri IV et le lycée Paul Rey à Nay, et l'école Sainte-Marie à Biarritz, a indiqué la préfecture dans un communiqué.

"Au cours de la semaine du 9 au 13 novembre, un niveau élevé d'absentéisme pour des syndromes grippaux a attiré l'attention et induit des vérifications sérologiques sur un échantillon" de ces trois établissements, selon la même source.

"Les résultats des analyses ont été connus cette après-midi et ont confirmé, dans la totalité des cas, une infection au virus de la grippe H1N1", poursuit le communiqué.
Les trois établissements n'accueilleront aucun élève de lundi à samedi inclus, a-t-elle précisé.

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THE FLU CASE

Three schools closed in south of France because of pandemic:
are Baxter vaccines the cause?

The Flu Case, 16 November 2009, 11:04
https://web.archive.org/web/20100102010044/http://theflucase.com/index.php?option=com_content&view=article&id=1821%3Athree-schools-closed-in-south-of-france-because-of-pandemic-are-baxter-vaccines-the-cause&catid=1%3Alatest-news&Itemid=64&lang=en

Three schools have been closed in the south of France, in the Pyrenees-Atlantic region following an outbreak of swine flu.
The college Henri IV and a grammar school in Nay as well as the Sainte Marie school in Biarritz have been closed from today, Monday, for a week because so many pupils are sick, according to Le Figaro.

=>

Jean-Jacques Crèvecoeur predicted in a report dated October 23rd that any pandemic in France would start in the south, noting that stocks of Baxter vaccine material were delivered at the end of August to a facility at Miramas, Provence, where they are kept under military guard.

See:

Les Gouverne-Menteurs Nous Déclarent La Guerre

Crevecoeur, 23 octobre 2009
https://web.archive.org/web/20091029222158/http://www.jean-jacques-crevecoeur.com/index.php?option=com_content&view=article&id=111:courriel-7&catid=65:grippe-a-h1n1&Itemid=98

911Blogger.com

Dr. Leonard G. Horowitz

Protect yourself from death by "Cytokine Storm," gross criminal negligence, and murderous official malfeasance

911 Blogger, 16 November 2009 // First Published: 15 November 2009
https://nwoobserver.wordpress.com/2009/11/17/protect-yourself-from-h1n1-flu-shot-conspiracy/

People worldwide now realize there is something foul brewing in the H1N1 swine flu vaccines, government prescribed drugs, and the mass media manufactured "emergency." I guarantee H1N1 will not kill you.

What can and probably will if you don't take this warning seriously, and act on it, is *Death By Toxic Shock*, resulting from an overwhelmed immune system, thanks to a combination of chemical and biological assaults, officials' malfeasance, and gross criminal neglect of the deadliest, most common, naturally-remedied killer – the "cytokine storm."

Since the normal seasonal flu is about 94% more deadly than the current H1N1 pandemic, it is not likely to kill you or especially healthy children and teens.

So why are young people with most solid immune systems said to be most vulnerable to death from the "pandemic" flu?

Fueled by the imposed geopolitics and economics that triggered World War I, the 1918 Spanish Flu is estimated to have killed between 50-100 million people.

Mostly young healthy victims, experts say, were vulnerable, as they are today, attributable to immune system hyper-stimulation called the "cytokine storm."

Cytokines are blood messengers that act like hormones in your body enabling cells to communicate. Every cell is intelligent and knows what it needs to sustain itself. It does so by sending messages within and around itself to regulate everything much like your heartbeat is regulated by adrenalin and other chemicals that operate bio-energetically, passing messages electro-magnetically and bio-acoustically. This life-sustaining system is naturally tuned like an orchestra by each hormone, cytokine, or "instrument" playing an important part in the symphony of your "living temple."

If one or more of these music makers suddenly decides to play solo, raising its volume unnaturally, or if suddenly a thousand trumpets were injected into the brass section, then every other instrument has to compensate by likewise playing, even screaming, louder to be heard. The noise becomes stressful and unbearable to the audience.

Similarly, cytokines are finely-tuned electrochemical messengers responsible for system-wide (i.e., systemic) homeostasis or balance in your body. Scientists observe their increase following trauma and infections. So their numbers have everything to do with body electro-chemistry since trauma, toxicity, and infections require white blood cell body guards to fight for your life, requiring oxygen and generating acid much like muscles generate lactic acid during contractions.

Too much acidity following inflammation or immune system hyperactivation, combined with lowered oxygen levels following similar repeated intoxications, and you have a real problem – *Death by Toxic Shock and Cytokine Storm*.

Over-production of cytokines occurs during intoxications (especially from adjuvanted vaccinations) and there is some evidence they may be the primary cause of death in Toxic Shock Syndrome (TSS) and other systemic infections such as yellow fever wherein circulatory shock develops secondary to cytokine storm. The "storm" spreads pieces of virus and body proteins throughout your body like a mushroom cloud spreads radioactive fallout and death following a nuclear blast.

A cytokine storm is evidenced by blood analysis showing increased levels of messenger molecules including interleukin (IL)-6, IL-1 receptor antagonist, inferno-inducible protein-10, tumor necrosis factor (TNF) alpha, and others too confusing for public discussion.

Suffice it to say that when the cytokines are exploding in numbers, fluid and immune cells accumulate in critical organs such as lungs, heart, kidneys, liver, and elsewhere, causing multi-organ failure, and hemorrhaging as seen in the aftermath of graft and organ transplant rejections, and in the lungs of cytokine storm victims of Acute Respiratory Distress Syndrome (ARDS), SARS, and hemorrhagic pneumonia now spreading in the Ukraine as a co-infection among vaccinated and non-vaccinated carriers of H1N1.

So herein lies the main problem – the greatest gravest risk.

"Live" injected viruses (i.e., vaccinated H1N1s) are now spreading from vaccinated persons to the vast majority of people who are refusing to take vaccines.
As the H1N1s spread, many of them pick up more deadly genes from viruses along the way.

Add to these infectious inoculations and mutating transmissions (both grossly neglected by health officials and their marketing media), additional intoxicating chemicals in our air, food, and water, and more pollutants from vaccines containing adjuvants, and you have now diagnosed the primary cause of cytokine storms, severe sepsis, toxic shock, and deaths by intoxicating faith in drug-pushers profiting BigPharma.

It is a disgrace to the human race that every reasonably informed medical doctor and public health official knows this! Vaccine pushers tell you that young healthy people who have stronger immune systems are at higher, not lesser, risk of suffering cytokine storms following acute intoxications and infections. So they can't claim ignorance when they inject you with toxic ingredients in immune hyper-stimulating vaccines. This is egregious, grossly criminal, murderous negligence!

Diagnosing Gross Criminal Negligence and Second Degree Mass Murder

Can you imagine health officials prescribing vaccines and drugs that directly cause, or significantly increase, the vast majority of deaths associated with H1N1-linked cytokine storms?

Who better than vaccine scientists and immunologists would know more about this murderous activity? What about President Obama's science czar, John Holdren?

Stewardship of the 2009-2010 H1N1 Swine Flu "national emergency" by the Obama administration is advancing akin to mass murder motivated by profit and the goal to depopulate more than half the world's population.

You think this is foolish conspiracy nonsense? Research the "health reformers," drug pushers, and media moguls in the Partnership for New York City, the Population Council, and you will learn why Holdren wrote the book Ecoscience (in 1977), calling for massive depopulation using vaccinations for sterilization! (Nonoxynol-9, a spermicide linked in early research to spontaneous abortions, and currently to Toxic Shock Syndrome and birth defects, is in the MF59 adjuvant added to many H1N1 flu vaccines.)

Not only is mass murder evidenced by gross criminal neglect of cytokine storm triggers, but also the repeated hideous attacks on American health freedoms. Non-toxic alternative preventatives and curatives for infectious diseases *have been outlawed in health food stores*, restricted in clinics, and prohibited on the Internet by BigPharma's prostitutes in Washington.

It is treasonous to murder ignorant innocent people lulled into cytokine storms by savvy media "shortage marketing," and fraudulent claims of vaccines' safety and efficacy based on studies lacking placebo controls and long term observations. Totally toxic mercury, Tamiflu, and Relenza are additional prescriptions for death by systemic shock.

Humanicide – the mass killing and enslaving of people everywhere to drugs for profit and population control–best describes the inexcusable neglect of public education and common sense recommendations, including no risk, low-to-no-cost, natural preventatives to cytokine storms including alkalizing body chemistry through good nutrition and pH-adjusted hydration.

Is it too much to expect health officials to recommend powerful anti-viral vitamins C, D, and immune supportive antioxidant vitamin E? Instead, it is unforgivable that federal authorities and attorneys general are persecuting intelligent better-informed people who choose to exercise their right to "life, liberty, and the pursuit of happiness" – our First Amendment US Constitutional rights to access "free markets" wherein natural preventatives and curatives once available, such as vitamin B17, are now gone.

People in every state and province in North America must now fight for their rights by filing legal complaints to raise public awareness and compel officials' accountability for this ongoing genocide, legally-termed negligent homicide.

Prevention Through Public Education & Natural Product Utilization

People with Acute Respiratory Distress Syndrome (ARDS), SARS, and cytokine storms, do best when treated with a variety of antioxidants. Nathens et al showed that critically ill patients treated with vitamin C and E antioxidants suffered fewer multi-organ failures than others treated without these vitamins.

According to Heyland et al, antioxidants, particularly selenium, lowered death rates among critical care patients. DeFlora et al., showed that nutritional supplementation with N-Acetyl-Cysteine (NAC), a precursor of the antioxidant glutathione, significantly reduced flu patients'symptoms.

Lock and other medical doctors published that acetaminophen or paracetamol (Tylenol, Panadol) depletes glutathione in the body, while ibuprofen (motrin) does not.

Taking fish oil containing Eicosapentaenoic acid (EPA) (and gamma-linolenic acid [GLA]), is a powerful immune suppressant that can reduce vaccine-adjuvant-triggered cytokine storms.

These oils are recommended by vaccination intoxication expert and neurosurgeon Russell Blaylock.

High doses of EPA make you more susceptible to infections, but because it is a natural immune suppressant, it can tame a deadly adjuvant reaction or cytokine storm.

Pontes-Arruda et al showed that death rates, organ failure, need for mechanical ventilation, and length of stay in intensive care units was reduced in patients given a diet high in EPA and gamma-linolenic acid (GLA), compared to those who were not supported this way.

Coupling EPA and NAC nutritional supplementation with flavinoids along with silver hydrosols can dramatically reduce the risk of infections and cytokine storms.

Silver hydrosols provide patients who are well hydrated, and ideally minimally intoxicated with heavy metals and chemicals, including mercury and aspartame, the most powerful natural protection against systemic infections following detoxification that should be accomplished first to prevent the Herxheimer reaction, commonly called the "healing crisis."

Detoxification, prior to silver hydrosol administration, is most safely and powerfully accomplished using both chelation and clathration. These are best accomplished simultaneously most safely and effectively at home using zeolites, the most advanced being ZeoLife that replaces minerals and is developed using advanced biophysics to help reduce electromagnetic radiation stress as well.

These simple recommendations, compared to drug and vaccine poisonings, offer a far more reasonable, inexpensive, and effective life-saving approach to preventing and treating cytokine storms that governing officials criminally neglect while advancing a deadly campaign to inoculate, intoxicate, and depopulate the planet.

=> the same: Leonard G. HorowitzProtect Yourself from H1N1 Flu Shot Conspiracy.17.11.09
https://nwoobserver.wordpress.com/2009/11/17/protect-yourself-from-h1n1-flu-shot-conspiracy/

THE FLU CASE

Axel Springer's BILD carries hit piece against me:
BILD lies easy to prove

The Flu Case, 16 November 2009 13:42
https://web.archive.org/web/20100102045530/http://theflucase.com/index.php?option=com_content&view=article&id=1824%3Aaxel-springers-bild-verlag-carries-hit-piece-against-me&catid=1%3Alatest-news&Itemid=64&lang=en

Axel Springer's Bild newspaper is carrying a hit piece today, maintaining no criminal charges were filed in Vienna against Baxter and Avir for attempting to trigger a global bird flu pandemic by contaminating 72 kilos of vaccine material with the live bird flu virus by "a woman" (that is myself).

Bild also maintains that the Vienna state prosecutor's office has confirmed that no charges were filed against Baxter and Avir in February.

The Bild piece claims the adjuvant squalene is harmless, the H1N1 is mild and that plans to put a nanochip in the swine flu vaccine are nonsense - when of course, all the evidence points to the nanochips being in the government-distributed syringes and not the vaccine.

I have sent Bild Verlag (Katharina Bedei, Martin Brand and Manfred Hart) an email with a copy of a letter from the Austrian Ministry of Health dated 20th May (BMG-92400/0049-I/B/8/2009) and signed by Dr Sylvia Füsli in which the Austrian health ministry confirms that I filed criminal charges against Baxter and Avir, and asked them to print a retraction.

Here is the PDF file

"**Stö805/Jane BURGERMEISTER betr. Anzeige gg Baxter** (Vogelgrippe)

Sehr geehrte Frau Burgermeister!
Das Bundesministerium für Gesundheit bestätigt den Erhalt und die Kenntnisnahme

Ihres e-mails an den Herrn Bundesminister Stöger vom 26. April 2009. Ihre Anzeige bei der Staatsanwaltschaft Wien wird durch diese bearbeitet werden," says the letter.

Further proof is that I received a summons to attend an interview at the Sicherheitsdirektion Wien - and attended the interview. How is that possible if no charges were filed?

What about the stamp showing the charges went in?

Also, the case against Baxter and Avir has just been dropped by the state prosecutor in Korneuburg as many witnesses can confirm. How can it just have been dropped if no charges were filed?

As for Barack Obama, those charges were filed with the FBI at the US embassy in Vienna.

This is the Bild report:
=>

Tim Sausen

Schweinegrippe: Todes-Chip & Bio-Terrorismus:
Immer mehr irre Verschwörungs-Theorien

BILD, 16 November 2009, 09:29 UHR
https://web.archive.org/web/20091220063142/http://www.bild.de/BILD/news/2009/11/16/schweinegrippe-verschwoerungs-theorien/im-internet-bild-klaert-auf.html##

Ist die Schweinegrippe eine riesige Verschwörung? Im Internet kursieren die irrsten Grusel-Szenarien rund um das Virus. Viele Menschen fragen sich: Ist da doch was dran? BILD ging den Verschwörungstheorien nach.

Die irrste Behauptung: Mit der Impfung wird ein Spionage-Chip oder "Todes-Chip" injiziert.

Die Wahrheit: Völliger Unsinn – und technisch auch nicht möglich. Prof. Dr. Albrecht Rothermel (50), Experte für Mikroelektronik an der Uni Ulm: "Allein von der Größe her unmöglich. Es gibt keine Mikrochips, die durch eine Impfnadel passen würden."

Behauptung: H1N1 wurde angeblich verbreitet, um einen Großteil der Weltbevölkerung zu töten.

Wahrheit: Natürlich frei erfunden. Prof. Dr. Frank Torsten Hufert, Virologe von der Uni Göttingen erklärt: "H1N1 ist für den Menschen selten tödlich. Um die Weltbevölkerung zu dezimieren, bräuchte man ein viel aggressiveres Virus. Das würde sich nur dann als effektive Biowaffe eignen, wenn es gegen Grippemittel und Impfstoff resistent wäre."

Behauptung: Der Wirkverstärker Squalen ist wie Gift. Er verursacht Rheuma bei Ratten und das Golfkriegssyndrom.

Wahrheit: Eine Sprecherin des Paul-Ehrlich-Instituts: "Die Menge, die Versuchstieren verabreicht wurde, ist bis zu 2000-mal höher als die, die bei der Schweinegrippe-Impfung zum Einsatz kommt. Daher ist der Befund nicht aussagekräftig."

Behauptung: Eine Frau behauptet, sie habe wegen "Bio-Terrorismus" die WHO, Barack Obama und die österreichische Regierung angezeigt. Sie zeigt ein Schreiben mit dem Stempel der Staatsanwaltschaft Wien.

Wahrheit: Eine Sprecherin der Staatsanwaltschaft: "Die Anzeige ist bei uns nicht eingegangen."

THE FLU CASE

Is WHO panicking? Signs of growing instability and uncertainty

The Flu Case, 16 November 2009 15:34

https://web.archive.org/web/20100102051150/http://theflucase.com/index.php?option=com_content&view=article&id=1825%3Ais-who-panicking-signs-of-growing-instability-and-uncertainty&catid=1%3Alatest-news&Itemid=64&lang=en

For the global-based international corporate crime syndicate that has just engineered an economic collapse in such a way as to enrich themselves, planning and executing a major operation involving the deliberate release of biological agents and pandemic material in order to justify the implementation of military rule as well forced vaccinations with a soft kill vaccine and quarantines is a formidable task.

But risking social upheaval and riots as people discover why they have no jobs, no pension and yet have to pay huge interest on debts to the banksters etc is even more dangerous for them.

No amount of high security around a hotel in which the corporate crime syndicate meets in networks such as the Freemason-based Bilderbergs will be enough protection when millions of people wake up to the scale of the robbery that has just been committed on them under the pretext of dealing with "credit crunch".

The "subprime" crisis, credit crunch and the gigantic mountains of debt we have been burdened with and for which we will have to pay interest to the banks for years are as artificial as the "swine flu" pandemic.

The corporate media has lied to people about the financial crisis just as they have lied about the 2swine flu" pandemic.

The international corporate crime syndicate knows that time is running out. Every day more companies are going bankrupt as a result of the banksters withdrawing credit; more people are loosing their jobs in Europe. Tax revenues are plummeting.

Soon the bankster's allies in governments will have an excuse to declare the state bankrupt (most of the money has gone to the banks in bailouts and interest payment).

However, at that point the banksters have to be sure to to be able to leverage a control apparatus sufficient to crush the protests that will spring up on the day when millions of people find themselves in dire poverty as in the Great Depression of the 30s.

Even in Austria, students have launched protests against the crippling lack of funding for the universities.

When I spoke to a bar keeper about those protests a couple of days ago, he said that it would not be long before the whole of Austria is on the streets.

"There is no more middle class," he said. "It's just the very rich or the very poor. " A year ago, you would never have heard that from a middle aged man in Austria.

Austria is on the verge of revolution. The dynamic is there.

But it is not just the Austrians who are fed up. The student protests have spread to Germany. In France, there were so many riots last summer that the government banned the TV from showing them.

Right now, the crime syndicate are behind with their plan to impose forced vaccinations and quarantines on people under the pretext of a pandemic and so they cannot get control of the growing social unrest.

News about how the same group that profits from the pandemic financially and politically – namely the banksters, Baxter, Novartis and their front agency WHO – has been implicated in triggering pandemics has spread quickly on the internet.

News about the toxic and untested soft kill swine flu jab has spread quickly, too. In spite of swine flu hysteria pumped up by newspaper such as Bild in Germany, people are not taking the swine flu jab in the numbers the international corporate crime syndicate hoped for.

The pandemic plague or something similar in the Ukraine has to be introduced here quickly to get panic spreading and provide the government with an opening to crack down on protestors, arrest opponents and implement quarantines.

Planes have been spotted in Poland and Austria.

A pandemic outbreak in France.

The people of Europe appear to be under a new phase of sustained biological attack.

In this day and age of instant communication, we, however, know about planes spraying areas at night time and we will also know about the emergence of a plague almost as fast as it happens.

We can follow the moves of the global crime syndicate in real time.

And the resistance is growing.

Every day that passes they are losing a grip on the decisive force that is required to impose their plan on us the people - and they are panicking.

Key to their success are the willingness of the army and police to go along with the plan to implement vaccinations and quarantines or to be removed from the chess game by forced vaccinations and replaced by UN troops.

But now even the French Gendamerie has refused a compulsory jab.

In this situation, the global crime gang knows only one approach to saving themselves: to keep on pushing through with their plan no matter how many threats and instabilities are pulling it apart so that the sequence and simultaneity are in disarray and success looks highly unlikely.

Their controlled media has to keep out pumping out the same old lies about a swine flu pandemic and how great the vaccine is no matter how implausible they are.

But we, the people, will not be lied too.

We do not want the bankster's fascist New World Order. We don't want to be microchipped, controlled, tracked, kept under surveillance and enslaved by criminals who dare not even show their face to us in public.

And we, the people, - together with the truth – will win out.

Time is short. The crisis is coming. But we, the people, will not back down in any confrontation with the fascist oligarchs and their helpers.

Information

Louise Voller, Kristian Villesen

Intensified lobbying for WHO decision on mass vaccination

Information, 16 November 2009
https://www.information.dk/udland/2009/11/staerk-lobbyisme-bag-who-beslutning-massevaccination?lst_cntrb

Several of the WHO's influenza advisors are paid by the pharmaceutical industry. The industry thus helped to influence the decision that influenza A is a pandemic – and that a vaccine is necessary. Since then, the same companies have received vaccine orders worth up to DKK 55 billion.

On 11 June 2009, WHO Director-General Margaret Chan declared swine flu a pandemic. This meant a huge financial gain for the pharmaceutical industry. Many member states - including Denmark - have contracts with the large pharmaceutical companies and are therefore obliged to buy vaccines in the event of a pandemic.

The investment bank JP Morgan estimates that the pharmaceutical industry will receive vaccine orders worth up to DKK 55 billion this year. A large part of that turnover is due to the WHO's decision.

However, many of the apparently impartial researchers that the WHO uses are paid by the companies that produce the vaccines. The many dual roles are problematic, believes Professor T**om Jefferson**, an epidemiologist at the Cochrane Center in Rome: "It is worrying that many of the members of WHO's committees sign themselves with other titles, even though they actually represent the pharmaceutical industry," he says to Information.

One of the experts in the WHO special H1N1 advisory group, Dr. **Albert Ostenhaus**, has just become an item on the Dutch government's agenda. The government has called a crisis meeting because it has emerged in an article in Science that Albert Ostenhaus has financial interests in several pharmaceutical companies. At the same time, Dr. Albert Ostenhaus in Holland known as 'Dr. Flu' because he promotes vaccine as the solution to epidemics.

Dr. **Frederick Hayden** is an external expert in WHO's council SAGE (Strategiz Advisory Group of Experts), which advises WHO on vaccines. He appears in the official papers as an influenza research coordinator from the anonymous-sounding 'The Welcome Trust' in London. But in a Google search it appears that Dr. Hayden has many other employers. He is, among other things, 'paid consultant' to pharmaceutical companies Roche, RW Johnson, SmithKline Beecham and Glaxo Wellcome.

Dr. **Arnold Monto**, who also appears as an invited expert on SAGE's member list, is a paid consultant for the companies MedImmune, which produces inhalable influenza vaccine, Glaxo Wellcome and ViroPharma. On SAGE's list, he is listed only as head of a department at the University of Michigan.

In addition to the experts in SAGE, several of the major vaccine manufacturers such as GlaxoSmith Kline, Novartis and Baxter also sit as 'observers' when SAGE holds a meeting at the WHO:

"It's a great collection of people," says specialist in community medicine, and former employee at Aarhus University Mauri Johansson. "After all, there are more pharmaceutical industry people in the room than there are decision-makers. It shows everything about the commingling that is going on. They are called 'observers'. But one can wonder that they have to be present at all,' says Mauri Johansson.

He believes that this makes it difficult to see what is up and down:

"There is a blanket of medicine lobby in the WHO, and it has been going on like this for a long time. It is difficult to discern what is in the industry's interest and what is factual information, he says.

In the minutes of a SAGE meeting, which was held on 7 July, it is stated, among other things, that: "It will probably be necessary to give two doses of vaccine to ensure protection," although several researchers have pointed out that a single vaccine should be enough. In the minutes of the meeting, it is also recommended that all employees in the health sector and all pregnant women should be vaccinated. In addition, it is noted that there is a need for "a better understanding of the global vaccine demand" and the member states "are encouraged to consider the use of vaccine as part of their pandemic preparedness."

Mysterious recommendations

Tom Jefferson from Cochrane has also encountered mysterious recommendations from the WHO:

"In the WHO's latest recommendations on the control of pandemic influenza, masks and frequent hand washing are mentioned twice. Vaccines and antivirals, on the other hand, are mentioned 24 and 18 times. Why would an international public health organization emphasize a much more expensive intervention such as vaccines and medicine when it has not been proven that they work?' he says and emphasizes that handwashing is the only thing that is certain to have an effect.

Wolf Dieter Ludwig, who is head of the pharmaceutical commission of the German Medical Association, has no doubts about what has happened: "The authorities have fallen for a campaign by the pharmaceutical companies, which aims to make money from a non-existent threat," he says to Der Spiegel.

According to **Tom Jefferson**, the result should be that the WHO committee splits up:

"The advisers must be separated from WHO decision-makers and from those who evaluate WHO recommendations. It must be two separate processes. And then we must ensure that no one can get away with not disclosing their conflicts of interest,' he says.

Something to contribute

Spokesman for the WHO, **Gregory Härtl**, believes that it is quite natural that the pharmaceutical industry participates in the WHO's meetings. "Everyone has something to contribute to this process - the industry and NGOs and professional participants - so we can gather all the information. They cannot vote, they have no influence on the outcome, and they can only speak when asked. When we have to make vaccine recommendations, we need knowledge about what is needed to produce a vaccine. Only the manufacturer has that knowledge.'

- **Frederick Hayden** and Alfred Monto attended the July 7 meeting as experts from a university, but they are both paid by the pharmaceutical industry. Information about their financial affiliations is just not publicly available under WHO auspices. Why not?

"All experts must sign a declaration of their conflicts of interest, so that we are aware of their background. But then again, Frederick Hayden is the best influenza virologist in the world, so if you want to know how a flu behaves, you ask Fred Hayden. Regardless of what else he does. That is why there is a difference between observers and participants.'

- But why is the financial information not shared with the public?

"I'm not sure why we don't publish it... I can't answer that for you."

- If researchers from the WHO warn millions of people about a life-threatening pandemic and recommend a vaccine, in which it turns out that he has a financial interest. Will this have any consequences under the auspices of the WHO?

"I don't know... WHO has a system that guarantees independence. We are aware that we do not let anything or anyone influence us'.

- Will the WHO continue not to disclose the financial interests of medical experts?

"I will not comment on that... it is possible that we will look at a code for the publication of financial information, but I cannot promise anything."

Information

Kristian Villesen, Louise Voller

a List of the Articles in ***Information***, 2009-2010

– 16. november 2009
Louise Voller, Kristian Villesen. **Mystisk ændring af WHO's definition af en pandemi.**
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https://www.information.dk/udland/2009/11/mystisk-aendring-whos-definition-pandemi?lst_cntrb

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Intensified lobbying for WHO decision on mass vaccination.
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Управление здравоохранения Дании признает наличие проблемы в ВОЗ.
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– 18. november 2009
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Demand from WHO: As a member of WHO, Denmark depends on the decisions made in the organization. When the WHO declares swine flu a pandemic, this also applies to Denmark.
Требуйте от ВОЗ: Как страна-член ВОЗ, Дания зависит от решений, принимаемых в орга-низации. Когда ВОЗ объявляет свиной грипп пандемией, это относится и к Дании.
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Secret committee advises on vaccination.
Секретный комитет консультирует по вакцинации.
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– 9. december 2009
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Weak evidence that H1N1 drugs have any effect.
Слабые доказательства того, что лекарства от H1N1 оказывают какой-либо эффект
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WHO still recommends Tamiflu
ВОЗ по-прежнему рекомендует Тамифлю
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WHO adviser hides millions of contributions from the pharmaceutical industry.
Советник ВОЗ скрывает миллионы взносов от фармацевтической промышленности.
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Can we trust the WHO?
Можем ли мы доверять ВОЗ?
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ВОЗ жертвует млн. доз излишков лекарств в развивающиеся страны.
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The Serum Institute Makes Millions By Recommending Vaccinations.
Институт сывороток зарабатывает миллионы, рекомендуя вакцинацию.
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Дания должна изменить готовность к пандемии.
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«Пандемии гриппа всегда начинаются с птицы».
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THE FLU CASE

WHO moves to ban gatherings of a 1000 people as global crackdown begins

The Flu Case, 16 November 2009 13:40

https://web.archive.org/web/20100102040149/http://theflucase.com/index.php?option=com_content&view=article&id=1823%3Awho-moves-to-ban-gatherings-of-a-1000-people-as-global-crackdown-begins&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The WHO has moved to impose a ban on gatherings of more than a 1000 people under the pretext of fighting a pandemic emergency.

WHO's new guidelines called "*Interim planning considerations for mass gatherings in the context of pandemic (H1N1) 2009 influenza*" state that anyone planning an assembly of a 1000 people or more should consult health authorities.

https://cdn.who.int/media/docs/default-source/influenza/interim-planning-considerations-for-mass-gatherings-in-the-context-of-pandemic-(h1n1)-2009-influenza.pdf?sfvrsn=49ee4588_3&download=true

The authorities are allowed to restrict the right of assembly if they determine an event will contribute to the "spread of a pandemic."

The ban has been widely expected as WHO under the subterfuge of fighting a pandemicclamps down on protests triggered by bank and government corruption that has impoverished people in Europe and the USA.

WHO supplied the pharmaceutical company, Baxter, with the live bird flu virus that Baxter used to contamiante 72 kilos of vaccine material in ist biomedical facilities in Austria in February, and WHO has been accused of seeking to trigger a global bird flu pandemic for political and financial gain.

WHO conducted bioterrorism exercises in the Ukraine shortly before the appearance of a pneumonic plague in a mysterious circumstance in which Baxter's Ukrainian facility has also been implicated.

The pneumonic plague prompted WHO and the government to suspend elections and basic rights.

WHO is now advising the Ukraine government on who should be given the toxic and untested swine flu jab under special powers WHO has acquired by declaring a pandemic level 6 alert in June, according to reports.

Baxter, Novartis and other pharmaceutical managers sat as "observers" on WHO's key vaccine advisory board which recommended the toxic jab with squalene to fight the "pandemic".

Under the International Health Regulations 2005, WHO is allowed to take deploy troops to carry out quarantines and forced vaccinations in all 193 signatory countries as soon as it declares a pandemic level 6 emergency, which WHO did this June after loosening the criteria.

The WHO ban could lead to escalating protests by students in Austria being restricted.

Thousands of students have occupied universities and demonstrated on the streets around Austria concerning cuts in the education budget.

The Austrian Education Minister has offered an emergency 30 million euros to plug some of the deficits, a fraction of the estimated 160 million euros plus that the government has spent on 16 million doses of Baxter's toxic, soft kill swine flu vaccine.

WHO's attempt to push through a ban on gatherings of more than a 1000 people will be give the Austrian government a pretext to crack down on the student gatherings.

THE FLU CASE

Are Poland and Austria at the forefront of an undeclared biological war?

The Flu Case, 16 November 2009, 23:05
https://web.archive.org/web/20100102024224/http://theflucase.com/index.php?option=com_content&view=article&id=1826%3Aare-poland-and-austria-at-the-forefront-of-an-undeclared-biological-war&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Eyewitness reports from Poland and Austria indicate that both countries are being subjected to new kinds of aerosoal spraying by aircraft.

This seems to be an attempt to trigger a pandemic in the same way as occured in the Ukraine recently when pneumonia plague emerged after reports of night time aerosol spraying by low flying planes.

Three aircraft flying in formation were seen at night time in Klagenfurt one month ago apparently on a spraying operation.

New types of spraying were seen in eastern and southern Austria today.

This is one report from Lower Austria:

"I followed your homepage today and saw that you put up that link where you reported that in Villach new types of Chemtrails have been laid by Chemtrail Aircrafts to set the real flu pandemic in motion here as well.

I am covering Chemtrails for at least 6 months, also putting them online via youtube under my youtube name "Silberhorter".

On Sunday when I went out in our garden in Lower Austria (near Wr. Neustadt) I recognized massive spraying activity on almost unprecedented scale. I will upload this action tomorrow night. The spraying was done by new kind of airplanes with strange colors on them (yellow, red. I also detected one plane to put the trigger on and off twice. you can see this action on the video taken on Sunday 15.11.09: http://www.youtube.com/watch?v=N661mbZ5XrY [deleted]

Do you have more info about this new kind of Chemtrail acts? Was it from Sunday? Because today it was already completely cloudy (must be the result of yesterdays spraying acts, because the sky was completely covered with intense mist only 1 hour after they attacked).

If you have more info please let me know to compare it with what I saw on Sunday. What I took notice of was that the trails lingered quite fast and that all sort of different tactics and planes were carried out...

If you check on my channel on Wednesday morning you should see a summary of this Chemtrail activity of Sunday, 15.11.09 near Wr. Neustadt."

газета.ru

Александра Борисова

Возраст притупляет свиной грипп

Газета, 17 ноября 2009, 10:22
https://www.gazeta.ru/science/2009/11/17_a_3287877.shtml

Иммунная система взрослого человека подготовлена к борьбе со свиным гриппом лучше, чем предполагалось ранее

Иммунная система взрослого человека подготовлена к борьбе со свиным гриппом куда лучше, чем предполагалось ранее. Сходство вируса H1N1 образца 2009 года с предыдущими «версиями», циркулировавшими среди людей с 1957 года, позволяет защитным системам организма использовать «иммунную память», которая притупляет действие инфекции.

«Проблема свиного гриппа сильно раздута», — так считают не только российские, но и зарубежные эксперты. Исследования показали, что предыдущие эпидемии вирусов гриппа штамма H1N1 вполне подготовили иммунную систему взрослых людей к сезонному гриппу-2009, а статистика говорит о том, что среди взрослых людей наблюдаемая смертность от этого заболевания ниже ожидаемой.

Группа ученых из Института аллергологии и иммунологии (Ла Хойя, Калифорния), супер-компьютерного центра Сан-Диего (Калифорния) и университета Техаса провела сравнение структуры вирусов сезонного гриппа, существовавших между 1988 и 2008 годами, с новым вирусом свиного гриппа. Результаты их исследования публикует Proceedings of the National Academy of Sciences.

Исследователи сравнивали строение особых молекулярных структур в составе вируса – антигенных детерминант (эпитопов).

Именно по ним иммунная система распознает вирус. Данные об эпитопах сезонного гриппа в США каталогизированы в специальной базе данных (www.iedb.org). Вирусные антигенные детерминанты распознаются так называемыми иммунными клетками типа В и типа Т. В-клетки стимулируют образование антител, которые могут связываться с вирусом и блокировать инфекцию, а Т-клетки проводят «отчуждение» пораженных вирусом клеток.

Анализ структурной базы данных показал, что некоторые эпитопы свиного гриппа и более ранних сезонных гриппов идентичны. Эти эпитопы распознаются двумя наборами Т-клеток - CD4 и CD8, и они идентичны на 41% и на 69%, соответственно. Сходство эпитопов, распознаваемых В-клетками, составляет только 31%. Последующие эксперименты с образцами крови, взятыми у здоровых взрослых людей, показали, что «законсервированные» Т-клетки, знакомые с этими антигенными детерминантами по предыдущим эпидемиям, лучше защищают организм и ослабляют течение свиного гриппа в случае заболевания.

Однако большое количество эпитопов вируса свиного гриппа в значительной степени мутировали и не похожи на эпитопы предыдущих «версий». Необычность ситуации состоит в том, что вирус H1N1 образца 2009 года имеет больше общего с вирусами, которые вызывали болезни людей 10–15 лет назад и более, чем с недавними вирусами.

Именно этот факт, считают ученые, объясняет то, что взрослые люди легче справляются со свиным гриппом, а группа риска среди молодых людей включает не только младенцев, но и школьников.

По статистике, в США в период с апреля до середины октября свиными гриппом переболели 22 млн человек (это около 7% населения). Грипп или его осложнения стали причиной смерти 4 тыс. человек, из них 540 детей. Госпитализация понадобилась 98 тыс. пациентов, из них 36 тыс. детей. Статистика показывает (и лабораторные исследования подтверждают эту статистику), что грипп представляет опасность в большей степени для молодых людей, поэтому в вакцинации нуждаются именно они. Из-за различий в структуре вируса свиного гриппа и сезонных вирусных инфекций последних лет их иммунная система не подготовлена к борьбе с этой болезнью: ее «иммунная история» пишется с чистого листа.

Официальная служба вакцинации США рекомендует прививаться только нескольким категориям граждан: беременным женщинам; людям, находящимся в постоянном контакте с младенцами до 6 месяцев, медперсоналу, детям и молодым людям в возрасте от полугода до 24 лет. Взрослым людям (25–64 года) рекомендуется прививаться только в случае наличия особого осложненного состояния здоровья, например астмы.

REUTERS

U.S. estimates 22 million had swine flu, 3,900 dead

Reuters, 17 November 2009, 8:55 AM GMT+8
https://www.reuters.com/article/us-flu-usa-factbox/factbox-u-s-estimates-22-million-had-swine-flu-3900-dead-idUKTRE5AB54H20091112/

(Reuters) – New estimates suggest the pandemic of H1N1 flu is far worse than an average influenza season, with at least 22 million infections and 3,900 deaths, according to the U.S. Centers for Disease Control and Prevention.

The new estimates are extrapolations based on detailed data for April-October from 10 states and do not reflect a worsening of the pandemic, the CDC stressed. Following are the figures released by the agency, with the median number of cases followed by the full potential range:

Estimated Cases by Age

* 0-17 years – 8 million estimated cases, with a range of 5 million to 13 million
* 18-64 years – 12 million estimated cases, range 7 million to 18 million
* 65 and older – 2 million estimated cases, range 1 million to 3 million
* Total cases – 22 million, range 14 million to 34 million

Estimated Hospitalizations

* 0-17 years – 36,000 hospitalizations, with an estimated range from 23,000 to 57,000
* 18-64 years – 53,000 hospitalizations, range 34,000 to 83,000
* 65 and older – 9,000 hospitalizations, range 6,000 to 14,000.
* Total hospitalizations – 98,000, range 63,000 to 153,000

Estimated Deaths

* 0-17 years – 540 deaths with a potential range of 300 to 800.
* 18-64 years – 2,920 deaths, range 1,900 to 4,600
* 65 years and older – 440 deaths, range 300 to 700
* Total deaths – 3,900 deaths, range 2,500 to 6,100. Source: CDC here

THE FLU CASE

Could WHO announce the "return" of the Spanish Flu any day?

The Flu Case, 17 November 2009, 15:09
https://web.archive.org/web/20100102023129/http://theflucase.com/index.php?option=com_content&view=article&id=1850%3Acould-who-announce-the-qreturnq-of-the-spanish-flu-any-day&catid=1%3Alatest-news&Itemid=64&lang=en

WHO-affiliated French scientist Bruno Lina told Lyonmag this summer that his team in Lyon was looking for a gene to make the current swine flu virus more virulent...

Also, WHO supplied the live bird flu virus – a lab engineered variation of the swine flu – to the pharmaceutical company Baxter and Baxter then used that virus to contaminated 72 kilos of a regular seasonal flu material in Austria circumventing biosafety level 3 safeguards, and so almost sparking a global bird flu pandemic this February.

Under Senate Bill 666 from 2003 – steered into law by Jay Rockefeller of the Rockfeller dynasty that has funded the UN and WHO, – tax dollars were channelled into private pharmaceutical companies such as Baxter to fund bioweapons research. It is not clear what funding Baxter got for what project. Baxter is known, however, to have patented an especially lethal version of the bird flu virus.
https://www.senate.mo.gov/22info/pdf-bill/intro/SB666.pdf

A recent mass "bird flu" vaccination campaign ordered by WHO in Indonesia resulted in the emergence of a lethal strain. The Indonesian Health Minister, at first, refused to give WHO the bird flu samples because she said they would be used as a bioweapon.
http://www.prisonplanet.com/articles/february2008/022108_bird_flu.htm

Given the amount of effort that WHO and Baxter have put into finding a lethal virus, it is only a question of time before they – and their corporate media – proclaim the "return" of the Spanish Flu.

As soon as WHO declares that the swine flu has mutated into the Spanish Flu, it can insert that virus strain into vaccines, claiming this is a prophylactic measure.

Just as in 1918, people who take the vaccines will get the Spanish Flu.

The Spanish Flu broke out among US soldiers who were vaccinated before going to fight in Western Europe in 1918.

Greece one of the few countries that had no mass vaccination programme in 1918 had almost no victims from the Spanish Flu.

A vaccine-generated pandemic can then be used as an excuse to drive more people to take the toxic, untested and deadly swine flu jab.

In addtion, WHO – the de facto controller of national governments during a pandemic level 6 emergency of the kind declared in June – can order military style rule, ban assemblies, and implement quarantines and even forced vaccination in all 194 countries that have signed the International Health Regulations 2005 under the pretext of dealing with a pandemic emergency.

Náthás békesség. Egyházak és a H1N1

Evangelikus, 17 december 2009, 15:30
https://archiv.lutheran.hu/lapszemle_2009-2011/nathas-bekesseg-2013-egyhazak-es-a-h1n1

A világszerte terjedő influenzajárvány miatt több keresztény egyház is úgy döntött, feláldozza évszázados szokásait a higiénia oltárán.

Egyre több katolikus templomban üresek a szenteltvíztartók, és sok helyütt kézfertőtlenítő alkalmatosságokat szerelnek a padsorok végére: az új influenza és az ellene való védekezés tartja lázban a szent helyekért felelős egyházi személyeket (is). Egyetlen felekezet sem szereti, ha hívei – egészségüket féltve – hónapokra elmaradnak a közösségből, ezért kisebb-nagyobb engedményekkel és óvintézkedésekkel szinte mindent megtesznek azért, hogy a H1N1 elkerülje soraikat. Amerikai protestáns és katolikus közösségekben például hanyagolják a tradicionális – az isteni és testvéri békesség jeleként alkalmazott – üdvözlő kézfogást, ehelyett visszafogott fejbólintással fejezik ki egymás iránti pozitív érzéseiket.

"Jöjjetek énhozzám mindnyájan, akik megfáradtatok" – hívja Krisztus az evangélium szavaival a bűnösöket és a lélekben erőtleneket, ám több egyházközségben a papok és a lelkészek inkább otthon maradásra buzdítják azokat, akiknek a járvány miatt fogyott el az erejük. Az anglikán egyházban már júliusban arra intette papjait Rowan Williams canterburyi érsek, hogy kerüljék a közös kehelyből ivás rituáléját. Ehelyett – szólt a főpapi tanács – alapos kézfertőtlenítés után a pap mártsa bele az ostyát a borba, majd adja azt a hívők kezébe. E tekintetben régi hagyományokat ápolnak az anglikánok: a 16. századi pestisjárvány idején született egyházi szabályzat szerint indokolt esetben akár szüneteltetni is lehet a szentség vételét. Némely londoni anglikán gyülekezet pedig akképpen veszi fel a harcot a vírussal, hogy kézfogás helyett megölelik egymást a hívek. Pedig Williams érsek – mintegy felülírva korábbi tanácsait – nemrégiben már azt üzente püspökeinek, hogy mivel sokan beoltatták magukat, és a járvány kevésbé pusztító, mint eredetileg gondolták, a brit egészségügyi minisztériummal való tanácskozás után úgy döntöttek, vissza lehet térni az áldozás hagyományos formájához.

Más egyházi alkalmazottak arra panaszkodtak, hogy hiába a jó tanácsok, a templomba járó emberek az alapvető higiénés szabályokat sem akarják megtartani, mondván: Krisztus testéről és véréről nem terjedhetnek kórokozók. E hiedelmeket több helyütt hiába cáfolják a papok és lelkészek, tanácsuk sokszor pusztába kiáltott szó marad.

Feladták a hívek győzködését több svédországi protestáns gyülekezetben, ahol úgy vélik a lelkészek, hogy az úrvacsorai bor feljavításával tehetik a legtöbbet nyájuk épségéért. A karlskogai evangélikusok például továbbra is körbeadják a kelyhet, amelybe azonban kizárólag avinált bort töltenek. Az avinálás során a borhoz erős borpárlatot adnak – ilyen például a portugál portói vagy a spanyol sherry. Rosszmájú svéd publicisták máris azon élcelődnek: most, hogy erős, 15-20 százalék alkoholtartalmú italt osztanak a templomokban, megnőhet az istentiszteletet látogatók száma. Egyébként több amerikai gyülekezetben is előírták a legalább 12 százalék alkoholtartalmú bor használatát, és jóllehet a kehely közös, azt sok helyütt nem foghatják kézbe a hívek, kizárólag a lelkész kezéből ihatnak.

Komoly teológiai vitákat kavart a katolikus egyházban néhány óvintézkedés. Például az, hogy több egyházközségben – Kanadában, Portugáliában és gyakorlatilag egész Új-Zélandon – áttértek a plébánosok az úgynevezett kézbe áldoztatásra, vagyis nem a hívek nyelvére helyezik az ostyát, hanem a kinyújtott jobb kezükbe, ahonnan az illető maga teszi a szájába. A tradicionalista, latin misézést pártoló katolikusok felháborítónak tartják, hogy erre a szerintük "liberális" módszerre kötelezik őket. Amerikai episzkopális hívek viszont azon kezdtek vitázni, vajon a kézbe áldozás vagy a közös kehelybe való ostyamártogatás a kevésbé veszélyes. Sokan utóbbit tartják higiénikusabbnak, annak ellenére, hogy – mint internetes blogokban többen is felhívták rá a figyelmet – egyes híveknek beleérhet az ujja a kehelybe, miáltal megnőhet a fertőzés veszélye. A szenteltvíztartók kiürítésének alternatívájaként pedig egy olasz feltaláló olyan urnát alkotott, amely automatikusan néhány garantáltan csíramentes szenteltvízcsöppet szór az odatartott kézre.

A muszlimok a Koránból vezetik le a járvány elleni védekezés szükségességét. Már a nyáron arra biztatták vallási vezetők a híveket, hogy mindenekelőtt kérjék Allah segítségét, már csak azért is, mert az újfajta vírusok sokszor Allah csapásai az emberiség parázna tetteiért. Persze azt is jónak látták a tanult vezetők a hívek tudomására hozni, hogy a rituális mosakodások és a gyakori kézmosás – a karantén időnkénti alkalmazása mellett – szintén hasznosak lehetnek.

Számos protestáns és neoprotestáns kisegyházban elegánsabban oldották meg a kérdést: amint azt Mészáros Kálmán, a Magyarországi Baptista Egyház elnöke a HVG-nek elmondta, felekezetük már több évtizeddel ezelőtt áttért arra, hogy közös kehely helyett mindenki külön kis pohárkából igya meg az úrvacsorai bort. Nincs is kötelező előírásuk járványos időkre, lelkészeik lelkiismeretére bízzák, milyen módon óvják nyájuk egészségét.

Némileg extrém módon kívánja oltalmazni híveit a gonosztól Miroslav Bustruk horvát katolikus pap, aki novemberben kerek perec kijelentette: globális összeesküvés keretében törnek az emberiség elpusztítására a H1N1 elleni oltás propagálói. Bustruk – talán a Magyarországon már korábban terjedő szóbeszédből táplálkozó – "tanai" szerint a vakcinával mikrocsipet juttatnak az emberekbe, ezért a hívek azzal tehetik a legtöbbet egészségükért, ha tartózkodnak az oltástól. Az országos botrányt okozó pap azt ígérte, az ügyben a közeljövőben a Vatikán is nyilatkozni fog. Ilyesféle nyilatkozatot a Szentszék eddig még nem tett, viszont munkatársainak javasolta az oltás beadását.

De a legóvatosabban minden bizonnyal a keresztény nemzetközi influenzaegyház jár el. Az angol nyelvű fluchurch.com lelkes lelkészei senkivel sem óhajtanak személyesen találkozni, ellenben mindenkit várnak honlapjukon, ahol "addig prédikálunk, amíg jobban nem érzik magukat".

Bloomberg

Jason Gale

Beijing Flu Center to speed new virus research, scientists say
WHO and China to Open New Virus Research Center

Bloomberg, 17 November // The Flu Case, 4 December 2009
https://web.archive.org/web/20100102045849/http://theflucase.com/index.php?option=com_content&view=article&id=2181%3Awho-and-china-to-open-new-virus-research-center&catid=1%3Alatest-news&Itemid=64&lang=en

Nov. 17 (Bloomberg) – *China and the World Health Organization agreed to open an influenza research center in Beijing* to identify and share knowledge about new strains.

Approval to open the center was given last week, when health officials and WHO Assistant Director-General Keiji Fukuda met in Beijing, China's Center for Disease Control and Prevention said in a statement on its Web site today. Arrangements to formally designate the laboratory as a WHO collaborating centre are still being worked out, the United Nations health agency said.

The new collaborating center for reference and research on influenza will join a network of WHO-affiliated labs in Atlanta, London, Tokyo and Melbourne that monitor flu strains and make recommendations on vaccines to fight the virus. A center in Beijing may enable scientists to more quickly identify new strains that emerge in China, said John Mackenzie, a Melbourne- based virologist who chaired the WHO's emergency committee responding to the influenza pandemic sparked by swine flu.

"It will be ideal to have a center in China because it's the cradle of influenza evolution," Mackenzie said in a telephone interview today.

The WHO collaborating center in Beijing "will not only greatly enhance China's ability to monitor and prevent flu from spreading, but also increase China's influence and power in decision-making in the area," according to the CDC's statement.

China sought WHO approval for the center two years ago and lodged an official request in March 2008, it said.

The WHO center will be located at China's National Influenza Center, which was established in 1957 and joined the WHO flu surveillance network in 1981.

World Health Organization

There is a **Beijing Flu Center** [Dr. Yuelong Shu]
on the page:
WHO Collaborating Centres for influenza and Essential Regulatory Laboratories
(archived on 27 July 2011)
https://web.archive.org/web/20110727011531/http://www.who.int/csr/disease/influenza/collabcentres/en/

General Register Office for SCOTLAND
information about Scotland's people

Rona Watters, Health Protection Team

On Seasonal Flu

General Register Office for Scotland, 17 November 2009

https://web.archive.org/web/20100102015357/http://theflucase.com/index.php?option=com_content&view=article&id=2148%3Ascottish-government-reclassifying-all-flu-deaths-as-swine-flu-deaths&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Daer Mr. McGillivray. Thank you for your email of 2 November which requested information under the Freedom of Information (Scotland) Act 2002 on the number of deaths from seasonal influenza in Scotland since the start of the H1N1 Swine Flu pandemic. I have been asked to provide a response to the question you have raised.

Thus far this flu season (2009-10), there have been no deaths from seasonal influenza communicated to colleagues in NHS Health Protection Scotland. However, I detail below some of the difficulties that exist around identifying deaths as a result of influenza.

The General Register Office for Scotland (GRO(S)) receives all data held on each death registered in Scotland and this is collated into the GRO(S) Annual Report. From time to time, GRO(S) also compiles reports comparing trends over time. If influenza is recorded at any point on a death certificate this information is counted in these official statistics.

GRO(S) have recently produced a report compiling information on influenza deaths across the period 1990 to the end of the 2008/2009 seasonal flu season, and this is available at: http://www.gro-scotland.gov.uk/statistics/publications-and-data/increased-winter-mortality/increased-winter-mortality-in-scotland-2008-09.html.

In this report, GRO(S) comment on the difficulty of capturing data on influenza related deaths. In overview, it is likely that to date there has been under-reporting of influenza, which is due to the fact that recording of deaths is often ascribed to a complication of influenza rather than to influenza itself. In many cases, the episode of influenza has passed, and the physician reporting the death may not record this infection on the death certificate. Furthermore a number of experts suggest that stress on the body caused by influenza may precipitate heart attacks, strokes and other conditions in those who are already in poor physical health. It will be these rapidly fatal conditions that appear on the death certificates rather than influenza itself. This may also explain partly the excess winter deaths due to stroke and heart attacks, although other factors such as the cold temperatures may also be attributable. To overcome this difficulty, the GRO(S) report describes excess deaths compared to that expected for each season.

In September this year, the Chief Medical Officer Dr Harry Burns issued a letter to NHS Boards setting out instructions and providing national guidance to those responsible for certifying death certificates. Dr Burns requested that death certificates should record the whole sequence of conditions and events leading up to death, which in future will provide better understanding when establishing the number of deaths where seasonal influenza has been a contributory factor.

If you are unhappy with this response to your request, you may ask us to carry out an internal review, by writing to Dr Kevin Woods, Director General - Health, Floor 1E.07 - St Andrews House, Regent Road, Edinburgh, EH1 3DG. Your request should explain why you wish a review to be carried out, and should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If you are not satisfied with the result of the review, you then have the right to make a formal complaint to the Scottish Information Commissioner.

Yours sincerely, *Rona Watters*, Health Protection Team

franceinfo:

Grippe A: 1,5 million de Français déjà atteints, une centaine: d'écoles fermées

France-Info, 18 Decembre 2009
https://web.archive.org/web/20091120225255/http://www.france-info.com/sciences-sante-2009-11-18-grippe-a-1-5-million-de-francais-deja-atteints-59-ecoles-fermees-370431-29-30.html

Le virus de la grippe A progresse très fortement: le nombre de personnes infectées a été multiplié par cinq en quelques jours. Les hospitalisations de cas graves et les décès augmentent également. Plus de cent établissements scolaires sont fermés…

Après un léger tassement au moment des vacances de la Toussaint, le virus de la grippe A a repris du poil de la bête: en quelques jours, le nombre de personnes infectées a été multiplié par cinq. L'Institut de veille sanitaire (InVS) a recensé plus de 400.000 consultations médicales pour la seule semaine dernière. Et depuis l'apparition du virus, la grippe a déjà frappé 1,5 millions de Français.

"Nous assistons à un redémarrage très franc, notamment dans le sud de la France", observe Françosie Weber, directrice de l'InVS). Plus inquiétante, "l'augmentation du nombre d'hospitalisations pour cas graves" (25 personnes étaient en réanimation ou en soins intensifs la semaine dernière). Et 21% de ces cas graves concernent des moins de 15 ans, "c'est plus que la grippe saisonnière", avertit Françoise Weber. En France métropolitaine, 46 personnes ont succombé à des complications liées à la grippe A, dont 14 au cours de la dernière semaine.

S'agissant des fermetures d'établissements scolaires, là aussi les chiffres montrent une accélération de la contamination. Le ministère de l'Education nationale recensait ce mercredi 155 classes et 104 établissements fermés pour cause de grippe A/H1N1, répartis sur 18 académies. 100 classes et 79 écoles fermées en maternelle et en primaire, ainsi que 55 classes et 25 établissements fermés au niveau collège-lycée.

KURIER

Gebhard, E. Mauritz

Schweine-Wahn im Internet

Kurier, 18 November 2009, 18:32
https://web.archive.org/web/20091120114030/http://kurier.at/nachrichten/1955913.php

Dunkle Mächte wollen mit H1N1 die Weltherrschaft an sich reißen: So lautet nur eine von vielen Verschwörungstheorien.

Haarsträubender Unsinn." Das sagt die Virologin Monika Redlberger zu Verschwörungstheorien rund um die Neue Grippe im Internet.

Mythos 1: Weltgesundheitsorganisation (WHO) und Pharmafirmen haben den Plan, mit vergifteten Impfstoffen die Weltbevölkerung auf zwei Milliarden zu reduzieren - dies belege ein Laborunfall bei Baxter im Februar. (siehe auch Video-Link)

Die Realität: Bei diesem Zwischenfall handelte es sich um einen einmaligen Fehler, so Baxter: "Influenza-Virusmaterial" für Labor-Tests aus der Forschungszentrale in Orth a. d. Donau, NÖ, war mit Vogelgrippe-Viren verunreinigt - in einem tschechischen Labor starben dadurch Frettchen. In keinem der Labors, in die dieses Material geliefert wurde, infizierte sich ein Mitarbeiter. Nie war daran gedacht, es Menschen zu verabreichen. Baxter hat seither zusätzliche Sicherheitsvorkehrungen eingeführt.

Mythos 2: Die H1N1-Impfungen verbreiten die Grippe, statt sie zu stoppen.

Die Realität: "Das ist völlig unmöglich", sagt Redlberger: Die Impfung besteht aus abgetöteten Viren ("Totimpfstoff"), die sich nicht vermehren können. Allerdings: Erste schützende Antikörper bildet der Körper erst ein bis zwei Wochen nach der Impfung, deshalb kann man auch noch nach der Impfung erkranken. Und vor grippalen Infekten ("Schnupfen") schützt die Impfung nicht.

Mythos 3: Ein Bestandteil des des Wirkverstärkers des in Deutschland verwendeten Impfstoffes Pandemrix löst das Golfkriegssyndrom aus.

Die Realität: Das Golfkriegssyndrom (Muskel- und Kopfschmerzen, Erschöpfung) trat bei heimgekehrten US-Soldaten auf. Impfkritiker sehen die Ursache in einem Impfstoff gegen Milzbrand und ziehen Parallelen zu Pandemrix.

Das Paul-Ehrlich-Institut weist beides zurück. Der Wirkverstärker sei bei mehr als 30.000 Probanden ohne auffällige Nebenwirkungen eingesetzt worden. Der "österreichische" Impfstoff Celvapan enthält keinen Verstärker.

Mythos 4: Die WHO hat ein Kriterium für eine Pandemie - hohe Zahl von Toten - gestrichen, um jetzt mehr Macht zu erhalten.

Die Realität: "Es gab 2005 auf einer Homepage die Formulierung ‚enorme Zahl von Todesfällen und Erkrankungen'", so WHO-Sprecher Gregory Hartl . "Das wurde oft missinterpretiert. Man muss aber ‚Tote' und ‚Erkrankte' zusammen lesen - und das entspricht exakt der jetzigen Situation. Wir bedauern die schlampige Formulierung 2005. In unseren offiziellen Pandemie-Leitlinien war die Todesrate aber nie ein Kriterium."

Sozialmedizinerin Claudia Wild ortet aber "eine unglückliche Nähe" von Impfstoff-Herstellern zur WHO und fordert, dass bei Entscheidungsträgern in Impf- und Pandemie-Gremien eventuelle Geldflüsse von der Industrie oder Beteiligungen offengelegt werden.

Mythos 5: Es gibt überhaupt kein krankmachendes H1N1-Virus. Es ist eine reine Erfindung der Pharmaindustrie, um einen wirkungslosen Pseudo-Impfstoff verkaufen zu können.

Die Realität: Zahlreiche Forschungslabors weltweit haben das Neue Virus nachgewiesen. Mittlerweile gibt es auch spezielle Testverfahren zum Virus-Nachweis. Aufgrund genauer Analysen der genetischen Sequenzen konnte auch einwandfrei bewiesen werden, dass es sich um ein neues H1N1-Virus handelt. Zudem sind in zahlreichen medizinischen Fachzeitschriften bereits fundierte Studien zu dem neuen Virus erschienen.

Mythos 6: Die Weltgesundheitsorganisation will demnächst weltweit eine Zwangsimpfung verordnen, die mit Polizei- und Militärgewalt auch exekutiert werden wird. Jeder, der sich weigert, wird mit furchtbaren staatlichen Repressalien - wie Gefängnisaufenthalt - rechnen müssen.

Die Realität: Die WHO kann keine Impfpflicht verordnen, das ist Sache der einzelnen Regierungen. In Österreich hat das Gesundheitsministerium bereits mehrfach erklärt, dass es keine Impfpflicht geben wird - auch nicht im Gesundheitsbereich.

Österreichs bekannteste Verschwörungstheoretikerin ist die Wienerin Jane Bürgermeister. Ihre bizarren Ausführungen zum Weltkomplott hinter der Schweinegrippe wurden zum Weberfolg:

https://web.archive.org/web/20091120114030/http://www.youtube.com/watch?v=5_R5EHn9lOY

"Schweinegrippe der geplante Genozid" Interview mit Jane Bürgermeister powered by secret. TV part 1

=> an English version

See the next page =>

THE FLU CASE

Austria's mainstream news propaganda for Big Pharma: swine flu jab plot "hair-raising nonsense"

The Flu Case, 19 November 2009

https://web.archive.org/web/20100102044129/http://theflucase.com/index.php?option=com_content&view=article&id=1957%3Aaustrias-mainstream-news-propaganda-for-big-pharma-swine-flu-jab-plot-hair-raising-nonsense-&catid=1%3Alatest-news&Itemid=64&lang=en

Austria's mainstream newspaper, the Kurier, has attempted to persuade reluctant Austrians that getting injected with a new and untested swine flu jab produced by Baxter is a good idea and to portray people who present the evidence showing there is an agenda by big pharma and WHO ("dark forces") to create an artificial pandemic and then deliver toxic swine flu jabs to accumulate huge profits and power as crazies.

Mindful of the fact legal action can be taken against them for defamation, the Kurier has mentioned me only in the last part as the "Viennese Jane Bürgermeister" who puts forward these "myths" about a nonsensical "swine flu conspiracy theories", (ignoring the fact I am half Irish and was born in Switzerland). The Kurier does, however, put up a link to a German youtube clip that has been viewed about 300,000 times in roughly a month underlining the fact that the word is spreading among people who otherwise rely on the mainstream media for information.

Under a talking point called **Myth 1**, Kurier makes out that Baxter's contamination of 72 kilos of "influenza virus material" with the live bird flu virus in its facilities in Orth an der Donau – material which labs and other documents stated was meant for vaccines -- was a "one off mistake". They omit to mention that biosafety level 3 regulations apply when handling the bird flu virus and that a one off mistaken contamination of one gram let alone 72 kilos is therefore impossible.

Furthermore, the Kurier doesn't explain why Baxter had the bird flu virus in its lab in the first place. The bird flu virus is a lab engineered virus reconstructed from the Spanish Flu pandemic virus of 1918 by scientists working for a US bioweapon lab as Der Spiegel reported in 2005. WHO supplied Baxter with the live bird flu virus on Baxter's own admission.

The Kurier notes that none of the staff of external labs who got Baxter's contaminated material were infected with the bird flu, but it fails to mention that all 36 staff from the labs Avir and BioTest who came in contact with it had to be treated preventatively for the bird flu in Vienna and the Czech Republic because doctors thought they could have got it in spite of their protective clothing etc.

Only because a member of staff at BioTest in the Czech Republic tested the falsely labelled and irradiated contaminated material on ferrets, who got sick and had to be put down as a result, was the contamination with the live bird flu virus discovered before the material could have wrecked more havoc. A little detail the Kurier omits.

Both BioTest and Avir have said the contaminated material was meant for vaccines making Kurier's claim that it would never have been used as vaccine material very odd.

Under talking point **Myth 2**, the Kurier tries to claim the vaccines will not cause a pandemic. Quite apart from whether they contain live viruses or not, the mass vaccination with a swine flu jab for which there are no clinical data, as even a quick scan of the EMEA documents shows, could well lead to death and damage as happened in 1976 during the national swine flu vaccination program in the USA, which had to be abandoned. But the Kurier ignores this and claims that the viruses in the vaccines will be dead and therefore cannot spread disease.

The Kurier ignores the fact that WHO's vaccine advisory board – on which Baxter and other pharma executives sat as "observers" – mandated the swine flu jab which is "new technology that... formulated with oil-in-water adjuvants and live attenuated influenza vaccines."

The Kurier also ignores the huge body of scientific evidence showing the link between squalene and the Gulf War Syndrome and relies instead on confusing readers by saying that the US and UK soldiers got a different vaccine altogether, implying there was no squalene in the anthrax vaccine under a talking point called **Myth 3**.

Talking point **Myth 4** attempts to whitewash WHO for manipulating the criteria in April 2009 in order to declare a pandemic level 6 but actually presents more evidence of WHO's manipulation by quoting WHO spokesman Gregory Hartl as admitting that WHO said that there had to be "enormous numbers of deaths and sickness" in 2005 for a pandemic.

Hartl says WHO regrets the "careless formulation."

The Kurier claims under "**Myth 5**" that supporters of swine flu "conspiracy theories" say there is no new H1N1 virus, when we all know there is because labs have been engineering it for more than ten years and been publishing the results i n scientific journals.

The issue is: how widespread is this virus if even US government studies say as many as 9 out of 10 rapid diagnoses of swine flu were false and if there is no requirement for lab testing of the virus? Is it widespread enough to justify a pandemic level 6?

Under talking point **"Myth 6**", Kurier also claims that the WHO cannot order forced vaccination and quarantines when the International health regulations make it clear they can, though it is up to each government to implement it. Austria's national pandemic plan from 2005 makes it clear forced vaccination and quarantine are possible.

What use are the assurances from the health Minister that there will be no forced vaccination when the same Health Minister has covered up Baxter's role in nearly triggering a pandemic?

Why not if there is no vaccine obligation? Why does the national pandemic plan say it is a goal to vaccination 100% of the population? How do they intend to accomplish that without making it compulsory? Why has the Health Minister said in parliamentary questions and answers that there are no plans to store any of the surplus 16 million doses of swine flu jab ordered from Baxter?

The Kurier hit piece is very little the Bild hit piece claiming I had never filed criminal charges in Austria and quoting a Vienna state prosecutor spokesperson to that effect. Even when I emailed and then alter faxed them a letter from the Austrian Health Minister confirming I had filed charges, BILD did not reply or seek to correct their report riddled with error after error.

Additional Reference

Baxter has patented an especially lethal form of the bird flu virus; and there is reason to believe it is part of a US government controlled black op bioweapons development program. =>

M. Becker. **US-Forscher beleben altes Killervirus**. – Spiegel Wissenschaft, 5 October 200, 20:16 Uhr.

US-Forscher haben in einem Militärlabor den extrem gefährlichen Erreger der Spanischen Grippe rekonstruiert. Die Ergebnisse, die jetzt erstmals detailliert veröffentlicht werden, sollen eine drohende Vogelgrippe-Pandemie verhindern helfen. Kritiker warnen jedoch vor der Gefahr eines Ausbruchs.

https://www.spiegel.de/wissenschaft/mensch/kampf-gegen-vogelgrippe-us-forscher-beleben-altes-killervirus-a-378217.html

elPeriódico

Arturo San Agustín

Artículo de Arturo San Agustín: 'La monja'

El Periódico, 19 Novembre 2009, 00:00
https://www.elperiodico.com/es/opinion/20091118/articulo-arturo-san-agustin-monja-95833

Hasta hace poco las monjas solo eran noticia cuando los poetas republicanos y agnósticos las sacaban en alguno de sus poemas. Y siempre las llamaban *monjitas*. O cuando, muchos años después de haber muerto, hacían milagros. O cuando, muchísimos años después, las beatificaba Juan Pablo II, que ha sido el Papa que más interés le ha puesto al asunto de los beatos y los santos. Al polaco los santos le entusiasmaban. Algunos.

Ahora, desde que han comenzado las vacunaciones contra la gripe A, es noticia la monja benedictina *Teresa Forcades* quien, a través de internet, les está complicando diariamente el trabajo a médicos y enfermeras. Pobres profesionales de la sanidad pública. Hasta la monja benedictina, experta en teologías feministas, les crea problemas.

En este país, lo normal es que uno vaya al médico y le diga lo que tiene que recetarle. Y lo que el paciente pide o exige al médico que le recete son las mismas pastillas que toma su cuñada. O su vecina. Ahora, desde que la monja *Forcades* se nos ha hecho aún más famosa a través de internet con el vídeo *Campanas por la gripe A* nuestros médicos y enfermeras de la sanidad pública han de enfrentarse también a la monja. «¿Me vacuno o no me vacuno? Se lo pregunto porque la monja dice en internet que no debemos vacunarnos.» Y así todo el día.

La monja ***Forcades*** que, cuando aconseja no vacunarse contra la gripe A, posa con su monasterio al fondo para darle más crediblidad y más fuerza cinematográfica a su mensaje, debería decidirse. Nadie le niega que, como médica que también es, tiene derecho a opinar lo que le dé la gana o lo que le permitan sus superiores o el Papa, pero no debería aprovecharse de su hábito. Porque si bien es verdad que el hábito no hace al monje, también lo es que el hábito hace más creíble cualquier mensaje. Y eso es jugar con ventaja, en un tema, el de la gripe A, en el que nadie, hasta ahora, parece tenerlo claro.

Horrorszenarien: Die Schweinegrippe und die Medien

Monitor, Nr. 600, 19 Novembre 2009.
https://web.archive.org/web/20091123185636/http://www.wdr.de/tv/monitor/sendungen/2009/1119/grippe.php5

Sonia Mikich: "Ich bin heute früh zur Arbeit gefahren und obwohl jährlich viereinhalbtausend Menschen bei Autounfällen sterben, hatte ich keine Sekunde Angst vor dem Autofahren. Angst an der Schweinegrippe zu sterben, ist dagegen gang und gäbe zurzeit. Das ist seltsam angesichts der realen Zahlen, und darum möchten Georg Restle und Ralph Hötte die Fieberkurve der allgemeinen Aufgeregtheit nach unten bringen. Ohne Verharmlosung, ohne Glaubensbekenntnis pro oder kontra Impfung. Einfach Fakten, die Sie überraschen werden."

35.000 Tote. Seit Wochen trommelt die Boulevardpresse. Schweinegrippe: Jeder Fall ein neuer Schocker. Und keine Nachrichtensendung ohne das Virus. "Die Zahl der Schweinegrippen-Infizierten in Deutschland steigt immer schneller." "Die Schweinegrippe legt jetzt bei uns so richtig los." Eine mediale Fieberkurve - mit Wirkung.

Gerd Antes, Univ. Universität. Mitglied der Ständigen Impfkommission: "Die Folgen dieser Angstmaschinerie sind natürlich dann teilweise makaber. Drei weitere Tote - und plötzlich rennt alles zu den Impfstellen. Was dann natürlich doppelt makaber ist, weil, aufgrund des nicht verfügbaren Impfstoffes, die Gruppe, die den Impfstoff wirklich haben müssten, plötzlich ohne Impfstoff dastehen."

Vor allem ein Fall beschäftigte die Medien. Ein 15-jähriges Mädchen, kerngesund, plötzlich verstorben an den Folgen einer Schweinegrippe-Infektion.

"Sie war doch so lebenslustig! Die 15-jährige Schülerin aus Kassel ist das zwölfte Todesopfer, das die Schweinegrippe fordert." "Gerade mal 15 Jahre alt war das jüngste Opfer." Ein nachgewiesener Tod durch Schweinegrippe? Was sagt das zuständige Gesundheitsamt?

Karin Müller, Gesundheitsamt Kassel: "Bis heute ist überhaupt nicht klar, ob die Schweinegrippe in irgendeiner Weise mit dem Tod des Mädchens im Zusammenhang steht. Fest steht, dass das Mädchen klinisch an einer Herz-Muskel-Entzündung verstorben ist."

Erstaunlich, selbst das Robert-Koch-Institut führt den Fall bereits in seiner Statistik der Schweinegrippe-Toten, und das obwohl medizinisch überhaupt noch nicht geklärt ist, ob es überhaupt einen direkten Zusammenhang gibt zwischen dem Tod des 15-jährigen Mädchens aus Hessen und dem Virus, das es in sich trug gab. 27 Tote wurden in Deutschland bisher gemeldet. Eine bedrohliche Zahl?

Prof. Michael Kochen, Präsident Deutsche Gesellschaft für Allgemeinmedizin: "Wenn Sie die Zahl der Infizierten, insbesondere, wenn man die Dunkelziffer anbetrifft, die sehr viel höher ist, mit der Zahl der Komplikationen und der Zahl der Toten vergleicht, so handelt es sich hier um eine relativ harmlose Infektion."

Jedenfalls für die allermeisten. Für ein genaueres Bild lohnt ein Blick nach Mexiko – das Land, in dem das H1N1-Virus zum ersten Mal für Angst und Schrecken sorgte. Bilder von damals, als die Menschen noch Mundschutz trugen. Heute ist die Grippewelle hier vorüber - und seit letzter Woche liegt die erste umfassende Untersuchung zur Epidemie vor. Fakt ist: Viele Menschen haben sich in Mexiko mit dem Virus angesteckt. Die Dunkelziffer ist hoch. Aber die Zahl der Schweinegrippe-Toten ist deutlich niedriger als befürchtet. Bei einer Gesamtbevölkerung von 110 Millionen waren es nur 63 Tote, bei denen das Virus nachgewiesen wurde.

Gerd Antes, Universität Freiburg, Mitglied der Ständigen Impfkommission: "Die Zahlen aus Mexiko bestätigen den Eindruck, dass überall dort, wo man genauer hinschaut, es nicht so dramatisch ist wie wir vielleicht gedacht haben. Mexiko war so der Inbegriff des Schreckens. Das, was dort an Schlimmem passiert ist, transportierte man zu uns. Das ist das praktisch, was uns noch bevorsteht."

Und noch ein Land machte Schlagzeilen. Die Ukraine.

"... sogar die nationale Sicherheit bedrohen kann, erlebt derzeit die Urkaine."

"Das ukrainische Gesundheitsministerium zum Beispiel meldet mehr als 255.000 Infizierte und über 70 Tote." "Dramatisch ist die Lage in der Ukraine." "Dort erlagen schon 70 Menschen der Schweinegrippe. Die Regierung hat ausländische Hilfe angefordert."

Zuletzt war sogar von Hunderten Schweinegrippe-Toten die Rede. Doch wie sieht die Lage in dem Land wirklich aus? Tatsächlich gab es auch hier viele Infektionen, aber hunderte Tote? Wir recherchieren beim ukrainischen Gesundheitsministerium, medizinischen Instituten und der Weltgesundheitsorganisation. Das Ergebnis: Die Ursache für die allermeisten gemeldeten Todesfälle ist noch völlig ungeklärt. Bisher wurden erst 29 Fälle untersucht. Nachgewiesen wurde das H1N1-Virus bisher bei 17 Toten. 178 weitere Verdachtsfälle werden erst noch geprüft.

Prof. *Michael Kochen*, Präsident Deutsche Gesellschaft für Allgemeinmedizin: "Die Ukraine zeigt im Grunde genommen genau dasselbe Bild wie in allen anderen Ländern. Eine sehr leicht verbreitbare Infektion, die sehr viele Leute betrifft. Also wir haben eine hohe Anzahl von Fällen. Und wir haben eine relativ niedrige Anzahl von Todesfällen."

Für Meldungen aus einem anderen Land dagegen interessierte sich hierzulande kaum jemand: Australien auf der Südhalbkugel, wo der Winter längst vorbei ist - und mit ihm auch die Grippesaison. Auch hier hatte man Schlimmstes befürchtet, nach dem die WHO die Pandemie ausgerufen hatte. Letzte Woche hat das australische Gesundheitsministerium eine erste Bilanz der Schweinegrippe-Epidemie gezogen. Und stellte fest: Die Zahl der Toten blieb auch hier weit hinter den Befürchtungen zurück. Insgesamt gab es in Australien 189 nachgewiesene Todesfälle im Zusammenhang mit H1N1. Erstaunlich findet der Bericht aber noch etwas anderes:

Zitat: "Die Schweinegrippe hat das saisonale Grippe-Virus fast vollständig verdrängt."

Prof. *Peter Collignon*, Direktor "School of Medicine", Universität Canberra (Übersetzung *Monitor*): "In diesem Winter hatten wir insgesamt weit weniger Grippetote als in den Vorjahren. Normalerweise haben wir hier in Australien geschätzt 2.000 bis 3.000 Todesfälle wegen der Grippe. Dieses Jahr waren es nur etwa 190. Die Auswirkungen dieser neuen Grippe – zumindest was die Toten angeht - blieben deutlich hinter dem zurück, was wir hier normalerweise erleben.

Prof. *Michael Kochen*, Präsident Deutsche Gesellschaft für Allgemeinmedizin: "Das neue Virus wird unser neues, normales saisonale Grippevirus sein. Und in Gefolge dieser Entwicklung werden wir auch in den nächsten Jahren mit sehr viel geringeren Todeszahlen zu rechnen haben als bisher in den letzten 22 Jahren, durch die saisonale Grippe."

Richtig bleibt, in Einzelfällen kann das Virus gefährlich werden. Gerade auch für Jüngere mit Vorerkrankungen. Für Panik und Hysterie dagegen, besteht bisher kein Grund.

Sonia Mikich: "Die eigentliche Pandemie ist die Angst vor ihr."

Gerd Antes

Karin Müller

Michael Kochen

Peter Collignon

Nick Amies

A serious threat?

Deutsche Welle, 19 November 2009
https://www.dw.com/en/experts-defend-scientific-community-over-claims-of-swine-flu-exaggeration/a-4901330

Health and scientific organizations deny claims that the swine flu threat has been exaggerated as the number of global infections and deaths from the H1N1 virus begin to slow down.

Rather than being relieved that current figures show less death and destruction being caused by the swine flu than first predicted, some quarters of the international media and a section of the global public are becoming perplexed over why the H1N1 virus has not reached the devastating scale initially predicted.

In Europe, sections of the British and French media have accused medical experts of exaggerating the threat. Britain's Independent newspaper led with a front page headline last week which asked "Pandemic? What Pandemic?"

France's Le Parisien ran a story about the gap between the predicted impact of H1N1 and the less dramatic reality. "Although some 30-odd people have died, the disease is not really frightening," the French paper wrote.

With many European countries continuing to report new cases - the Robert Koch Institute in Germany reported this week that infections had doubled in the last seven days, and Hungary declared an epidemic as over 22,000 people complained of flu-like symptoms - health officials have said there's no reason for countries to let down their guard.

"We are still seeing hundreds and thousands of cases, especially in the temperate zones of the Northern Hemisphere," Gregory Haertl, the leader of the World Health Organization's H1N1 Global Alert and Response team, told Deutsche Welle. "Most cases have been mild, but we need to be prepared."

Reactions to a changing threat

But on a global scale the spread of the virus is slowing, according to the WHO. Fatalities around the world are also decreasing: 179 people died of the virus last week, down from 224 a week earlier and an estimated 700 in the last week of October.

In Britain, one of the European countries affected most by the pandemic, the predicted number of deaths has been revised down twice from the initial figure of 65,000 and now stands at around 1,000. This is considerably lower than the UK's average annual toll of 4,000 to 8,000 fatalities from seasonal winter flu.

"Predictions were based on the first figures of fatalities from Mexico, and these were released after the outbreak had been spreading for some time," Karl Ekdahl, head of the Health Communication Unit at the European Center for Disease Prevention and Control in Stockholm, told Deutsche Welle. "Our predictions were then toned down when we learnt more about the virus and how it spread."

Worst case vs. accurate forecast

News that the numbers of infections and deaths are slowing has given rise to media reports that the swine flu threat may have been exaggerated and that the public may have been informed of a worst-case scenario rather than an accurate forecast.

Looking back on preliminary forecasts of up to 65,000 death in the UK alone, the Independent's health editor Jeremy Laurance wrote recently that scientists were extremely sensitive about possibly being wrong about swine flu's scope.

"Speaking to virologists in recent days, I sense a certain defensiveness, a reluctance to accept that, potentially, they may have overdone it on flu," he wrote.

Scientists, however, rejected such accusations.

"The World Health Organization has not and will never follow the policy of promoting a worst case scenario to the public," said Haertl "We have not given any scenarios for H1N1. What we have done is warn people and governments of the potential challenges and concerns in relation to this pandemic."

Scientists and health authorities have also warned that the current figures and reports of statistical manipulation should not lull the public into a false sense of security. While the situation currently looks better than predicted, the virus could still mutate, Ekdahl said.

"We have no idea what may happen next," he added. "In the worst case, the virus will mutate but we haven't seen much evidence of that so we can say at the moment that there is no immediate threat of mutation but it is too early to say."

Infection comparisons difficult, inaccurate

Lack of an accurate model to serve as the basis of H1N1 infections left researchers making initial predictions from a position of uncertainty.

"We didn't have a historical precedent for this pandemic, and we were planning for an outbreak of the avian flu not a swine flu," Ekdahl said. "We were all planning for the potential mutation of the avian flu over the next three to five years into a person-to-person transmittable disease."

Planning for any influenza outbreak is difficult because, by its nature, influenza viruses are highly unpredictable, with outbreaks happening at random intervals and taking on very different characteristics than previous pandemics, Ekdahl said.

"We can only work from assumptions, what we believe the virus will do," he said. "We do plan for the worst-case scenario and this can often produce figures which are thankfully never met."

20 novinite.com
Sofia News Agency

Bulgaria set to call off Swine Flu Epidemic, second wave feared

20 Novinite, 19 November 2009, 09:51
https://www.novinite.com/articles/110146/Bulgaria+Set+to+Call+Off+Swine+Flu+Epidemic%2C+Second+Wave+Feared

Bulgaria's Chief Epidemiologist, Dr. Angel Kunchev, has stated that the Health Ministry will call off the national swine flu epidemic at the end of this week due to a fall in cases of infection.

Kunchev stated that there has been a significant drop in cases of people infected with the A(H1N1) virus and said he expected that the epidemic is over. He added that Blagoevgrad, Gabrovo, Pazardzhik, Pleven, Silistra and Yambol remain the regions in which the swine flu virus is most widespread.

Kunchev concluded that he fears a second wave of swine flu will hit Bulgaria but he added that it is too early to say when or if it will certainly happen.

A 36-year-old man became Bulgaria's 14th victim of the A(H1N1) virus on Tuesday after developing double pneumonia.

The man died in the hospital in the northern Bulgarian town of Gorna Oryahovitsa, thus becoming the first swine flu victim in the Veliko Tarnovo District.

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THE FLU CASE

Bulgaria has officially declared the swine flu pandemic to be "over"

The Flu Case, 21 November 2009.
https://web.archive.org/web/20100102034734/http://theflucase.com/index.php?option=com_content&view=article&id=2005%3Abulgaria-declares-swine-flu-pandemic-at-an-end&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Bulgarian Ministry of Health said that the rate of infection had dropped to 190 people for every 10,000 people.

The declaration of an end of the pandemic by the government will result in the swine flu vaccination programme being put on ice.

In a report on Bulgaria from mid November, experts from European Centers for Disease Prevention and Control (ECDC) said that the swine flu situation in Bulgaria was no different from that in other countries in Europe in as far as the swine flu – if it could be confirmed in a lab at all - was a mild sickness.

Bulgaria's decision to declare an end to the swine flu pandemic raises the question: why have other countries in the European Union not declared the swine flu pandemic at an end.

THE SCOTSMAN

Swine flu claims 48th victim in Scotland

The ScotsMan, 20 November 2009, 22:15
https://web.archive.org/web/20140821070115/http://www.scotsman.com/news/health/swine-flu-claims-48th-victim-in-scotland-1-770373

THE death toll linked to swine flu in Scotland has risen to 48, the Scottish Government said yesterday.

Health secretary Nicola Sturgeon confirmed that an adult from the NHS Ayrshire and Arran Health Board area had died after contracting the H1N1 virus. The patient had underlying health conditions.

Last week, seven patients died after contracting swine flu in Scotland – two of them had no reported underlying health problems.

Yesterday, Ms Sturgeon said: "It deeply saddens me to confirm another H1N1-related death.

"I want to reassure the public that we are doing everything we can to fight H1N1."

Doctors are continuing to vaccinate patients against swine flu, with hopes to complete the at-risk groups by Christmas.

Then the vaccination campaign is set to move on to children under five.

Ms Sturgeon added: "Vaccination is our best defence against H1N1 and the programme is progressing well."

MailOnline

Fay Schlesinger

Tragedy of girl, five, struck by swine flu:
Three GPs and a hospital doctor thought she had tonsillitis

Daily Mail, 20 November 2009, 01:40 GMT
https://www.dailymail.co.uk/health/article-1229277/Swine-flu-jab-healthy-children-age-five.html

A five-year-old girl suffering from swine flu died after doctors took two weeks to diagnose her illness, it was claimed last night. Nida Qureshi was seen by three GPs and a hospital doctor who told her parents she may have tonsillitis.

By the time doctors discovered that she had the H1N1 virus, the youngster was on a life support machine, her family said. She died eight days later.

Last night relatives said Nida's parents - Zubair, 28, and Raheela, 30, who is pregnant with their second child - believe that their daughter may have survived if swine flu had been detected earlier.

Nida's uncle, Jawaid Qureshi, said: 'Her mum, herself a child carer, and dad are very angry that doctors and GPs failed to diagnose it earlier. It's devastating. She may have lived if it had been diagnosed earlier.'

Mr Qureshi said Nida - a 'bright' girl without any underlying health problems - fell ill with a temperature and vomiting on October 19.

The family phoned a GP, who advised paracetamol. The next day she went to her doctor and was prescribed antibiotics.

Five days later, the family took her back but were told to carry on giving the antibiotics.

On November 1, after her condition worsened, the family took her to A&E at their local hospital, Wexham Park, in Slough.

Mr Qureshi said: 'When she was breathing she was in agony. She was coughing a lot as well. The doctor at hospital said it might be tonsillitis but they did not take any blood or urine samples.

They prescribed her with more medicine and said: "Go back to the GP if she continues not to feel well". It was a very bad decision to allow her to go home.'

Two days later she had a seizure and never regained consciousness. She was put on a life support machine and finally diagnosed with the H1N1 virus. Nida was transferred to St Mary's Hospital in London.

A spokesman for NHS Berkshire East said: 'We can confirm that a young girl from east Berkshire died at St Mary's Hospital, London, on November 11. She had tested positive for H1N1 swine flu.'

Professor John Oxford, professor of virology at Queen Mary School of Medicine, said her death could have been caused when the swine flu virus moved into her central nervous system.

Normally, the virus attacks the lungs. But in extremely rare cases, often affecting children, it can attack the nerve tissue and cause a seizure.

He added: 'Diagnosing flu in a five-year-old is extremely difficult. It is also impossible to say if Tamiflu would have made any difference in this case.'

AFTONBLADET

Linda Hjertén

Svinfluensan muterar

Aftonbladet, 20 November 2009.
https://web.archive.org/web/20091123062759/http://www.aftonbladet.se/nyheter/svininfluensan/article6160420.ab

Viruset kan nå längre ner i lungorna. Svininfluensa-viruset har muterat.

Den nya varianten, som dykt upp i både Sverige och Norge, kan nå längre ner i lungorna och vara allvarligare för patienten.

Men norska och svenska hälsomyndigheter säger att det inte finns någon orsak till panik.

Norge har drabbats hårdare av den nya influensan A/H1N1 än Sverige och hittills har 23 personer dött i följderna av viruset och minst 700 000 har insjuknat.

Det norska Folkehelseinstituttet (FHI) övervakar situationen noga och har gjort omfattande tester på viruset från både sjuka och avlidna patienter, skriver VG.

"Når längre ner i lungorna"

I dag på en presskonferens avslöjade FHI att Norge ser ut att ha råkat ut för ett mer aggressivt influensavirus än många andra länder.

De har hittat bevis för att svininfluensa-viruset har muterat i åtminstone tre fall, och att det tar sig längre ner i lungorna än vid vanlig svininfluensa. Resultaten har presenterats för Världshälsoorganisationen WHO.

– Det muterade viruset orsakar en mild sjukdom hos de flesta, men kan vara allvarlig för några få. Den här varianten kan nå längre ner i lungorna än den ursprungliga varianten, sade direktör Geir Stene-Larsen på Folkhälsoinstitutet vid en presskonferens på fredagen enligt VG.

Även i Sverige

Samma variant av svininfluensaviruset som upptäckts i Norge har också hittats i Sverige, hos både svårt sjuka, lindrigt sjuka och hos personer som inte insjuknat alls, skriver TT. Men varken svenska Smittskyddsinstitutet (SMI) eller WHO har hittills funnit några tecken på förändringar hos de cirkulerande stammarna som gör den nya influensan mer aggressiv.

Allt tyder även på att vaccinet och Tamiflu fungerar på samma sätt mot det nya, muterade viruset. Och den norska hälsoorganisationen säger att ingenting tyder på att fler kommer att drabbas av det muterade H1N1-viruset.

Eftersom det, vad man hittills kunnat se, bara drabbat patienter som legat inlagda på sjukhus så räknar experterna med att det är mindre smittsamt. – För oss som nu ser sjukdomen runt oss, och för de som blir sjuka framöver, så betyder nog inte det här så mycket. Vi förväntar oss att de flesta kommer att få en mild variant av sjukdomen, säger hälsodirektör Bjørn-Inge Larsen till NRK.

=> an English version

THE FLU CASE

Johan Niklasson

New mutated H1N1 virus in Norway and Sweden

The Flu Case, 20 November 2009, 16:31

https://web.archive.org/web/20100102035038/http://theflucase.com/index.php?option=com_content&view=article&id=1994%3Anew-mutated-h1n1-virus-in-norway-and-sweden&catid=41%3Ahighlighted-news&Itemid=105&lang=en

According to Aftonbladet, a new mutation of the AH1N1 virus has been found in several people in both Norway and Sweden. In Norway, the only ones being found with this virus were already in Hospitals. This new mutated virus is supposedly more dangerous since it travels deeper inside of the lungs. The three confirmed cases in Norway have been reported to the WHO.

It is expected that the new mutation has been infecting many so far resulting in different milder symptoms and Health authorities in the countries state there is no reason to panic.

It is unclear weather the new mutated virus is supposed to be "covered" by the "swine flu" vaccinations that are being injeted in thousands of individuals in Norway and Sweden. It is suspicious that these new types of viruses appear just after mass vaccinations starts and could indicate that it was in fact present in the "swine flu" shots, which was given to already sick in the first wave of vaccinations.

World Health Organization

Pandemic (H1N1) 2009 - update 75

Geneva, WHO, 20 November 2009.
https://web.archive.org/web/20091231141342/http://www.who.int/csr/don/2009_11_20a/en/index.html

Weekly update
20 November 2009 – As of 15 November 2009, worldwide more than 206 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including over 6770 deaths.

As many countries have stopped counting individual cases, particularly of milder illness, the case count is likely to be significantly lower than the actual number of cases that have occurred. WHO is actively monitoring the progress of the pandemic through frequent consultations with the WHO Regional Offices and member states and through monitoring of multiple sources of data.

Situation update:
The situation remains similar since the last update. In temperate regions* of the northern hemisphere, the early arriving winter influenza season continues to intensify across parts of North America and much of Europe. However, there are early signs of a peak in disease activity in some areas of the northern hemisphere.

In the United States, influenza transmission remains active and geographically widespread, although disease activity appears to have recently peaked in most areas except in the northeastern United States. In Canada, influenza transmission continues to intensify without a clear peak in activity; the ILI consultation rate, which has been highest among children aged 5-19, continues to significantly exceed mean rates observed over the past 12 influenza seasons.

In Europe, widespread and increasing transmission of pandemic influenza virus was observed across much of the continent but the most intense circulation of virus occurred in northern, eastern, and southeastern Europe. Transmission appears to have peaked in few countries of Western Europe including Iceland, Ireland, the UK (Northern Ireland), and Belgium after a period of sustained intense transmission. Further east, a number of countries reported sharp increases in the rates of ILI** (Serbia, Moldova, Norway, Lithuania, Georgia) or ARI (Belarus, Bulgaria, Romania, and Ukraine). A moderate or greater impact on the healthcare system was reported in parts of northern and southeastern Europe. Greater than 20% of all sentinel respiratory specimens tested positive for influenza in at least 20 countries, with ≥ 50% of samples testing positive for influenza in Spain, Portugal, Estonia, Slovenia, Slovakia, Moldova, Bosnia and Herzegovina, Greece, Norway, Finland, Denmark, Belgium, Iceland, and Ireland. Over 99% of subtyped influenza A viruses in the Europe were pandemic H1N1 2009.

In Central and Western Asia, increasing diseases activity and pandemic influenza virus isolations continues to be reported in several countries. A high intensity of respiratory diseases with increasing trend was reported in Kazakhstan. Recent increases in rates of ILI or ARI have been observed in Uzbekistan and in parts of Afghanistan (particularly in the capital region and in southern and northeastern provinces). In Israel, sharp increases in rates of ILI and pandemic virus detections have been reported in recent weeks.

In East Asia, influenza transmission remains active. Intense influenza activity continues to be observed in Mongolia with a severe impact on the healthcare system; however, disease activity may have recently peaked in the past 1-2 weeks. In Japan, influenza activity remains elevated but stable nationally, and may be decreasing slightly in populated urban areas. A small number of seasonal H3N2 and H1N1 influenza viruses continue to be detected in China and South East Asia, though the proportion of seasonal viruses is declining in relation to the proportion of pandemic influenza H1N1.

In tropical zone of the Americas and Asia, the intensity of influenza transmission is variable. In the tropical areas of Central and South America, most countries continue to report declining influenza activity, with the exception of Peru and Colombia. In the Caribbean Epidemiology Centre (CAREC) countries, after a recent peak of disease activity, rates of ARI have declined over the past 3-4 weeks. With the exception of Sri Lanka, overall transmission continues to decline in most parts of tropical South and Southeast Asia. In Hong Kong SAR, rates of ILI have returned baseline after a recent wave of predominantly pandemic H1N1 influenza in September and October.

In the temperate region of the southern hemisphere, little pandemic influenza activity has been reported.

For more epidemiologic information please refer to the recent Weekly Epidemiological Report on Transmission Dynamics and Impact of Pandemic Influenza A (H1N1) 2009 Virus.

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THE FLU CASE

WHO maintains swine flu rampant
while Polish Parliament told tiny number of cases

The Flu Case, 21 November 2009 13:01
https://web.archive.org/web/20100102011703/http://theflucase.com/index.php?option=com_content&view=article&id=2002%3Awho-maintains-swine-flu-rampant-while-polish-parliament-told-tiny-number-of-cases&catid=1%3Alatest-news&Itemid=64&lang=en

WHO is continuing its fear mongering, maintaning the swine flu has reached at least 206 countries and territories across the globe and killed more than 6770 people, still far less than the normal seasonal flu.

In its weekly update, WHO maintains swine flu widespread in Asia, USA, Canada and Europe and is continuing to increase.

Meanwhile, the Polish Parliament was recentlytold by health experts that only 193 people in the country who had come down with the flu were found to have actually had the swine flu.

In addtion, all of those people had a mild sickness. In the past few days, this number has increased but still remains under 300 cases of confirmed swine flu.

WHO's swine flu vaccine terrorism against people around the world, therefore, has no justification.

FHI

Mutation of pandemic influenza A(H1N1) in Norway

FHI, 20 November 2009, 15:36

https://web.archive.org/web/20091124102134/http://www.fhi.no/eway/default.aspx?pid=238&trg=MainLeft_5812&MainLeft_5812=5825:81363::0:5967:1:::0:0

The Norwegian Institute of Public Health announced today to have found a mutated version of the influenza A(H1N1) virus in three patients in Norway who had tested positive for the new flu.

The Norwegian Institute of Public Health has analysed virus from a number of patients as part of the surveillance of the pandemic flu virus. The viruses have many similarities, but some mutations have been observed. This is normal and most of these mutations will probably have little or no importance.

However, one mutation has caught special interest. It has been found in two patients who died from the new influenza A(H1N1) and in one patient with severe influenza disease. These were the two first patients who died from the new influenza in Norway. Some of those who died later have been examined without finding the same mutated virus.

The mutation could possibly make the virus more prone to infect deeper in the airways and thus cause more severe disease.

- We have analysed approximately 70 viruses from confirmed Norwegian cases and found the mutation in only these three patients, says Director General Geir Stene-Larsen at the Norwegian Institute of Public Health. - Based on what we know so far, it seems that the mutated virus does not circulate in the population, but might be a result of spontaneous changes which have occurred in these three patients.

- There is no indication that this change in the virus is of any importance for the effect of the vaccine or the effect of antiviral treatment, concludes Stene-Larsen.

Anine Hallgren

H1N1-viruset har mutert

Nyhetene, 20 November 2009, 14.21
https://web.archive.org/web/20091122004519/http://www.tv2nyhetene.no/innenriks/helse/h1n1viruset-har-mutert-3019035.html

De to første som døde av svineinfluensa, hadde muterte H1N1-virus, opplyser helsemyndighetene.
På en pressekonferanse fredag ettermiddag informerte norske helsemyndigheter at de regner med at 700.000 nordmenn så langt er smittet av svineinfluensa.

Under pressekonferansen ble det opplyst at H1N1-viruset har mutert i fem av 70 tilfeller, blant annet hos de to første som døde av svineinfluensa.
– Vi har funnet det muterte viruset hos to av de første pasientene som døde her i landet. Dette viruset har vært i omløp i Norge helt siden pandemien startet, sier direktør Geir Stene-Larsen ved Folkehelseinstituttet.

Diskutert med WHO
Dette funnet regner myndighetene som såpass alvorlig at de gransker de nye funnene videre. Men både Tamiflu og vaksine skal virke på denne virusvarianten, forsikrer Stene-Larsen.

– Funnet av denne mutasjonen understreker viktigheten av gjeldende råd som er å vaksinere seg og bruke antiviralia som Tamiflu. For å ha effekt bør behandlingen startes innen 48 timer etter første symptomer. Disse legemidlene kan nå fås direkte på apotek uten resept fra lege ved å fylle ut et egenmeldingsskjema, sier helsedirektør Bjørn-Inge Larsen.

Det «nye», muterte viruset smitter dypere ned i luftveiene og kan være farligere enn tidligere antatt.
Funnene er gjort etter undersøkelser av 70 laboratorieprøver, av disse ble det funnet fem mutasjoner.
To av dem som ble smittet av dette viruset, er døde - de tre andre har vært innlagt på sykehus.

Mutert virus sirkulerer ikke
– Basert på det vi vet så langt ser det ut til at det muterte viruset ikke sirkulerer i befolkningen, men at det kan være snakk om spontane forandringer som har oppstått i de tre pasientene, sier direktør i Folkehelseinstituttet Geir Stene-Larsen.

Mutasjonen er diskutert med Verdens helseorganisasjon (WHO) fredag, og WHO opplyser at mutasjonen også er påvist i andre land.

Japan, Brasil, USA, Mexico, Ukraina og Kina er i tillegg til Norge de andre landene som har registrert denne mutasjonen.

Helsemyndighetene understreker at mutasjonene ikke trenger å bety flere tilfeller av alvorlig sykdom eller død.

Likevel har helsemyndighetene undersøkt 15 døde pasienter, for å se om de finner svar på hvorfor Norge har hatt såpass mange døde. De foreløpige resultatene viser at fire av dem hadde fått Tamiflu, og at ingen av dem var vaksinert.

Torsdag var det meldt om 23 dødsfall som kan knyttes til svineinfluensaen. Av disse var sju yngre enn 20 år. Helsemyndighetene tror dette kan skyldes at Norge tidlig fikk en kraftig bølge av smittespredning før vaksineringen var skikkelig i gang.

– Samtidig er det viktig å undersøke om det likevel er noe ved de norske dødsfallene som skiller oss fra andre land, og som gjør at vi kan lære noe som styrker vår behandling av de som blir alvorlig syke. Vi har også forpliktelser internasjonalt for å dele av eventuelt ny kunnskap, sier helsedirektør Bjørn-Inge Larsen.

1000 vaksiner til allergikere

Helse- og omsorgsdepartementet fikk fredag vite at Østerrike vil avgi 1000 vaksiner beregnet på eggallergikere.

– Det har vært viktig raskt å skaffe en influensavaksine til dem som av medisinske årsaker ikke kan få Pandemdrix-vaksinen som er kjøpt inn til hele den norske befolkningen, sier helse- og omsorgsminister Anne-Grete Strøm-Erichsen.

– Jeg har stor forståelse for at de berørte og deres pårørende har vært bekymret og engstelige i mangel av et godt vaksinealternativ ved alvorlig eggallergi, sier Anne-Grete Strøm-Erichsen.

Vaksinene vil ankomme Norge i løpet av kort tid. Folkehelseinstituttet vil informere om hvem som vil få vaksinen og hvordan vaksineringen av disse vil skje i praksis.

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THE FLU CASE

Stories of mutated killer virus in Norway: fact or fear mongering?

The Flu Case, 20 November 2009, 16:45

https://web.archive.org/web/20100102045122/http://theflucase.com/index.php?option=com_content&view=article&id=1996%3Astories-of-mutated-killer-virus-in-norway-fact-or-fear-mongering&catid=1%3Alatest-news&Itemid=64&lang=en

The Norwegian TV Channel TV2 has said two people have died from a mutated swine flu virus in Norway.

The two people who died from the mutated virus were also the first deaths in the country attributed to the swine flu.

The Norwegian Institute of Public Health said today it had found a mutated version of the influenza A(H1N1) swine flu virus.

It is not clear what this mutation is or how lethal it is, sparking concerns that the media is fear mongering to drive Norwegians to take the untested swine flu jab.

Adelaidenow...
adelaidenow.com.au

Jill Pengelley

Government wants right to detain sick people

Adelaide News, 20 November 2009 12:01 am
https://web.archive.org/web/20091128090644/http://www.news.com.au/adelaidenow/story/0,22606,26375106-2682,00.html

Health authorities want the power to detain people for up to three months if they refuse testing or treatment for infectious diseases.

Under draft legislation proposed by the State Government, someone with swine flu, measles or meningococcal disease could be *forcibly held, examined and treated*.

It is one of several wide-ranging powers sought to protect the public.

The Public Health Bill also would, for the first time, give authorities the power to override parents who refused treatment for their children with infectious conditions.

Other diseases that could be controlled include AIDS, polio, rabies, salmonella and cholera.

The tougher enforcement powers would come with a substantial increase in fines - up from $60,000 to $1 million and 10 years' jail - and relate to any serious risk caused to public health. SA Health public health director Kevin Buckett said the new legislation would give authorities wider powers to act more quickly.

"There's nowhere on Earth that is more than 36 hours from anywhere else and where people go, bugs can go," he said yesterday.

"We have to have legislation that can respond in that sort of time.

"The idea would be that we get them out of circulation, where they can't infect other people." Dr Buckett said there were many reasons people refused treatment, including mental health issues, language barriers and even malicious behaviour.

Non-communicable diseases, such as cancer and diabetes, could also be declared, allowing the Government to introduce codes of practice for certain industries or the community. Opposition health spokesman Duncan McFetridge said he supported powers to protect the public from infectious diseases but feared parts of the Bill - to be debated next year - would allow the Government to control people with chronic conditions.

"It's bordering on nanny-state legislation," he said. "It's understandable but how far do we go?"

Australian Medical Associat- ion state president Andrew Lavender said he welcomed most of the changes. as important to protect the public.

REUTERS

Stephanie Nebehay

H1N1 flu spreading east, peaking in some areas: WHO

Reuters, 21 November 2009, 1:41 AM GMT+8
https://www.reuters.com/article/us-flu-who/h1n1-flu-spreading-east-peaking-in-some-areas-who-idUSTRE5AI2BL20091120/

Geneva (Reuters) – The H1N1 flu is moving eastwards across Europe and Asia after appearing to peak in parts of western Europe and the United States, the World Health Organization (WHO) said on Friday.

At least 6,770 deaths have been recorded worldwide since the swine flu virus emerged in April, according to the latest WHO update which showed 520 known fatalities in the past week.

There are "early signs of a peak in disease activity in some areas of the northern hemisphere," the WHO said in a statement.

H1N1 flu is still widespread across the United States although it appears to have recently peaked in most areas except the northeast. But transmission continues to intensify in Canada, with the highest number of doctor visits by children.

Spread of the flu appears to have peaked in western European countries including Belgium, Britain, Iceland and Ireland after a period of intense outbreaks, the United Nations agency said.

Norway and countries further east including Georgia, Lithuania, Moldova and Serbia are reporting sharp increases in influenza-like illness or acute respiratory infection, it said.

Kazakhstan, Uzbekistan and parts of Afghanistan – particularly Kabul – are reporting higher numbers of flu cases. Israel is also reporting sharp increases.

"Essentially what is happening is that it is spreading eastwards," Anthony Mounts, medical epidemiologist on WHO's influenza team, told Reuters. "Typically seasonal influenza always starts west and moves eastwards. It seems to be following that pattern except it is coming very early this year."

Flu transmission remains active in east Asia, the WHO said. "In Japan, influenza activity remains elevated but stable nationally and may be decreasing slightly in populated urban areas," it said.

Most countries in tropical areas of central and South America continue to report declining numbers of flu cases, with the exception of Peru and Colombia, it said.

THE FLU CASE

WHO talks up alleged "fatal cases" of Norway's mutated virus in press briefing

The Flu Case, 21 November 2009

https://web.archive.org/web/20100102045823/http://theflucase.com/index.php?option=com_content&view=article&id=2014%3Awho-talks-up-alleged-qfatal-casesq-of-norways-mutated-virus-in-press-briefing&catid=1%3Alatest-news&Itemid=64&lang=en

World Health Organization

Public health significance of virus mutation detected in Norway:

Pandemic (H1N1) 2009 briefing note 17

Geneva, WHO, 20 November 2009

https://web.archive.org/web/20091121215655/http://www.who.int/csr/disease/swineflu/notes/briefing_20091120/en/index.html

20 November 2009; **Geneva** – The Norwegian Institute of Public Health has informed WHO of a mutation detected in three H1N1 viruses. The viruses were isolated from the first two fatal cases of pandemic influenza in the country and one patient with severe illness.

Norwegian scientists have analysed samples from more than 70 patients with clinical illness and no further instances of this mutation have been detected. This finding suggests that the mutation is not widespread in the country.

The virus with this mutation remains sensitive to the antiviral drugs, oseltamivir and zanamivir, and studies show that currently available pandemic vaccines confer protection.

Worldwide, laboratory monitoring of influenza viruses has detected a similar mutation in viruses from several other countries, with the earliest detection occurring in April. In addition to Norway, the mutation has been observed in Brazil, China, Japan, Mexico, Ukraine, and the US.

Although information on all these cases is incomplete, several viruses showing the same mutation were detected in fatal cases, and the mutation has also been detected in some mild cases. Worldwide, viruses from numerous fatal cases have not shown the mutation. The public health significance of this finding is thus unclear.

The mutations appear to occur sporadically and spontaneously. To date, no links between the small number of patients infected with the mutated virus have been found and the mutation does not appear to spread.

The significance of the mutation is being assessed by scientists in the WHO network of influenza laboratories. Changes in viruses at the genetic level need to be constantly monitored. However, the significance of these changes is difficult to assess. Many mutations do not alter any important features of the virus or the illness it causes. For this reason, WHO also uses clinical and epidemiological data when making risk assessments.

Although further investigation is under way, no evidence currently suggests that these mutations are leading to an unusual increase in the number of H1N1 infections or a greater number of severe or fatal cases.

Laboratories in the WHO Global Influenza Surveillance Network closely monitor influenza viruses worldwide and will remain vigilant for any further changes in the virus that may have public health significance.

Behörden bestätigen Todesfälle durch veränderten Erreger:
Schweinegrippe-Mutation tötet zwei Norweger!

BILD, 21.November 2009, 11:17 UHR
https://www.bild.de/news/2009/mutiert-todesfaelle-norweger-mutation-10537122.bild.html

Das H1N1-Virus ist mutiert! In Norwegen sind bereits zwei Menschen an der Mutation gestorben, teilte die Weltgesundheitsorganisation (WHO) mit.

Beunruhigend: Ähnliche Veränderungen des Erregers wurden bereits in Brasilien, China, Japan, Mexiko, der Ukraine und den USA festgestellt.

Das Institut für Öffentliche Gesundheit in Norwegen warnte, die Mutation könne möglicherweise einen schwereren Krankheitsverlauf verursachen, da dieser Erreger in Gewebe vordringe, das tiefer in den Atemwegen liege als bei der gewöhnlichen Form.

Die WHO erklärte jedoch, dass die Bedeutung der Mutation für die öffentliche Gesundheit noch unklar sei. Die Mutation scheine sich nach ersten Erkenntnissen bisher nicht auszubreiten.

Es gibt laut WHO auch keine Hinweise, dass die veränderten Viren einen ungewöhnlichen Anstieg der Zahl der H1N1-Infektionen oder Todesfälle auslösen werden.

Die Organisation sagt zudem, dass die Schweinegrippe-Impfung und die entsprechenden Grippe-Medikamente zurzeit auch gegen die Mutation wirken.

Die Schweinegrippe grassiert – dennoch sind 90 Prozent der Deutschen gegen eine gesetzliche Pflicht zur Impfung.

Nur neun Prozent (Westdeutschland acht, Ostdeutschland zwölf Prozent) sprechen sich für eine Impf-Pflicht aus, wie sie bis zum Sommer 1983 in der Bundesrepublik für Pocken vorgeschrieben war. Dies ist das Ergebnis einer repräsentativen Umfrage des Instituts Emnid im Auftrag von BILD am SONNTAG

Weltweit sind bislang mehr als 6750 Menschen an der Schweinegrippe gestorben.

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THE FLU CASE

Is BILD fear mongering with reports of mutated killer virus in Norway?

The Flu Case, 21 November 2009, 13:47
https://web.archive.org/web/20100102020452/http://theflucase.com/index.php?option=com_content&view=article&id=2012%3Abild-newspaper-spreads-fear-with-qmutated-virusq-in-norway&catid=1%3Alatest-news&Itemid=64&lang=en

BILD, the attack dog of the German-controlled corporate media, is hyping the dangers of a mutated virus in Norway that has allegedly killed two people.

Similar mutations have been detected in Brazil, China, Mexico, the Ukraine and the USA, reports BILD, - but none of them so far have proved to be lethal, a fact BILD omits.

BILD's report appears to be part of yet another syncrhonised and coordinated propaganda campaign by Europe's corporate media to scare people into getting the untested swine flu jabs, even though the untested jabs can offer no protection if the virus has mutated.

THE FLU CASE

Norway's police crackdown on "alternative medicine" as scare mongering over "new mutated" virus grows

The Flu Case, 21 November 2009, 13:58

https://web.archive.org/web/20100102042208/http://theflucase.com/index.php?option=com_content&view=article&id=2013%3Anorways-police-crack-down-on-qalternative-medicineq-as-scare-mongering-over-qnew-mutatedq-virus-grows&catid=1%3Alatest-news&Itemid=64&lang=en

As the hype and fear mongering grows in Norway over the emergence of a new mutated "killer" virus, the local media has reported that police have carried out coordinated raids to crack down on suppliers of alternative medicine.

It is not clear why "alternative" medicines, including vitamins and colloidal silver, which have been proven to offer safe, effective and inexpensive ways of protection against any virus, are being subjected to restrictions in Norway right now if there really is a killer virus about.

It would appear the government is trying to limit Norwegians choice for treating this "mutated virus" to a toxic and untested swine flu jab that will offer no protection against any mutated virus and that contains mercury and squalene and so will most likely cause damage.

NASA, the US space agency, recommends colloidal silver for its astronauts because it has been found to be one of the most effective ways of killing disease-creating organisms of any kind.

Boosting vitamin C and D levels will strengthen the immune system.

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Adam Murdock

Were Swine Flu Death Projections Hyped?

InfoWars, 22 November 2009

https://web.archive.org/web/20091124104851/http://www.infowars.com/were-swine-flu-death-projections-hyped/

The 2009 H1N1 swine flu "pandemic" may turn out to be one of the most overblown and expensive medical crises in modern history. Indeed, this particular swine flu may be one of the weakest in history. The most recent figures show that the numbers of flu cases are already dropping in the U.S., England, and elsewhere.

It is a mild illness in most but occasionally can lead to severe complications due to bacterial superinfections. In the UK, under 200 people have died from the virus and in the US a debatable 4 thousand people have died. The number of deaths in the US greatly expanded from 1,200 to 4,000 after the CDC recently decided to lump in bacterial infections and "flu-like illnesses" with confirmed swine-flu related deaths.

Even with these inflated numbers, in comparison to previous pandemics or even compared to seasonal flu epidemics, this has been a relatively mild illness. The Spanish H1N1 flu of 1918 was estimated to have killed up to 50 million people. In 1957-58, the Asian HN2 flu caused the death of 1.5 million to 2 million people. Only a decade later, this was followed by the Hong Kong H3N2 in 1968-69 which is thought to be responsible for one million deaths. So far, the 2009 H1N1 flu has only been implicated as the cause of death for a few thousand people.

What is striking is that just six months ago, officials in the US and UK were predicting tens of thousands if not hundreds of thousands of deaths from this swine flu. Since that time officials have had to revise their numbers downward on many occasions.

According to the UK Independent, "Britain's Chief Medical Officer, Sir Liam Donaldson, published a worst-case scenario suggesting the country should plan for up to 65,000 deaths. That planning assumption has since been revised downwards twice. In September the 'worst case' was cut to 19,000 deaths, and in October it was cut again to 1,000 deaths. This compares with an average annual toll of 4,000 to 8,000 deaths from seasonal winter flu."

A similar revisionist trend has occurred in the United States.

As a result of the original nightmare "pandemic" scenarios, governments around the world have spent billions of dollars to stockpile antivirals (i.e. Tamiflu) and to propagandize, produce, and distribute H1N1 vaccinations. The most notable change in how government has tackled this flu emergency has been how they have used the media to spread panic amongst the citizens of the world. Just take the example of Kathleen Sebelius who is the US Health and Human Services (HHS) director. She has publicly gloated over the US Federal Government's campaign to spread H1N1 flu information on children's television programming. This has included putting flu messages and even creating whole television shows devoted to government flu propaganda on programs such as Elmo's World on Sesame Street, Sid the Science Kid, and ESPN. They have also spread their reach into

internet social networks like Facebook. In her testimony before Congress, she remarked that she is particularly proud of hearing stories of children that are now correcting their misinformed parents after they had watched the government programming. This propaganda campaign is in addition to direct advertising and almost continuous hysteria from supposed health experts on prime-time television. The advice from these individuals is sometimes so obviously biased that it can be nauseating.

How could the estimates have been so wildly exaggerated? Unfortunately, it all comes down to power, money, and prestige. In order to get to the bottom of why swine flu hysteria was so overblown one has to simply ask: Who is profiting from the whole swine flu hysteria?

In answer to that question one has to look no further than the drug companies and the medical research establishment. As I have reported previously, drug companies are in line to make billions of dollars over this pandemic and are preparing to expand vaccinations for years to come. As drug companies have already produced vaccinations for most of the other infectious diseases that cause significant mortality in the western world, they are now looking for a new crop of diseases that could become potential vaccine candidates. In fact, facing the prospect of curtailed drug spending, pharmaceutical companies foresee vaccination expansion as one of their greatest areas of focus and future profit. According to the Associated Press (AP), "vaccines are seen as a critical path to growth for drugmakers, as slowing prescription medicine sales and intensifying generic competition put pressure on company bottom lines."

In addition to drug companies, as reported in Reuters, medical researchers have had to respond to "accusations" that the "pandemic has been 'hyped' by medical researchers to further their own cause, boost research grants and line the pockets of drug companies." In response to this, researchers have maintained that "we need to know a lot more to conquer the virus, and funding for new research and drugs is vital to be equipped for future pandemics."

Where this comes full circle is with the government. The great majority of medical research spending is sponsored by government. It is well known that funding from the US National Institute of Health (NIH) and other international governmental bodies favors "pertinent" or as I like to call it "trendy" research. This funding favoritism is especially true of research that can be used to support government policy positions. Most recently, this has been seen in the great expansion of government sponsored global warming research. Now, vaccine experts and their infectious disease cohorts are likely to profit greatly in terms of research grants for preparing for "future pandemics." One only has to hope that those future pandemics will actually deserve all the attention and expense that this one has.

Finally, central governments profit greatly from supposed pandemics such as this one. It permits them to try to justify their existence as our "great guarantors" of health and safety. It also allows them to continue to expand their tentacles of influence and power to an even greater extent in individual lives as they try to remove our medical freedom by making health care decisions for us. Remember that the government, as President Obama's top economic advisor Rahm Emanuel puts it, "never" likes to "waste a good crisis" by not effecting a change that they would ordinarily not be able to accomplish. In this case, governments are trying to expand their mandate as the sole provider of health care because they were the only ones able to protect us from a supposedly horrific swine flu pandemic. Even if the truth has been that their efforts have been largely fruitless, the vast majority of people will remain oblivious to this fact. In the future the government will never cease to congratulate itself for coming to our rescue.

The way government has reacted to this flu reminds me greatly of Orwell's "doublethink" as employed by the totalitarian government in his book Nineteen eighty-four. In terms of the swine flu, the H1N1 "doublethink" means that government says one thing but the reality is the exact opposite.

This "doublethink" says that freedom from death from the swine flu means surrendering your medical freedom to a government health bureaucracy. The reality is that government intervention will have proven to do little more then spend our tax dollars and come at the expense of our health care freedom. This is evidenced by the fact the governments have used this mild flu and hysteria surrounding it to create medical emergency acts that would grant powers to forcibly vaccination citizens despite their objections.

One has to ask the question – would government, researchers, and drug companies been able to justify billions of dollars of expenditures and encroachments on our freedoms if realistic swine flu death projections were used from the beginning? In addition, would the public have been so eager to tune into government and media flu propaganda, or support totalitarian pandemic emergency power bills, or shown up for mass vaccinations if they knew the truth and not the worst? Would they have done any of these things if they had known from the beginning that this pandemic would amount to a few hundred deaths? Surely, the answer would be no.

Many health professionals agree that the original estimates were unreasonably high. According to the UK Independent, "Dr Steven Field, chairman of the Royal College of GPs, said: ‘I thought the original predictions for the number of deaths were incredibly high’."

As with the avian flu scare before it, these groups have great incentive to inflate worst case scenarios because they have the most to profit from the hysteria. There is really no reason why this inflationary pattern will not continue so long as government can use the hysteria to justify increased expansion, drug companies can produce the needed pandemic vaccines, and researchers need a reason to justify massive pandemic research grants.

In the end, I urge you to resist the temptation to sacrifice any of your freedoms for any ounce of government "well-meaning" slavery, especially over a contrived "pandemic’ such as with the 2009 H1N1 swine flu.

=>

W 7 WEDNESDAY DECEMBER 23, 2009
THE AGORA WORLD

Adam Murdock

Were Swine Flu death projections hyped?

Agora, 23 December 2009
https://issuu.com/agoranational/docs/issue_2_dec_23rd__2009

EL PAÍS

Josep Garriga

Forcades, entre ciencia y espíritu

El Pais, 23 Noviembre 2009, 07:00 CET
https://elpais.com/diario/2009/11/23/sociedad/1258930805_850215.html

La monja que cuestiona la vacuna contra la gripe A clausura un congreso en Barcelona - Comparte foro con defensores del "autoatentado' del 11-S".

Barcelona ha reunido este fin de semana a un amplio grupo mundial de amantes de las teorías de la conspiración, místicos, estudiosos de la Biblia de la era cuántica y visionarios de espíritus de la naturaleza, maestros ascendidos y extraterrestres. El economista y sociólogo Lluís Botinas habló sobre el "montaje *made in USA*" del VIH, cuya existencia negó; Diana Castillo, bióloga, explicó sus *investigaciones* sobre el *"autoatentado* de 11-S" y la "voladura controlada" de los Torres Gemelas. Y la joven canadiense Jessica Schab, autodenominada *Niña cristal*, narró la existencia de los niños índigos y cristal y sus encuentros con los alienígenas grises. Así, hasta una quincena de ponentes del mismo signo.

Y junto a ellos, clausurando el II Congreso Ciencia y Espíritu, estuvo la benedictina y médica Teresa Forcades, autora del vídeo *Campanas por la Gripe A* que, con más de un millón de descargas en YouTube, ha puesto en tela de juicio la eficacia y seguridad de la vacuna contra el H1N1, invitando a la gente a rechazarla.

Forcades, benedictina de Montserrat y residente en Berlín, demostró sus poderes de comunicación e íntima conexión con el auditorio. A los cinco minutos se metió a la gente en el bolsillo y, después de una conferencia de una hora, tuvo que responder otra más de preguntas del público. Pero anuló una rueda de prensa. "Los periodistas la estáis atosigando demasiado", se excusó un miembro de la organización.

Si la monja ha levantado polémica dentro de la comunidad de epidemiólogos y virólogos con sus tesis, ayer Forcades se reafirmó en cada uno de los puntos expuestos en el controvertido vídeo y dijo que ningún experto había sido capaz de rebatirla. Forcades insistió en la supuesta conspiración e invención del virus H1N1, pero como en el vídeo, siempre ofreciendo datos en boca de terceros: este experto ha dicho, ese investigador ha asegurado, la revista tal ha publicado y usando en todo momento el condicional "podría". También sembró dudas sobre la posibilidad de que algunas vacunas estén contaminadas a raíz del incidente ocurrido en los laboratorios Baxter cuando se inoculó un compuesto a unos hurones. Investigación judicial que, como señaló, ha sido archivada judicialmente.

De esta manera, Forcades citó al virólogo australiano Adrian Gibbs, que en una entrevista en Bloomberg, el pasado mayo, aseguró que el virus H1N1 era fruto de un laboratorio. Conclusión que Forcades, aunque evitó hacerla suya, comentó que "podría" ser cierto, porque nunca un virus había combinado ocho segmentos genéticos (seis de la zona americana y dos de la euroasiática). Asimismo, negó la existencia de estudios científicos sobre los efectos secundarios de la vacuna y de los adyuvantes - estimuladores del sistema inmunológico- a largo plazo. Y afirmó que podrían causar problemas cardiovasculares e inflamaciones intestinales. La doctora no citó el documento, publicado esta misma semana por la Organización Mundial de la Salud, que limita al 0,0005% las reacciones graves en el total de 65 millones de vacunas inyectadas. Y puestos a lanzar mensajes intranquilizadores, señaló que la vacuna del papiloma ha provocado 25 muertes. Lo cierto es que en Estados Unidos la vacuna se ha administrado a 23 millones de adolescentes y ha provocado 32 fallecimientos.

Forcades anunció que liderará una iniciativa para reclamar al Gobierno tres medidas: que no obligue a la ciudadanía a vacunarse, que publicite los contratos con las farmacéuticas y la puesta en marcha de estudios sobre la eficacia de la inmunización.

A. Pawlowski

Flying with the flu? Some may be tempted

CNN, 23 November 2009, 09:08 GMT (1708 HKT)
http://edition.cnn.com/2009/TRAVEL/11/23/flying.with.flu/

(CNN) – Air travelers bracing themselves for the annual Thanksgiving rush this week may have something else to fret about: passengers who could be bringing a little extra baggage of the viral kind on board.

Of all the places where H1N1 or other flu viruses may lurk, none seems as worrisome as the cramped cabin of an airplane, where hundreds of human beings share the same space and air.

"When people come together, germs can come together too," said Dr. Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases.

"There are not that many studies about flu spreading on airplanes and trains, but anytime people are close together, there's a possibility of germs spreading."

So it may be unsettling to discover that 51 percent of respondents in a recent informal poll on TripAdvisor.com would fly while sick with the flu rather than pay a flight rebooking fee. About 2,300 people answered the online survey question.

Frequent fliers say the results are disturbing, but not surprising. – "I do think that's an unfortunate attitude, because the airplane is like a petri dish in the sky," said Rene Foss, a flight attendant for 25 years and the spokeswoman for the Association of Flight Attendants. – "[But] people really are resistant to paying any extra fees."

Frustrating options

Every holiday travel rush is crazy on its own. But this one comes during the outbreak of the swine flu and in the midst of a recession that has many people watching every penny.

It's a perfect storm that forces air travelers to make frustrating decisions. Take the story of a Texas couple recently featured in the Airline Biz blog of The Dallas Morning News.

Their 6-year-old daughter became sick with the swine flu two days before the family was to fly on American Airlines. When the girl's father contacted the airline to cancel and rebook the tickets, which had cost $189 each, he was told he would have to pay a cancellation fee – at $150 per ticket.

"Of course I objected, asking for a medical waiver. Our pediatrician even offered to provide a note as proof of the swine flu. They refused," wrote the man, whose name was withheld by the blog.

"I suggested with this policy that they are almost forcing people to fly when they have the swine flu, therefore subjecting others to the flu."

How much, if anything, you would have to pay to reschedule a nonrefundable ticket depends on the carrier.

American Airlines says that if someone chooses not to travel because of an illness or another reason, the value of their ticket is governed by the applicable fare rules, which may include a change fee. In

those cases, the value of the ticket can be used for future travel, minus the fee. It's one of the risks people take when purchasing lower-fare tickets, said Tim Smith, a spokesman for the airline.

US Airways also says change fees still apply to nonrefundable tickets.

Delta works with passengers who are too ill to travel on a case-by-case basis, but if they provide a doctor's note, the airline will reschedule the flight without fees, said spokeswoman Susan Elliott. AirTran Airways and United have similar policies.

Airlines urged to be lenient

The prospect of people sneaking on board with H1N1 to avoid paying a fee has some physicians urging a lenient policy for ill passengers who want to change their travel plans.

"It is clear people should not fly when they're infected, but they should also not be penalized for being responsible citizens," said Dr. Stephanie Haridopolos, a family practitioner in Melbourne, Florida.

Haridopolos, whose 3-year-old daughter recently had the swine flu, believes all airlines should temporarily waive cancellation fees for H1N1-infected passengers who have a doctor's note. – "The current policies force people to choose their pocketbook versus their health," she said.

How do you know when you're too sick to fly?

The Centers for Disease Control and Prevention urges people who have a fever and cough to avoid traveling until 24 hours after their fever has broken, Schuchat said. You can find other symptoms to watch out for and more travel advice on flu.gov.

Watching each other

If flu-stricken air travelers do try to fly, they may find other passengers on edge and eyeing each other suspiciously.

Foss, the veteran flight attendant, said she's seeing more people using face masks and hand sanitizer. When she recently flew as a passenger, the woman next to her took out a scarf and wrapped it around her nose and mouth after a man in the row behind them began coughing.

"She kind of created her own protective device," Foss recalled. "I'm a bit of a hypochondriac myself, and it started to make me nervous, and I found myself lifting my turtleneck over my nose."

Passengers have complained to Foss about other people seemingly ill in the cabin. In fact, the CDC's Schuchat recommends that if someone is coughing excessively, you should ask a flight attendant whether they could be moved to a less crowded part of the plane.

Fifty-seven percent of air travelers would alert flight staff to a passenger displaying flu-like symptoms, according to an online TripAdvisor.com poll released last week.

Flight attendants are trained to look for signs of trouble such as labored breathing and excessive coughing or sneezing, Foss said. If a passenger appears to be too ill too travel, they can bring that person to the attention of the captain before takeoff. Gate agents can also stop passengers from boarding.

But people can be sick and still look fine, Foss said, and some may not even know they're ill.

To keep germs at bay, the basic advice still applies: Wash your hands frequently, and avoid touching your eyes and nose. And if you're sick, don't fly.

International Swine Flu Conference

Conference: November 23-24, 2009 • Workshop: November 25, 2009 Toronto, Canada

International Swine Flu Conference Canada
November 23-24, 2009, Workshop: November 25, 2009

New-Fields Exhibition, Inc.
https://web.archive.org/web/20090830041448/http://new-fields.com/isfc_canada/

Top leaders and key decision-makers of major companies representing a broad range of industries will meet with distinguished scientists, public health officials, law enforcers, first responders, and other experts to discuss pandemic prevention, preparedness, response and recovery at the 1st International Swine Flu Conference.

At the International Swine Flu Conference, attendees will be able to draw on first-hand best practices to create the solid business continuity plans that their companies and organizations need in order to prepare for, respond to, and survive a pandemic.

The International Swine Flu Conference draws on the success of the seven previous Bird Flu summits which featured as speakers several distinguished personalities such as Dr. David Nabarro, the United Nations Coordinator for Avian and Human Influenza, Alex Thiermann of the World Organization for Animal Health (OIE) and Dr. Wenqing Zhang of the WHO Epidemic and Pandemic Alert and Response.

Well-known emergency responders, heads of hospitals from around the world, and hog/swine industry leaders will speak in this summit.

Each day of the conference will offer papers on a wide range of topics including:
- Preparing Community Strategies
- Local Partnership and Participation
- Delivery of Vaccine and Antiviral Medication
- Emergency Response and Hospital/Healthcare Coordination
- Prevention Education Efforts and Risk Communication
- Command, Control and Management
- Business Community’s Role

Panel Discussions include:
- Clinical Picture: Country Report & Situation Update
- Clinical Picture: Impact of US Export Regulations on International Cooperation in the H1N1 Pandemic Flu Response
- Risk Communication, Prevention Education Efforts and Risk Communication
- Understanding the Connection Between Human and Animal Disease, Exploring One World, One Health

Vaccines delivery
Over 20 breakout sessions will be offered addressing a wide range of issues, including:
Breakout: Agricultural Perspective: Socio-Economic Impact on Swine Industry
Breakout: Schools/University Planning: How and When to Close Schools

Next International H1N1 Swine Flu Conference
=> International Swine Flu Conference. – London, UK, 2-3 December 2009.
=> International Swine Flu Conference. – London, UK, 10-12 March 2010.
=> 2nd International Swine Flu Conference. – Washington, DC, 18-19 August 2010.

REUTERS

Claude Canellas

Des gendarmes pour fermer une école pour cause de grippe A(H1N1)

Reuters, 23 novembre 2009, 17h13 PM GMT+8
Reuters, 24 November 2009, 12:19 AM GMT+8
https://www.reuters.com/article/ofrtp-france-grippe-ecole-20091123-idFRPAE5AM0M020091123/

Bordeaux (Reuters) - Les gendarmes sont intervenus lundi matin pour fermer une école contre l'avis du maire, qui refusait de mettre en application l'arrêté préfectoral de fermeture pour cause de grippe A(H1N1), apprend-on auprès de la mairie et de la préfecture.

L'école de Saint-Supice-de-Royan (Charente-Maritime), qui comprend sept classes et 160 élèves, a été fermée par les gendarmes à la demande de la préfecture alors que le maire, Martial de Villelume, attendait une décision des parents.

"Tout est rentré dans l'ordre. Ça s'est passé dans le plus grand calme. Il m'a été rappelé que c'est le préfet qui prend la décision et que le maire n'a rien à voir là-dedans", a indiqué à Reuters Martial de Villelume.

Le premier magistrat de cette commune de 2.700 habitants proche de Royan a précisé que "depuis ce matin les enfants partent au fur et à mesure de l'arrivée de leurs parents qui galèrent pour certains pour organiser la garde".

Martial de Villelume a expliqué que son refus était né de la méthode utilisée.

"On m'a prévenu par téléphone vendredi soir alors que l'école était fermée jusqu'à lundi et c'était compliqué de prévenir les familles. J'ai considéré qu'on pouvait attendre lundi pour en parler avec les parents", a-t-il dit.

Le maire de la petite commune proche de l'embouchure de l'estuaire de la Gironde a regretté que la décision de fermeture ait été prise uniquement sur des "suspicions de grippe A".

"Vendredi, il y avait 14 cas suspects mais les médecins ont avoué qu'ils étaient incapables de dire s'il s'agissait de la grippe A ou de la grippe saisonnière", a précisé le maire qui dit avoir tenté en vain de négocier avec le préfet pour une fermeture seulement des classes les plus touchées.

Les sept classes de l'école primaire de Saint-Sulpice-de-Royan seront fermées jusqu'à lundi prochain.

=> Related info is on the next page

THE FLU CASE

Ronan Chérel

Grippe A: le maire refuse de fermer son école

The Flu Case, 23 novembre 2009
https://web.archive.org/web/20100102033712/http://theflucase.com/index.php?option=com_content&view=article&id=2084%3Apolice-in-france-shut-down-school-over-alleged-swine-flu-threat-after-mayor-refuses&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Sante. Le maire de Saint-Sulpice-de-Royan (17), veut d'abord discuter avec les parents avant de fermer son école, comme le lui a demandé la préfecture

À chaque édile local sa manière de réagir aux injonctions préfectorales. Francis Herbert, le maire de Saint-Augustin, a pris acte de l'arrêté signé vendredi, de la main d'Henri Masse, signifiant la fermeture de l'école de sa commune, l'école des Chênes, pour cause de risque de propagation du virus de la grippe A.

Sur les 85 enfants inscrits en maternelle et en élémentaire à l'école des Chênes, une vingtaine manquait à l'appel en fin de semaine. Même si «peut-être cinq ou six enfants montraient des symptômes d'une grippe, pas forcément de la grippe A, d'ailleurs», convenait Francis Herbert au cours du week-end. Samedi après-midi, la directrice a joint toutes les familles pour leur annoncer que les cours ne seraient pas assurés cette semaine.

Prévenu tardivement

Frappé de la même obligation, transmise également vendredi soir par les services de la préfecture, le groupe scolaire Denis-Ricard de Saint-Sulpice-de-Royan, accueillera, lui, tous les enfants qui se présenteront ce lundi matin.

Une décision commune de la directrice de l'école, fréquentée par quelque 170 enfants, de la maternelle au primaire, et du maire de la commune, Martial de Villelume.

Avec un léger sourire, le premier magistrat de Saint-Sulpice reconnaît, dans son attitude, «un petit côté frondeur». Martial de Villelume se fait même piquant à l'égard de la préfecture.

«En étant informé vendredi soir par un fax adressé à la mairie à 18 h 47 et par téléphone vers 20 heures, je ne vois pas comment il aurait possible d'avertir l'ensemble des familles concernées au cours du week-end. Pour peu que je ne puisse être joint vendredi, j'aurais appris dans "Sud Ouest" la fermeture de l'école.»

«On fera le point ce soir»

Bien sûr, à Saint-Sulpice, comme dans la commune voisine de Saint-Augustin, les parents auraient pu être avisés samedi, par téléphone, de la fermeture annoncée du groupe scolaire.

Mais Martial de Villelume s'interroge, lui, sur les conséquences de cette décision. «Tous les parents n'ont pas des membres de leur famille à proximité immédiate ou une solution de garde autre que de rester chez eux garder leur enfant.»

À une fermeture de l'ensemble du groupe scolaire, le maire de Saint-Sulpice «préfère que l'école ouvre normalement lundi. Après les cours, je réunirai les enseignants et les parents qui pourront être

présents pour faire un point de la situation. Si une majorité de parents souhaite une fermeture de l'école, par mesure de précaution, nous irons dans ce sens. Dans le cas contraire, je demanderai au préfet de revoir son arrêté et de le moduler.»

Sans nier la réalité d'une propagation du virus H1N1, Martial de Villelume veut raison garder. «Je refuse de céder à la psychose. Nous avons regardé les chiffres de l'absentéisme avec la directrice de l'école: l'an dernier, à la même époque, on recensait davantage d'élèves manquants. Sur les 170 enfants inscrits cette année, 14 étaient absents en fin de semaine. On parle bien de 14 absents, pas de 14 cas de grippe avérés! Certains souffrent probablement d'une rhinopharyngite, d'une otite ou d'une autre maladie courante en cette saison.»

«Résistance»

Martial de Villelume assume: il fait «un peu de résistance face à cette attitude systématique de fermeture, non pas d'une classe, comme il est normalement prévu quand trois cas sont signalés au sein de cette classe, mais de l'école entière. Sans concertation, qui plus est, avec les élus. Dans le cas de notre école, la décision de fermeture est intervenue alors même que la directrice avait convenu avec le médecin de la Ddass, avec qui elle était en contact, de refaire le point en début de semaine.»

Les petits Saint-Sulpiciens se présenteront donc ce matin en rangs par deux devant leurs enseignants. Tout comme, d'ailleurs, leurs camarades de Saint-Palais-sur-Mer, à quelques kilomètres de là.

À l'école Lucien-Robin, on a constaté près de 70 élèves absents en milieu de semaine dernière. Sans que la situation appelle une quelconque mesure de fermeture.

=> Next is an Englishe version of the info given above

THE FLU CASE

Police in France shut down School over alleged Swine Flu threat after Mayor refuses

The Flu Case, 27 November 2009, 11:00
https://web.archive.org/web/20100102033712/http://theflucase.com/index.php?option=com_content&view=article&id=2084%3Apolice-in-france-shut-down-school-over-alleged-swine-flu-threat-after-mayor-refuses&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Gendarmes in France intervened to close down a school in Saint-Supice-de-Royan on Monday after the Mayor Martial de Villelume refused to comply with an order from the prefect of Charente-Maritime to shut the school immediately.

De Villelume received the instructions to close down the school on Friday evening by fax at 18:47 and by telephone at around 8 pm.

He decided to open as normal on Monday given that only 14 children were absent from the school, and none of these had a confirmed case of swine flu, and wanted give the parents an opportunity to vote on the issue, but the French Gendarmerie moved swiftly on the orders of the prefect to close down the school immediately, leaving parents in disarray.

De Villelume, mayor of the town on the Atlantic coast, was informed that the prefect of the department made the decisions and he "had no say in the matter at all," according to Reuters.

About 400 schools in France have been shut in the past couple of weeks as the government spreads swine flu hysteria.

De Villelume said that there was no evidence of swine flu in his school; 14 out of the 170 children were absent last week but they had not been diagnosed with swine flu.

He told Sud Ouest.com he was putting up "a little bit of resistance in the face of the systematic attitude concerning shutting things down, not just a class, as is envisaged in normal cases in the event of three cases in a class, but of an entire school. Without consultation, moreover, with the elected officials.

"In the case of our school, the decision to close the schools was made even though the school director had contacted the official doctor to consider the point at the beginning of the week."

The way the Gendarmes were sent to shut down a school against the wishes of the school director and mayor on the spurious grounds that there was a threat from the swine flu will heighten fears that the French government is cracking down on civil liberties step by step and of a mass forced vaccination programme.

So far there has been a low voluntary take up of the untested vaccines at special swine flu vaccine centers leaving the government behind schedule in its plans, leaked in August, to give everyone in France the swine flu jab by the end of January.

The French government is acting in coordination with WHO to implement military style "pandemic emergency" measures.

With the declaration of a pandemic level 6 emergency in June, WHO has obtained sweeping powers over national governments, including police and health services.

В России снижается число случаев свиного гриппа в общем объеме простудных заболеваний, заявил Онищенко

News.ru, 24 ноября 2009 г., 07:59
https://www.newsru.com/russia/24Nov2009/gripp.html

Медики заявляют, что удельный вес случаев свиного гриппа в общем объеме острых респираторных заболеваний и вирусных инфекций в России снижается. В настоящее время на вирус H1N1 приходится 29% случаев заболевания российских граждан гриппом и ОРЗ, при этом, на предыдущей неделе вирус свиного гриппа составлял 34% всех случаев простудных заболеваний, сообщил руководитель Роспотребнадзора, главный государственный санитарный врач России Геннадий Онищенко.

"В Европе, к примеру, удельный вес вируса H1N1 превышает 60% в общем объеме (острых респираторных заболеваний)", - сказал Онищенко. По его словам, в 11 российских регионах, где ранее было отмечено превышение эпидемических порогов по гриппу и ОРЗ, заболеваемость пошла на спад. В частности, это Забайкальский край, Амурская область, Хабаровский край и Москва, сообщает "Интерфакс".

Онищенко сообщил, что в большинстве российских регионов заболеваемость гриппом находится на доэпидемическом уровне или приблизилась к пороговым значениям.

"В Москве уровень заболеваемости снизился на 26,5%", - сказал Онищенко. Он сообщил, что все московские школы работают, 14 классов в девяти школах закрыты из-за гриппа на карантин.

Онищенко сказал, что медики уделяют особое внимание профилактическим мероприятиям в московском метро.

"На объектах московского метрополитена, в депо эксплуатируется 38 комплектов ультрафиолетового оборудования для обеззараживания. В подземных переходах метро установлено 32 комплекта ультрафиолетового оборудования. Установки по обеззараживанию смонтированы на 61 эскалаторе. Они безопасны. Весь вагонный парк московского метрополитена ежедневно проходит дезинфекцию. Это 3830 вагонов", - сказал Г.Онищенко. Он сообщил, что на этой неделе медики проверили 71 российский вуз на предмет мер по профилактике гриппа.

"Установлено, что в большинстве вузов разработаны соответствующие планы профилактических мероприятий, проводится дезинфекция, приняты меры специфической и неспецифической профилактики, по ограничению массовых мероприятий", - сообщил он.

При этом, по словам Онищенко, в ряде вузов проверка установила низкий уровень вакцинации студентов против сезонного гриппа. "Низкий уровень охвата вакцинацией - в Налоговой академии Минфина, Строительном университете, Московской государственной академии ветеринарной медицины и биотехнологий, Социальном университете", - сказал глава Роспотребнадзора.

Напомним, 9 ноября в России началась вакцинация против нового гриппа. На первом этапе она пройдет в Алтайском крае, Московской, Тюменской, Брянской и Воронежской областях. Прежде всего вакцину получат группы риска – те, кто общается с большим количеством людей: работники ЖКХ, водоснабжения, электрообеспечения.

С конца ноября будут привиты медработники, учителя, студенты старших курсов медицинских вузов. Затем пройдет вакцинация остальных категорий населения по группам риска по развитию тяжелых форм заболевания - в их числе люди, страдающие хроническими заболеваниями, беременные, дети.

Вакцинация остается основным профилактическим средством против гриппа, в том числе A/H1N1. Однако россиянам не стоит забывать и о других средствах, которые за многие годы заслужили внимание с точки зрения профилактики вирусных заболеваний. Как отмечают в Минздравсоцразвития РФ, это относится, в частности, к ношению масок и приему витаминов, причем не только в форме медикаментозных препаратов, но и фруктов и овощей.

BusinessWeek

Kerry Capell

How Big Pharma Profits from Swine Flu

Business Week, Bloomberg, 24 November 2009, 3:26PM EST

https://web.archive.org/web/20091126023933/http:/www.businessweek.com/globalbiz/content/nov2009/gb20091124_846373.htm
https://web.archive.org/web/20091128081343/http://www.businessweek.com/globalbiz/content/nov2009/gb20091124_846373_page_2.htm

Once spurned by drugmakers as low-margin and risky, vaccines to fight diseases such as H1N1 are now a growing business for Novartis and others.

Swiss pharmaceutical giant Novartis gave U.S. efforts to combat pandemic influenzas a boost with the Nov. 24 opening of the country's first large-scale cell-culture manufacturing plant. Located in Holly Springs, N.C., the Novartis plant, backed by $487 million in federal funding, represents a major milestone in using biotech production technologies to replace the 50-year-old manufacturing process based on growing vaccines in eggs. "This technology has the potential to leapfrog the traditional egg-based approach, increasing the reliability and productivity of vaccine production," says Novartis Chairman and Chief Executive Daniel Vasella.

Novartis (NVS) is one of two vaccine manufacturers using the newer cell-based methods. The Novartis plant will produce flu vaccines in dog kidney cells instead of chicken's eggs, shaving around one month off the estimated three to six months needed to create vaccines using eggs. According to Novartis, the plant will be able to crank out 50 million doses of seasonal flu vaccine and 150 million doses of pandemic vaccine for the U.S. within six months of the declaration of a pandemic. However, it will be 2011 at the earliest before the factory is able to start making cell-based vaccines.

Adjuvants and the H1N1 Vaccine

Still, any future increase in capacity is welcome news for the U.S. The current shortage of H1N1 (also knows as swine flu) vaccinations in the U.S. has highlighted the need for newer, more reliable vaccine development technologies. Though 50 million doses of the H1N1 vaccine have been distributed to date, that's only enough to reach about one-third of the 160 million Americans that the Centers for Disease Control would like to see inoculated.

A big part of the problem is that the U.S. Food & Drug Administration, unlike its counterpart in Europe, has yet to approve use of adjuvants, which are additives that increase the body's response to vaccines, lowering the required dose. Novartis already makes cell-based seasonal and H1N1 flu vaccines with its own licensed adjuvant at a factory in Marburg, Germany.

The Novartis seasonal vaccine is approved in Europe and Japan, and the pandemic vaccine recently won regulatory approval in Germany and Switzerland. Vasella says the trials have shown that using adjuvants could potentially double or even quadruple the vaccine supply. "Some 45 million doses of the cell-based vaccine with adjuvant have already been safely administered, so it is quite established in other countries," say Vasella. He's confident that cell-based technology will eventually be approved in the U.S. And if the pandemic suddenly explodes, the FDA would likely act quickly to approve the use of adjuvants.

The Resurgence of Vaccines

It wasn't too long ago that vaccines were deemed the poor relation of the pharmaceutical industry. Their complexity and high manufacturing cost – coupled with relatively low margins and risk of major litigation – deterred all but a handful of players, including Novartis, Britain's GlaxoSmithKline (GSK), France's Sanofi Aventis (SNY), New Jersey's Merck (MRK), and Wyeth – now a unit of Pfizer (PFE).

More recently, though, there's been something of a vaccine renaissance. That's partly because the industry is now facing serious challenges to its core prescription drug business. Some $135 billion in prescription drug sales will lose patent protection in the next five years, and there's little in drug companies' pipelines to replace those sales, says IMS Health (RX) consultant Alan Sheppard.

Vaccines are in the class of biological drugs, which are expensive and difficult to produce, but that makes them less vulnerable to generic competition from weaker manufacturers. Moreover, with blockbuster drugs harder to come by, the success of Wyeth's pediatric pneumococcal vaccine Prevnar, which now generates $3 billion plus in annual sales, proved that vaccines could be profitable.

With the $780 billion global prescription drug market growing at a sluggish 5% a year, many analysts reckon that the vaccine industry, which is forecast to climb 13% annually through 2012, offers the most upside potential. "More companies are investing in vaccines as a way of diversifying away from prescription drugs, and new technologies such as cell culture are enabling them to produce more sophisticated vaccines," says Michael Boyd, acting director general of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA).

Flu Vaccine Spurs Pharma Deals

Witness the slew of recent dealmaking centered on vaccines. Through its $68 billion acquisition of Wyeth, Pfizer is now in the vaccine business. On Sept. 28, Abbott Laboratories (ABT) splashed out $6.6 billion for Belgian flu vaccine maker Solvay, while Johnson & Johnson (JNJ) bought 18% of Dutch vaccine manufacturer Crucell (CRXL). GSK—which looks set to enjoy a windfall from swine flu vaccine – also recently inked a $2.2 billion 10-year deal to provide Brazil with its pneumococcal vaccine.

As emerging economies mature and health-care spending rises there, vaccines also offer drug companies attractive new markets. In June, GSK signed a $78 million joint venture with China's Shenzhen Neptunus Interlong Bio-Technique to develop flu vaccines. A month later, Sanofi acquired a majority stake in Indian vaccine maker Shantha Biotechnics, valuing the company at $824 million. And on Nov. 4, Novartis spent $125 million for an 85% stake in privately owned Chinese vaccines company Zhejiang Tianyuan.

A Seasonal Shot in the Arm

In the short term, at least, H1N1 vaccine sales will give a major lift to sales at the three major European vaccine makers. GSK says analyst predictions for $1.7 billion of H1N1 vaccine sales in the fourth quarter are broadly accurate, and similar numbers are forecast for the first quarter 2010. Novartis says it expects $700 million in fourth-quarter sales alone of its H1N1 pandemic vaccine. And Sanofi-Aventis says it expects H1N1 sales in the fourth quarter to hit $500 million.

But the flu vaccine business, notes Vasella, is seasonal and unpredictable. Longer term, other areas such as cancer or meningitis offer greater opportunity. Indeed, analysts say Novartis' two meningitis vaccines have multibillion-dollar sales potential. Novartis has much riding on their success, because analysts at Sanford C. Bernstein estimate that Novartis' vaccine and diagnostics will generate 2009 sales of $1.5 billion but post a loss of $257 million.

Vasella says increased investment in vaccine research and development, clinical trials, and manufacturing are the reason for the losses. The company, for instance, spent $200 million over the past three years building a second manufacturing site in Liverpool, England, dedicated to the production of the H1N1 vaccine supplied to the U.S. "These kinds of investments are only justified if as part of an overall long-term strategy," says Vasella. "We believe our investment will pay off."

CTV NEWS

China reports 8 cases of swine-flu virus mutation

CTV News // The Associated Press, 25 November 2009, 8:27, AM EST
https://www.ctvnews.ca/china-reports-8-cases-of-swine-flu-virus-mutation-1.457904?cache=klfcnyffis%3FclipId%3D104056%2F7.337730

Beijing - China has detected eight cases of swine flu mutation, a health official said Wednesday, amid longstanding concerns among scientists that the virus could change into a more dangerous form.

Last week, the World Health Organization said it was investigating samples of variant swine flu linked to two deaths in Norway.

But Shu Yuelong, director of the Chinese National Influenza Center, told the official Xinhua News Agency that the mutated swine flu virus found China has shown an "isolated" spread in the mainland, is not resistant to drugs and can be prevented by vaccines.

The report did not provide any more details, such as when the cases were detected and if they were linked to any deaths. Calls to the National Influenza Center rang unanswered while the Health Ministry did not immediately respond to a faxed list of questions.

Swine flu has triggered a global pandemic, and scientists are worried that swine flu could mutate into a more dangerous or more infectious form or swap genes with seasonal or other types of flu.

On Friday, the WHO said it was looking into two deaths and one severe case linked to variant swine flu in Norway, after that country's Institute of Public Health announced that the mutation could possibly cause more severe disease because it infects tissue deeper in the airway than usual.

The same mutation has been found in both fatal and mild cases elsewhere, including in Brazil, Japan, Mexico, Ukraine, and the United States, said the WHO.

WHO's spokeswoman in Beijing, Vivian Tan, said the agency is aware of three such cases in China that occurred in June and July that were similar to the cases being investigated in Norway. Tan said WHO had no information on the cases mentioned in the Xinhua report Wednesday.

There is no evidence the mutated swine flu virus is circulating widely in the world, Tan said, but since it has been linked to deaths in Norway and elsewhere, investigators are focusing on whether this mutation could be a marker for more severe disease.

"We are concerned, but realize that influenza viruses, including A/H1N1, are relatively unstable and change easily, especially as they infect more people," Tan told The Associated Press. "Some mutations can have minimal effects on how a virus functions, while other mutations can create important changes with significant public health impact."

China's Health Ministry said Wednesday that 51 swine flu deaths were reported last week, bringing the total number of fatalities in the country to 104.

Photo => *Chinese workers inspect vials containing H1N1 flu vaccine* by Beijing-based drug maker Sinovac Biotech Ltd. in Beijing, China, Thursday, Sept. 3, 2009.

В США пандемия свиного гриппа пошла на спад

News.ru, 25 ноября 2009 г., 03:43
https://web.archive.org/web/20210601172312/https://www.newsru.com/world/25Nov2009/vaccine.html

Есть признаки того, что пандемия гриппа A/H1N1 в США пошла на спад. Директор Национального института аллергических и инфекционных заболеваний д-р Энтони Фаучи сообщил об этом на брифинге для иностранных журналистов в Вашингтоне. Вместе с тем он сделал оговорку, что предсказывать развитие эпидемий гриппа - занятие крайне неблагодарное.

"По нашим оценкам, в США заражено около 22 млн человек, - заявил специалист. - Если проследить динамику за последние две недели, то сначала в стране было 48 штатов с широким распространением (нового гриппа), потом 46, а теперь - 43", передает ИТАР-ТАСС. Всего в состав США входит 50 штатов.

Соответственно, продолжал Фаучи, "можно высказать догадку о том, что мы, скорее всего, прошли пик и теперь начали снижение". "Однако с прогнозами по гриппу надо быть чрезвычайно осторожными, - тут же предупредил он. - Грипп славится своей непредсказуемостью".

Сейчас, по словам высокопоставленного эксперта, существует три основных сценария дальнейшего развития событий. Кривая развития пандемии может выровняться, что будет означать большое количество новых случаев заражения. Она может продолжать идти вниз до конца сезона, что, разумеется, было бы лучшим вариантом. Наконец, в середине зимы может прийти "вторая волна" вирусной инфекции.

На дополнительный вопрос о том, тревожат ли его мутации вируса, вызывающего H1N1, Фаучи ответил, что тревожиться о таких вопросах - его служебный долг.

Однако, продолжал он, если в нынешней ситуации есть позитивная сторона, так это то, что вирус, распространяющийся, как минимум, с апреля и обошедший уже весь мир, не очень-то видоизменяется.

"Нет существенных мутаций, которые бы указывали, что вирус уходит из-под действия вакцины, - сказал специалист, имея в виду противогриппозную вакцину, созданную за время пандемии. - Есть некоторые признаки устойчивости к воздействию лекарств, но очень маленькие. И вирулентность (заразность) вируса, насколько можно судить, не возрастает".

Фаучи признал, что вакцин от нового гриппа в США не хватает. В октябре их было всего 11 млн доз, сейчас - свыше 50 млн, но и этого недостаточно. Вакцины от гриппа выращиваются по старинке - в куриных яйцах, пояснил он.

К сожалению, вирус H1N1 плохо растет в яйцах. Такое порой случается, и именно этим объясняется нынешний разрыв между спросом и предложением.

Главный врач-инфекционист Америки решительно рекомендовал делать прививки от гриппа А. "Смертность среди молодых людей, которую мы сейчас наблюдаем, никогда не случается при обычном сезонном гриппе", - подчеркнул он.

tagesschau

Fiete Stegers

Die Risiken der Risiko-Berichterstattung

Tagesschau, 25 Novembre 2009, 12:01 Uhr
https://web.archive.org/web/20091127212207/http://www.tagesschau.de/inland/schweinegrippe696.html

Selten haben sich zu einem Thema so viele Experten geäußert, wie zur Schweinegrippe. Dennoch ist auch die Verunsicherung so groß wie selten zuvor. Viele Kritiker machen die Berichterstattung dafür verantwortlich, diese sei "krass überzogen". Doch es gibt auch Lob für die Medien.

Seit Monaten wütet die Schweinegrippe - zumindest in den Medien. Und besonders heftig in denen, die sich über große Schlagzeilen und große Gefühle am Kiosk verkaufen. Die freiwilligen Medienwächter von "Bildblog" haben kürzlich nachgezählt: In knapp vier Wochen stand die Schweinegrippe bei "Bild" und "Bild am Sonntag" zwölf Mal ganz oben auf der Titelseite. "Alles, was gesundheitsgefährdend ist, zieht", sagt der Kommunikationswissenschaftler Hans-Mathias Kepplinger, der sich mit der Kommunikation in Krisensituationen beschäftigt. Der Höhepunkt bei "Bild": Am 21. Oktober warnte das Blatt mit Berufung auf einen "Impf-Experten", in Deutschland seien 35.000 Tote durch die Krankheit zu befürchten.

"Das Bild, das derzeit von der Schweinegrippe gezeichnet wird, ist krass überzogen", sagte der Präsident der Ärztekammer Berlin, Günter Jonitz, dem NDR-Magazin "Zapp". "Zapp" führte noch weitere Fälle aus, in denen Boulevardmedien mit Zahlen jonglieren ohne diese ausreichend einzuordnen, wo sie Emotionen schüren, statt sachlich zu bleiben. Dass Journalisten Konflikte herausstellen und Gefahren beschreiben, liegt in der Natur der Medien, die sich auf Neues und Interessantes konzentrieren und Gegensätze benutzen, um Nachrichten interessant aufzubereiten.

"Der mediale Hype um die Schweinegrippe ist angesichts anderer Erkrankungen mit sehr viel höheren Todesopfern völlig unverhältnismäßig", sagte Christian Floter, Leiter der Wissenschaftsredaktion des Deutschlandsfunks, zu "Zapp". In der Anfangszeit der Schweinegrippe seien auch alarmierende Szenarien zur Verbreitung der Krankheit bedenkens- und berichtetenswert gewesen, meint Floter: "Dann gab es aber eine Abkoppelung der medialen Realität von der tatsächlichen."

Zuerst aufgetreten ist die Krankheit im März in Mexiko. Die damals geäußerten Befürchtungen von hohen Totenzahlen im Vergleich zur Gesamtbevölkerung haben sich allerdings mittlerweile nicht bestätigt, wie die ARD-Sendung "Monitor" berichtete. Auch in der Ukraine ist die Situation laut Recherchen von "Monitor" weit weniger dramatisch, als es zeitweise in einigen Berichten angesichts mehrerer hunderttausend mutmaßlich Infizierter vermittelt wurde. Die Zahl der nachweislich an der Schweinegrippe verstorbenen Ukrainer liegt laut "Monitor" bislang bei knapp 30 – nicht bei einigen hundert, wie teilweise prognostiziert.

Der Medienwissenschaftler Kepplinger, der noch im Mai in einem Interview über "Panikmache" redete, möchte die weitreichende Kollegen-Kritik von "Zapp" und "Monitor" jedoch nicht teilen. "Es ist nicht wie bei SARS oder der Vogelgrippe, dass eine verwilderte Meute einem Phantom hinterjagt, selbst wenn "Bild" das Thema seit Monaten powert", so Kepplingers Beobachtung.

Einzelne Journalisten hätten sich gut in das Thema eingearbeitet, beispielsweise seien jetzt häufiger als früher Vergleichszahlen zu hören, die die Zahl der Erkrankungen oder Todesfälle in Relation zur Gesamtbevölkerung setzten. Wenn sich bei mutmaßlichen Schweinegrippe-Toten doch etwas anderes als Ursache herausstelle, "wird das auch berichtet - wenn auch erst ein oder zwei Tage später", sagt Kepplinger. "Wichtig ist, dass Journalisten und Wissenschaftler der Öffentlichkeit immer wieder klar machen, wo Unsicherheiten in unserem Wissen über die Schweinegrippe bestehen."

Auf der Suche nach dem knalligen Experten-Zitat

Ein solche Differenzierung geschehe aber in den Medien zu wenig, meint Christian Floto vom Deutschlandfunk: Wenn sich nicht auf Medizinthemen spezialisierte Journalisten um Einordnung bemühen und sich dabei auf die Meinungen von Experten stützen, werde dabei oft genug eine "plakative Einzeleinschätzung" transportiert, egal wie fundiert diese sei, kritisiert Floto.

Diese Erfahrung hat auch der als kritischer Beobachter des britischen Gesundheitswesens bekannte Arzt Ben Goldacre gemacht. Ihn erreichten die Anfragen mehrerer Journalisten, die von ihm als Interviewpartner hören wollten, dass die Schweinegrippe ein Medien-Hype sei. Goldacre lehnte es aber ab, ein plakatives Zitat zu liefern. "Menschen können Risiken schwer begreifen, und Epidemien sind eine komplizierte Angelegenheit. Bei Infektionskrankheiten ist die mögliche Abweichung groß, und es ist sehr schwer, genaue Voraussagen zu treffen", schrieb Golcacre bereits im April in seinem Blog dazu. Und er betonte: "Voraussagen beziehen sich darauf, was passieren könnte - nicht auf etwas, was definitiv passieren wird."

Swine flu pandemic is yet another conspiracy
Danish media

Russia Tuday, 25 November 2009
https://www.youtube.com/watch?v=XFLHbXqSEVQ

Danish journalists claim that the World Health Organization and drug companies producing the swine flu vaccine are in partnership, and that the true nature of their relationship is shrouded in mystery.

"What we do know is that the pharmaceutical companies are present at the meetings of WHO expert groups, but what we don't know is what they talk about. And another thing is that scientists who appear to be independent are also hired consultants working for the same pharmaceutical companies who produce the vaccines," says *Louise Voller*, a journalist at the Danish Daily Information newspaper.

World Health Organization 'Manufactured' the Global Swine Flu Scare
Suspected of Corruption

InfoWars, 26 November 2009
https://web.archive.org/web/20091130162346/http://www.infowars.com/world-health-organization-manufactured-the-global-swine-flu-scare-suspected-of-corruption/

The Swine Flu Pandemic which Novye Izvestija has written about many times, may be the most ambitious scam and corruption of our time. In any case, the enormous commercial aspect of the "swine flu scare" is already evident.

The same conclusion was reached by Danish journalists who expertly examined the links between the World Health Organization (WHO) and the world's leading pharmaceutical companies, who gained wealth by selling drugs to counter the disease. It turns out, for example, that many scientists who sit on various committees of WHO, carefully concealed the fact that they receive money from the giant pharmaceutical companies of the world.

According to the international investment bank JP Morgan, the pharmaceutical industry will make more than 7 Billion Euros this year on the sale of A/H1N1 vaccines. Leading western countries have ordered enough doses to vaccinate either their entire population (such as Australia) or one third (Germany and several other EU member States). Factories making the vaccines and pills are working around the clock, in four shift rotations, with a backlog of orders …they are not experiencing the global economic crisis as others might.

For the first time in many years flu pandemic 'panic' has affected the EU. The vaccine has been produced without a sufficient number of clinical and laboratory tests.

Is such a panic justified? a growing number of specialists are examining the issue by comparing the mortality statistics from the swine flu virus and it's 'conventional' varieties, each Autumn they begin their march across the planet. So far, according to WHO, six thousand people have fallen victim to A/H1N1, while the average annual death rate during epidemics of 'traditional' varieties of flu reaches half a million.

The main cause of the hysterical response to the swine flu epidemic, according to reporters from the Danish newspaper 'Information', is not because it is so dangerous, but because of a strong public relations campaign by experts from WHO. Some of them [WHO experts] are literally in the service of the vaccine manufacturers.

"It is disturbing that many of the scientists who sit on various committees of WHO, are presented as 'independent experts', but they carefully conceal the fact that they receive money from pharmaceutical companies", Professor of epidemiology, Tom Jefferson, who works at the Cochrane Center in Rome, told reporters.

WHO announced the swine flu pandemic under pressure from a panel of advisers, headed by a Dutch doctor, Albert Ostenhaus, nicknamed 'Dr. Flu' (from the name 'Tamiflu') because he was active in promoting mass vaccination of the population through WHO, and the Western media. Now the government of the Netherlands is conducting an emergency investigation into the activities of

'Doctor Flu', as it became known that he receives a salary from several vaccine manufacturing companies. Many other WHO advisers sit 'on two chairs' (conflict of interest) like Ostenhaus, and while dealing with the swine flu pandemic on behalf of WHO, they do not like to advertise that they are paid advisers to pharmaceutical giants Roche, RW Johnson, SmithKline and Beecham Glaxo Wellcome, who have received the lion's share of orders for manufacturing of vaccines. The result of pressure from these experts was the resolution of WHO on 7th July this year, which called for an unprecedented campaign of mass vaccination.

"The WHO is biased in their recommendations – says Professor Tom Jefferson. – Normal hygiene measures provide much greater effect than these little-studied vaccines, and at the same time WHO refers to the use of masks and hand-washing as a means to combat swine flu only twice in their documents. Vaccines and other medications are referred to 42 times!" Dr. Jefferson and several of his colleagues believe that paid advisers of the pharmaceutical companies should be removed from their positions and not allowed to give recommendations to the WHO, but the organization itself is in no hurry to carry out such a reform. WHO spokesperson, Gregory Hertl, commenting on the article in 'Information' (Danish newspaper) said it is impossible to deny the services of the world's leading experts on the sole ground that they have a financial interest in the promotion of a strategy to combat various diseases.

It should be noted that this is not the first year that 'scope for corruption' in pharmacology has been the focus of the Western media. The New England Journal of Medicine published 'The Whistleblower' several years ago. In a series of articles, the Whistleblower showed the inside life of the 'medical mafia'. According to them, only 11-14% of pharmaceutical companies budgets are spent on research, but 36% of funds are spent on PR. Much of the money ends up in the pockets of doctors, scientists, and the accounts of various organizations working in health care.

=> See the next with the reference to the article in the Novye Izvestija (Новые Известия)

Translated from Russian by
Infowars Ireland Traduzido do russo por Infowars Irlanda

Novye Izvestija
Raiva Escondida, 26 de novembro de 2009
https://raivaescondida.wordpress.com/tag/swine-flu/

Каждый пятый ребенок в Великобритании переболел свиным гриппом, даже не подозревая об этом

News.ru, 26 ноября 2009 г., 05:20
https://www.newsru.com/world/26Nov2009/antitela.html

Каждый пятый маленький житель Великобритании уже переболел гриппом A/H1N1, но многие из этих детей и их родителей не имеют об этом ни малейшего представления. Об этом выводе британских ученых сообщила газета Daily Telegraph.

Недавние анализы крови, взятые у населения Соединенного Королевства в ходе медосмотров, показали, что новым вирусом в период первой вспышки инфекции ранее в этом году заразилось гораздо больше людей, чем было принято полагать.

В ряде районов Великобритании, в частности в Лондоне, специалисты Агентства по здравоохранению после прохождения летнего пика заболеваемости выявили антитела к гриппу A/H1N1/ в крови каждого третьего ребенка. Это означает, что они уже перенесли болезнь.

В масштабах всей страны антитела к новому вирусу за это время приобрел каждый пятый маленький британец. Медики предполагают, что примерно у половины из них заболевание, вызванное гриппом A/H1N1, прошло без симптомов, передает ИТАР-ТАСС.

World Health Organization

Dr Margaret Chan

Director-General Statement following the sixth meeting of the Emergency Committee

Geneva, WHO, 26 November 2009
https://www.who.int/news/item/26-11-2009-director-general-statement-following-the-sixth-meeting-of-the-emergency-committee

The Emergency Committee held its sixth meeting, by teleconference on 26 November 2009.

The Committee was updated on the global pandemic situation and considered a proposal from the WHO Director-General regarding the continuation of three temporary recommendations issued under the IHR with respect to the on-going public health emergency of international concern. There was a consensus on continuing the first two temporary recommendations. The third recommendation was updated. Because pandemic infections are now widespread, there no longer is a scientific reason to delay international travel to reduce spread of infection. However, it remains prudent for ill travellers to delay travel for personal health reasons.

Having considered the views of the Emergency Committee, and the ongoing pandemic situation, the Director-General determined it was appropriate to continue all three temporary recommendations, namely:

- Countries should not close borders or restrict international traffic and trade
- Intensify surveillance of unusual flu-like illness & severe pneumonia

With an updated third recommendation, namely:

- If ill, it is prudent to delay travel.

THE FLU CASE

Iowa's Announcement of Appearance of Virulent Swine Flu Virus Spells Trouble Ahead

The Flu Case, 26 November 2009, 17:08

https://web.archive.org/web/20100102034640/http://theflucase.com/index.php?option=com_content&view=article&id=2078%3Aiowas-announcement-of-appearance-of-virulent-swine-flu-virus-spells-trouble-ahead&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Iowa has recorded a spike in swine flu deaths at 21.

Dr. Gregory Schmunk, Polk county's medical examiner, has said people are dying of symptoms similar to the kind reported in the Ukraine.

"In the autopsy, what we're seeing is very heavy, wet hemorrhagic lungs, lungs with a lot of blood in them," said Schmunk.

But where did this virulent virus come from all of a sudden?

According to doctors in the western Ukraine, the sudden appearance of the virulent California H1N1 virus in western Ukraine could not be explained by natural processes.

In an open letter, printed in the Ukraine media (a translation was published on this week on this website), doctors accused President Victor Yushchenko of genocide by means of the use of the introduction of an artificial virus for political gain.

Can the appearance of the virus in Polk Country also be explained by natural processes?

Or could this also be an artificial virus introduced by means of vaccinations and used to justify a government clampdown?

It is not clear how many people who came down with the virulent swine flu in Polk County had previously taken the swine flu jab.

Dr Gregory Schmunk does, however, encourage everyone to take the „swine flu" jab as protection against this flu even though there is no proof that it is safe or efficacious while there is significant proof it causes damage, in the meantime.

Will the US government now quickly move to lift the ban on the use of stockpilies of the dangerous adjuvants under the pretext of a pandemic emergency as people panic?

Adrian Gibbs, Australian virologist, this week published futher evidence the swine flu virus is artificial, giving indirect support to the assertion of the Ukrainian doctors.

Also, we know from documents that US researchers went to Alaska in 1995 to dig up the corpse of the victim of the Spanish Flu Pandemic, extract genetic material from the lung and reconstruct the virus in their lab. The team published updates on their progress in „Nature" and other scientifc journals.

The appearance of this artifical virus in western Ukraine was used as a pretext to generate panic and implement martial law, allege the doctors in their letter.

Yushchenko moved quickly to suspend elections he was almost certain to lose, impose quarantines on nine zones and close some borders in coordination WHO.

There have since been unconfirmed reports of mass deaths through forced vaccinations within those quarantine zones.

For sure, isolating specific areas, cutting it off from supplies, and outside communications and then sending in special pandemic task forces to carry out forced vaccinations is an easier way of approaching the problem of killing large numbers of people than taking on the whole of a country at once.

But would the Iowa authorities or the US government ever carry out any such a criminal plan as the Ukrainian?

It is a fact President Barack Obama declared a national emergency over the swine flu pandemic on October 23rd, although the laws allowing forced quarantine and forced vaccination have yet to be activated.

Pandemic drills have been reported.

As in the Ukraine, the US government, however, needs a pretext to implement a drastic crackdown.

The deaths from the virulent form of the swine flu reported in Iowa and North Carolinia could supply some of that pretext, though reports of more „infected" areas can be „expected" soon if adequate fear and confusion is to be generated.

An Iowa quarantine order surfaced this summer revealing that the authorities there are prepared to crack down on people in a pandemic emergency.

Failure to comply with this Quarantine Order can lead to arrests, fines, and imprisonment. Anyone suspected of even having contact with some with a pandemic flu can be quarantined indefinitely with very limited access to the outside world.

The blank template of Iowa's Facilty Quarnatine Order was developed with the help of the Center for Disease Control (CDC), which has published the document on its website.Together with FEMA and Homeland Security, the CDCis the main federal agency responsible for implementing a crack down in the event of a swine flu pandemic.

This is just one of a raft of drastic measures that have been introduced at state and federal level allowing the US government to force vaccinate and quarnatine people.

800 FEMA camps are reported to be in place in the USA ready to operate incinerators. FEMA trains are waiting on their tracks. Large quantities of plastic coffins have been reported.

In short, the entire infrastructure of mass murder that was in place in Nazi Germany is in place in the USA today - and the banksters and Bilderbergers with their back to the wall are desperate to use it before they

FINANCIAL TIMES

Andrew Jack

Swine flu scepticism

Financial Times, 27 November 2009, 02:00
https://www.ft.com/content/9ecc63dc-dab7-11de-933d-00144feabdc0

Just 1m of the 10m doses of the swine flu vaccine distributed to immunise the general public have so far been used, indicating slow progress in fighting the current pandemic.

David Salisbury, director of immunisation at the Department of Health, said on Thursday he remained "hopeful" that more than 11m people judged at high risk would be vaccinated "well before Christmas".

The low uptake appears to confirm opinion polls suggesting considerable scepticism about the benefits of vaccination, with the H1N1 flu virus less severe for most people than originally feared and an intense debate on the potential side-effects of vaccination.

The figures may stoke debate on the amount paid by the government for measures to counter the pandemic, including total orders of 90m doses of vaccine. Revised planning assumptions have cut the likely number of deaths caused by the virus to 1,000, from as high as 65,000 mooted in July. So far 242 have died across the UK, with infections only slightly higher this week at 46,000.

But Mr Salisbury said it was too early to draw conclusions, with many vaccines delivered only very recently to doctors.

Ian Dalton, national director of NHS flu resilience, who is co-ordinating the health service response to the pandemic, gave much higher estimates for take-up of the vaccine among the 2m frontline health and social care workers, although he said his information was anecdotal.

He said York hospital had vaccinated more than 1,000 staff, Guy’s & St Thomas’s in London had used 1,500 doses, and West Midlands Ambulance Service had given nearly two-thirds of its 1,115 doses.

Sir Liam Donaldson, chief medical officer, cautioned that the virus was a greater threat to children than normal seasonal flu and could mutate into a more serious form, for which the current vaccine could provide -protection.

A study by the Health Protection Agency released this week suggested that one-fifth of schoolchildren may already have been infected nationwide, but in a mild form without symptoms. That may have helped provide protection, which has slowed the spread of the illness. its further spread.

РИА НОВОСТИ

РФ может остановить членство в ВОЗ в случае сговора с фармкомпаниями

РИА Новости, 27 ноября 2009, 14:35
https://ria.ru/20091127/195797321.html

Москва: Появившиеся ранее в западных СМИ сообщения о коррупционном сговоре Всемирной организации здравоохранения (ВОЗ) с фармацевтическими компаниями необходимо проверить, в случае подтверждения этих данных Россия может приостановить свое членство в организации, считает член комиссии Госдумы РФ по законодательному обеспечению противодействия коррупции единоросс Игорь Баринов.

Согласно сообщениям некоторых СМИ, консультанты ВОЗ получали деньги от фармацевтических компаний, что могло повлиять на решение организации объявить пандемию свиного гриппа.

ВОЗ 11 июня впервые более чем за 40 лет официально объявила о введении шестого, максимального уровня угрозы пандемии в связи со стремительным распространением по миру гриппа A/H1N1.

По мнению Баринова, Россия не может оставить без реакции обвинения в адрес ВОЗ.

"Организацию подозревают в коррупции. Нам необходимо провести тщательное всестороннее расследование, прежде чем принимать какое-либо решение", - сказал он журналистам в пятницу.

"Если информация подтвердится, в этом случае нужно ставить вопрос о целесообразности участия России в работе ВОЗ, вплоть до приостановления членства", - сказал он.

По его данным, Россия потратила на борьбу с новым вирусом более 4 миллиардов рублей, которые, как считает парламентарий, можно было бы расходовать на решение других актуальных проблем.

Баринов призвал начать расследование в ВОЗ через российского представителя в этой организации, члена исполнительного комитета ВОЗ Владимира Стародубова.

"Заслуги ВОЗ в борьбе с малярией, оспой, ВИЧ/СПИД в 20 веке никто не ставит под сомнение, но сейчас надо выяснить, не поражена ли сама ВОЗ вирусом коррупции, насколько обоснованы ее рекомендации, можно ли ей беспрекословно доверять", - считает парламентарий.

В свою очередь, главный государственный санитарный врач РФ, руководитель Роспотребнадзора Геннадий Онищенко, выступая в пятницу на межведомственном совещании в Генпрокуратуре РФ, посвященном соблюдению законодательства в сфере обращения лекарственных средств, тоже заявил о наличии сговора во время борьбы со свиным гриппом в мире.

"Одна уважаемая международная организация с самого начала взяла курс на маркетинг одного из препаратов, который не давал российским производителям позиционировать себя на рынке лекарств", - сказал он и отметил, что Россия "не позволила" создать "монополию", которая "навязывалась с помощью иностранных препаратов".

Всемирная организация здравоохранения, объявив пандемию свиного гриппа в мире, на первом этапе настоятельно рекомендовала всем странам использовать для борьбы с вирусом препарат "Тамифлю" швейцарского производства.

Число лабораторно подтвержденных случаев заражения гриппом A/H1N1 в мире, по состоянию на 15 ноября, превысило 525 тысяч, 6,75 тысячи заболевших скончались, сообщается в опубликованном 20 ноября заявлении Всемирной организации здравоохранения (ВОЗ). В пресс-релизе отмечается, что, поскольку многие страны перестали вести индивидуальный учет случаев заражения гриппом A/H1N1, реальное число больных может значительно превышать цифру, представленную ВОЗ.

THE FLU CASE

La Russie pourrait suspendre son adhésion à l'OMS

The Flu Case, 28 novembre 2009, 09h54
https://web.archive.org/web/20100102035628/http://theflucase.com/index.php?option=com_content&view=article&id=2100%3Arussia-could-withdraw-from-who-over-swine-flu-corruption&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Grippe A: un député de «Russie unie» demande que la Russie suspende son adhésion à l'OMS (newsru.com 28-11-2009)

Article repris sur le site du KPRF sous le titre: Encore un sale coup des capitalistes, ou comment les laboratoires pharmaceutiques se font une fortune grâce à la «grippe porcine»

Il est absolument urgent de vérifier les informations parues dans les médias occidentaux sur la collusion présumée entre l'organisation mondiale de la santé (OMS) et les compagnies pharmaceutiques. Si ces soupçons étaient confirmés, la Russie pourrait suspendre son adhésion à l'organisation, déclare Igor Barinov, membre de la commission de la douma d'État en charge des affaires de corruption.

D'après certaines sources, les experts de l'OMS ont reçu de l'argent des compagnies pharmaceutiques, et c'est ce qui aurait conduit cette organisation, pour la première fois depuis plus de 40 ans, à déclarer officiellement le niveau six d'alerte de pandémie en rapport avec la diffusion mondiale rapide de la grippe A/H1N1. Ce sont des journalistes du journal danois Information qui, après avoir étudié les liens des experts de l'OMS avec les grandes compagnies pharmaceutiques mondiales, en ont conclu que la pandémie de grippe porcine pourrait être l'affaire de corruption la plus grandiose de notre époque.

L'OMS, après avoir déclaré l'état de pandémie de grippe porcine dans le monde, a dans une première étape recommandé fortement à tous les pays d'utiliser dans la lutte contre le virus le produit Tamiflu des laboratoires suisses. Rappelons que ce produit a suscité des critiques en Russie à cause de ses effets secondaires possibles. En même temps, le ministère de la santé ukrainien a été accusé de faire des achats excessifs et injustifiés de Tamiflu.

D'après Barinov, la Russie ne peut rester indifférente aux accusations portées contre l'OMS. «L'organisation est suspectée de corruption. Nous devons absolument mener une enquête minutieuse avant de prendre toute décision» - a-t-il déclaré vendredi aux journalistes. «Si l'information est confirmée, nous devrons poser la question du bien-fondé de la participation de la Russie de l'OMS, et le cas échéant suspendre notre adhésion».

D'après les chiffres qu'il cite, la Russie a dépensé pour la lutte contre le nouveau virus plus de 4 milliards de roubles, qui, selon le député, auraient pu être dépensés à meilleur escient, annonce RIA Novosti.

Barinov a suggéré de faire mener l'enquête à l'OMS par le représentant russe dans cette organisation, le membre du comité exécutif de l'OMS Vladimir Starodoubov. «Personne ne remet en cause les services rendus au XXe siècle par l'OMS dans la lutte contre la malaria, la variole, le sida, mais aujourd'hui il faut se demander si cette organisation n'est pas frappée elle-même par le virus de la corruption, et dans quelle mesure ces recommandations sont fondées, dans quelle mesure on peut lui faire confiance» - estime le député.

De son côté, le directeur de l'institut de veille sanitaire Guennadi Onichtchenko, prenant la parole vendredi à une conférence du parquet général de la fédération de Russie consacrée au respect de la législation dans le domaine pharmaceutique, a déclaré lui aussi que la lutte contre la grippe porcine dans le monde prend l'allure d'un complot.

THE FLU CASE

Russia Could Withdraw from WHO Over Swine Flu Corruption

The Flu Case, 28 November 2009

https://web.archive.org/web/20100102035628/http://theflucase.com/index.php?option=com_content&view=article&id=2100%3Arussia-could-withdraw-from-who-over-swine-flu-corruption&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A Russian deputy of the Duma has called for Russia to withdraw from the WHO if an investigation into the alleged collusion between the WHO and pharmaceutical companies on the swine flu scandal proves to be accurate, according to reports in the European media.

Igor Barinov, Member of the Commission of the State Parliament (Duma) in Charge of Corruption, said that there needed to be an investigation into whether experts advising WHO received money from pharmaceutical industry and whether this influenced WHO to declare a pandemic level 6 emergency for the first time in 40 years in spite of the fact that the swine flu is neither lethal nor spreading rapidly.

Danish journalists belonging to "Information" concluded that the swine flu could be the biggest case of corruption in our era after examining links between experts of WHO and the pharmaceutical companies.

WHO recommended the purchase of the controversial Swiss-based Roche's Tamilfu in spite of evidence the drug causes serious side effects. The Ukrainian ministry for health bought large and excessive stocks of Tamiflu.

"The organization is suspected of corruption. We certainly must carry out a meticulous inquiry before making any decision," Barinov declared on Friday to journalists.

"If the information is confirmed, we will have to put the question of whether it makes sense for Russia to belong to WHO, and to suspend our membership if necessary".

Russia has spent more than 4 billion roubles so far on the swine flu.

Barinov suggested making the head of the investigation of WHO, the Russian representative in this organization, the member of the executive committee of WHO, Vladimir Starodoubov.

"Nobody calls into question the services rendered in the 20th century by WHO in the fight against the malaria, AIDS, but today it should asked whether this organization is not struck itself by the virus of corruption, and up to what point these recommendations are founded, up to what point can we trust it," said Barinov.

The director of the Russian National Sanitary Surveillance Institute Guennadi Onichtchenko said in a meeting with the general prosecutor of the federation of Russia for legislation in the pharmaceutical field that the fight against the swine flu in the world has the characteristics of a plot.

There is also mounting evidence WHO was instrumental in spreading AIDs.

Communiqué de presse: Grippe A (H1N1) 2009:
le point en France métropolitaine

Saint-Maurice, le 27 novembre 2009
https://web.archive.org/web/20091201172803/http://www.invs.sante.fr/display/?doc=presse/2009/communiques/cp_h1n1_271109/index.html

L'Institut de veille sanitaire (InVS) signale l'identification en France par les Centres nationaux de référence de mutations dans le génome de virus de la grippe A (H1N1) 2009 et retrouvés chez deux patients qui, par la suite, sont décédés.

Pour ces deux patients, sans relation entre eux et hospitalisés dans des villes différentes, il s'agit d'une mutation récemment signalée en Norvège. Cette mutation pourrait augmenter les capacités du virus à atteindre les voies respiratoires basses, et notamment, à atteindre le tissu pulmonaire. Pour l'un de ces patients, à cette mutation s'ajoute une autre mutation connue pour conférer une résistance à l'oseltamivir. Il s'agit de la première souche résistante en France parmi les 1200 souches analysées à ce jour.

La survenue de mutations du virus A (H1N1) 2009 n'est pas inattendue du fait des caractéristiques des virus grippaux. L'impact de ces mutations sur le caractère pathogène et la capacité de diffusion de ces virus n'est pas documenté et va faire l'objet d'investigations complémentaires à l'échelon français et international.

L'efficacité des vaccins actuellement disponibles n'est pas remise en cause.

Par ailleurs, le nombre des décès signalés en métropole depuis le début de l'épidémie s'élève à 76, soit 8 de plus que dans le bulletin du 24 novembre (publié le 26 novembre). Le nombre de cas graves augmente quant à lui de 63 depuis le même bulletin, passant à 420 depuis le début de l'épidémie en France métropolitaine. L'InVS précise que ce bilan englobe l'ensemble des décès notifiés (cas confirmés et cas probables[1]).

(1) Cas probable: forme clinique grave sans autre étiologie identifiée, dont le tableau clinique et l'ensemble des renseignements fournis au médecin évoquent le diagnostic de grippe même si la confirmation biologique n'a pu être obtenue

L'Institut de veille sanitaire (InVS) est chargé de surveiller l'état de santé la population et d'alerter les pouvoirs publics en cas de menace pour la santé. L'Institut met en œuvre cette mission dans tous les domaines de la santé publique (notamment maladies infectieuses, maladies chroniques, traumatismes, santé environnement, santé travail).

Pour plus d'informations, vous pouvez consulter le dossier dédié à la grippe A (H1N1) 2009 du site Internet de l'InVS.

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Swine Flu Mutated Virus Detected in France. – The Flu Case, 30 November 2009, 13:31
https://web.archive.org/web/20100102004146/http://theflucase.com/index.php?option=com_content&view=article&id=2129%3Aswine-flu-mutated-virus-detected-in-france&catid=1%3Alatest-news&Itemid=64&lang=en

A more virulent mutation of the swine flu found in Norway and Denmark has now been detected in two people in France, according to a press release from the L'Institut de veille sanitaire (InVS).

It is not clear if these people had been given the swine flu jab or the seasonabl flu jab with the H1N1 virus.

The New York Times

Donald G. McNeil Jr.

Experts say Swine Flu mutations do not warrant New Alarm

The New York Times, 27 November 2009
https://web.archive.org/web/20121115211101/http://www.nytimes.com/2009/11/28/health/28flu.html

The World Health Organization tried this week to dampen fears about mutations seen in the swine flu virus in several countries, noting that both mutations had been found in very few people.

A change that created Tamiflu resistance has been found in about 75 people around the world, said Dr. Keiji Fukuda, chief flu adviser to the W.H.O.'s director general. Two clusters, in cancer units at Duke University Medical Center in North Carolina and a hospital in Wales, were both among patients whose immune systems had been severely suppressed by cancer treatment; some had had their bone marrow, which produces infection-fighting white blood cells, wiped out so that replacement blood stem cells could be injected.

Such patients are more likely to develop resistant viruses when on Tamiflu because they can not clear a virus on their own. But the mutant strain appears not to spread easily in people with normal immunity, like hospital workers.

"We don't know the full answer, but it is more likely that we are not seeing a major shift," Dr. Fukuda said.

Widespread Tamiflu resistance is a serious problem in the seasonal H1N1 virus, but it has not crossed over into the swine H1N1.

Dr. Fukuda also said W.H.O. scientists were "not sure" of the level of threat posed by a separate mutation that helps the virus reach the lungs. It has been found in Norway, Ukraine, Brazil, China, Japan, Mexico and the United States, in both serious and mild cases.

Experts still need to see whether the mutation – whose shorthand name in virology is D222G or D225G – is becoming more common, and how often it leads to severe disease, he said.

One isolate from Ukraine with the mutation had changed so that swine flu vaccine probably would not protect against it well, Britain's national medical laboratory reported Friday.

Flus mutate so fast, Dr. Fukuda cautioned, that announcing each change is "like reporting changes in the weather."

More than 100 million swine flu shots have been administered in 40 countries, and the side effects are similar to or lower than those from regular flu shots, he added.

Six cases of anaphylaxis were widely reported in Canada when it was found that all were from one batch of vaccine, which was recalled. Anaphylaxis is an allergic reaction, usually to egg protein, that can range from mild hives to fatal airway swelling. All six patients recovered, and Dr. Fukuda pointed out that there were 172,000 doses in the batch, most of which caused no problems, so it was unclear whether the cause was a bad batch or just a coincidence.

BusinessNorth.com
The business news source for Northern Minnesota and Northern Wisconsin.

Douglas County joins others in state with isolation and quarantine policy

91.3 KUWS, 27 November 2009, 11:38 a.m.
https://web.archive.org/web/20091130221654/http://www.businessnorth.com/kuws.asp?RID=3172

Wisconsin counties have a little-known policy that allows forced isolation or quarantine of people using armed law enforcement and deputized civilians. Mike Simonson reports from Superior.

This is to help health officials in a worst-case scenario to contain outbreaks.

Wisconsin statute requires each county to have an isolation and quarantine procedure. The order originated with the Centers for Disease Control from anthrax threats in 2001. But the policy is broader. It includes isolating people infected or even suspected of being infected with a contagious disease such as tuberculosis or in a flu pandemic.

Douglas County Health Officer Deb Clasen says every county health officer in the state can now order that guards be put on infectious people.

"So you put law enforcement by the door to assist with containing and preventing people from exposing other individuals."

Clasen is quick to say this is only used if voluntary approaches don't work or are ineffective. Washburn County Sheriff Terry Dryden says this is a tool that may be needed at flu vaccination clinics as well.

"The potential is there for emotion. I want my child or we need the vaccine before anyone else type thing where you could get a little volatile in those areas. I don't expect any of those kinds of problems. We're not going to have SWAT teams surround the nurses giving the vaccine."

The policy also has provisions for a large quarantine facility with restricted public access. Jason Shrader is the director of the Western Region Partnership for Public Health Preparedness in Balsam Lake. He understands the hesitancy to use the "Q" word.

"Although we plan for the worst-case scenario, it's not valuable for a health department to have a policy that looks at end of the world-type scenarios."

The plans do give people held in forced isolation or quarantine due process to appeal.

=>

THE FLU CASE

Guards can be put on "Infected" people in Wisconsin County

The Flu Case, 28 November 2009, 18:12
https://web.archive.org/web/20100102023326/http://theflucase.com/index.php?option=com_content&view=article&id=2116%3Aguards-can-be-put-on-qinfectedq-people-in-wisconsin-county&catid=1%3Alatest-news&Itemid=64&lang=en

santé log
La communauté des professionnels de santé

Coût de la grippe H1N1: Environ 2 milliards d'Euros, selon le Sénat

Sante Log, 29 Novembre 2009
https://web.archive.org/web/20091202073511/http://www.santelog.com/modules/connaissances/actualite-sante-co%C3%BBt-de-la-grippe-h1n1-environ-2-milliards-deuros,-selon-le-s%C3%A9nat_2258.htm

Jean-Jacques Jégou, rapporteur de la loi de finances pour 2010 devant le Sénat, au nom de la Commission des finances de cette assemblée, a présenté à ses collègues l'addition des dépenses engagées par la France pour protéger sa population de la grippe pandémique à virus A/H1N1, évaluées à plus de 1,06 milliard d'euros par le ministère de la Santé, dépense qui se répartit comme suit. A ce compte, s'ajoutent de nombreuses autres dépenses dont des dépenses territoriales qui laissent apparaître un coût total lié à la pandémie compris entre 1,8 et 2,2 milliards d'euros.

En millions d'euros:

-Achat de vaccins	807,0
-Campagne de vaccination	35,8
-Acquisition de respirateurs	5,8
-Achat d'antiviraux	20,0
-Achat de masques	150,6
-Dépenses logistiques	41,6

(traitement des déchets, acheminement des produits)
Soit un total de 1 060 800 000 euros.

Un coût total estimé à 2 milliards d'euros : Néanmoins, un premier bilan des dépenses liées à la grippe A/H1N1, à partir de données collectées auprès du ministère de la Santé, de la Caisse nationale d'assurance maladie (CNAMTS) et du ministère de l'Intérieur, de l'Outre-mer et des Collectivités territoriales laisse apparaître un coût total lié à la pandémie compris entre 1,8 et 2,2 milliards d'euros!

Un bouleversement de la programmation budgétaire de l'EPRUS, comme le dit le sénateur Jégou, qui donnera lieu à d'importants mouvements de crédits en gestion. L'Etablissement de préparation et de réponse aux urgences sanitaires (EPRUS) est un établissement public de l'Etat à caractère administratif, placé sous la tutelle du ministère de la Santé. Il a pour missions:

- la gestion administrative et financière de la réserve sanitaire, coordonnée par la la Direction générale de la santé (DGS) ;
- l'acquisition, la fabrication, l'importation, le stockage, la distribution et l'exportation de produits et services nécessaires à la protection de la population face à des menaces sanitaires graves ou pour répondre à des besoins de santé publique non couverts (rupture de commercialisation à la demande du ministère de la Santé;
- la mise en place en son sein d'un établissement pharmaceutique chargé de la fabrication et de l'exploitation de produits de santé nécessaires.

Ainsi l'EPRUS a été amené à financer l'achat de vaccins, masques et autres produits de santé et à supporter les dépenses relatives à l'acquisition, à l'acheminement et au stockage des vaccins, masques et autres produits de santé acquis dès les premiers cas de grippe A/H1N1 fin avril 2009.

Outre les dépenses supportées par l'EPRUS, d'autres sont à distinguer:

- *consultations de généralistes, prescription de médicaments, indemnités journalières* (c'est pour l'Assurance- Maladie): entre 376 millions et 752 millions d'euros, selon estimations de la CNAMTS;
- *indemnisation des personnels de santé réquisitionnés*: 290 millions, hors frais de déplacement;
- *information et convocation des vaccinés :* 52,8 millions, prises en charge par l'Assurance-Maladie via le Fonds national de prévention, d'éducation et d'information sanitaires (FNPEIS);
- *communication: évaluation 6,8 millions*, financées par l'Institut national de prévention et d'éducation pour la santé (INPES);
- *organisation territoriale de la campagne de vaccination* (mobilisation des personnels, fonctionnement et location de des centres locaux). Ce coût est évalué à 100 millions;

En plus, le coût supporté par les collectivités territoriales: Cette estimation ne prend cependant pas en compte le coût supporté par les collectivités territoriales qui ont notamment été incitées à constituer des stocks de produits de santé en vue d'une crise sanitaire majeure.

D'autres crédits devront être versés à l'EPRUS pour 2009 car suite à la décision d'achat de 94 millions de doses de vaccins après les premiers cas de grippe A/H1N1 fin avril 2009, la programmation initiale des dépenses de l'EPRUS a été profondément bouleversée, avec des besoins en hausse massive… En 2010, l'EPRUS aurait des besoins en crédits encore plus forts !

Un bilan de l'action de l'EPRUS devra être dressé une fois le risque pandémique passé, afin d'apprécier toute la mesure du rôle effectif dévolu à l'établissement, ainsi que sa *valeur ajoutée* dans le dispositif de gestion des crises sanitaires, a conclu sur ce point le sénateur Jégou.

Fake Swine Flu Scare Will Cost France 2 Billion Euros

The Flu Case, 3 December 2009, 13:50
https://web.archive.org/web/20100102035349/http://theflucase.com/index.php?option=com_content&view=article&id=2173%3Afake-swine-flu-scare-will-cost-france-2-billion-euros&catid=1%3Alatest-news&Itemid=64&lang=en

The manufactured swine flu scam will cost France 2 billion euros, according to an estimate by Jean-Jacques Jegou, in charge of a French parliamentary committee.

More than 800 million euros will have been spent on the swine flu jabs.

... see above

Coût de la grippe H1N1: Environ 2 milliards d'Euros, selon le Sénat

Sante Log, 29 Novembre 2009
https://web.archive.org/web/20091202073511/http://www.santelog.com/modules/connaissances/actualite-sante-co%C3%BBt-de-la-grippe-h1n1-environ-2-milliards-deuros,-selon-le-s%C3%A9nat_2258.htm

Justine Hunter

Few cases of Suspected Swine Flu in Canada test positive

The Globe and Mail, 30 November 2009.
https://www.theglobeandmail.com/life/health-and-fitness/health/conditions/few-cases-of-suspected-flu-test-positive/article4310889/

Public health officials are warning the wave of H1N1 this fall is not nearly as widespread as suspected, leaving a significant number of Canadians who believe they have gained a ticket to immunity still vulnerable to the virus.

Last week in Ontario, fewer than one in four cases of suspected H1N1 tested positive in laboratory analysis. In British Columbia the rate was one in three. The rest, based on samples, were mostly rhinovirus – the common cold – and enterovirus, a common flu-like bug.

In a year when Canada has collected record amounts of clinical data about influenza, the evidence is mounting that even doctors aren't very good at telling the difference between H1N1 and the common cold.

"We have been notoriously inaccurate," said Michael Gardam, director of infectious disease prevention at Ontario's Agency for Health Protection and Promotion.

"This year is very different because we are swabbing way more than we ever would and we are more accurate than we've ever been before – and it's still not very accurate."

With labs overwhelmed by the number of cases being sent for testing, health officials are now asking doctors not to bother testing for H1N1 except in certain circumstances, such as for pregnant women or other people with underlying health concerns.

So most people who have had H1N1 have not been confirmed by a lab. Based on assessments earlier in the year in Australia and the United States, for every one lab-confirmed case of H1N1, there are another 135 people who have the virus.

That means thousands of cases of suspected H1N1 could be something else entirely. Even when the second wave of the virus was peaking a month ago, only half of the cases tested positive when examined in a lab.

"Most people will not have had laboratory testing on their respiratory illness," noted Travis Hottes, surveillance epidemiologist for the B.C. Centre for Disease Control. "There is no way, just based on the symptoms, to differentiate between influenza or one of these respiratory illnesses."

Which means people who think they don't need to be vaccinated because they believe they have already been exposed are gambling against poor odds, he said. "It's a guessing game and there isn't a good solid way to find out. We're recommending people get the vaccine unless they have had laboratory-confirmed evidence of this pandemic influenza virus."

In B.C., the Centre for Disease Control tested nearly 2,500 specimens a month ago when the virus was peaking. As in Ontario, roughly half of the swabs tested positive for influenza, and virtually all of the flu cases have proved to be H1N1.

Every week since, the rate of H1N1 in lab tests has dropped. In B.C. last week, 34.7 per cent of the 1003 samples tested positive. In Ontario, just 22.8 per cent of the specimens tested positive last week.

"I think people, despite all the messaging, are still confused about what the flu actually looks like," Dr. Gardam said. "The flu is really muscle aches and headaches, usually with a cough, usually with a fever, and you just feel miserable."

Because there are a number of common viruses that mimic those symptoms, doctors and patients alike can be fooled.

B.C.'s chief medical health officer, Perry Kendall, noted there are still a significant number of cases of H1N1 around and there is still a potential threat of another wave hitting Canada in the New Year.

"Because we are on the downside of the curve, there is less H1N1 around than there was, but there is still a considerable amount of H1N1 around and it's going to be around through the winter, I suspect," Dr. Kendall said.

"The one thing you can confidently predict, though, is that if you had sufficient percentage of the population protected, you won't see a third wave."

MJA

Ya-Shu Chang, Sebastiaan J van Hal, Peter M Spencer, Iain B Gosbell, Peter W Collett

Comparison of adult patients hospitalised with pandemic (H1N1) 2009 influenza and seasonal influenza during the "PROTECT" phase of the pandemic response

Med J Aust, 30 November 2009, (2010); 192 (2): 90-93
doi: 10.5694/j.1326-5377.2010.tb03426.x
https://www.mja.com.au/journal/2010/192/2/comparison-adult-patients-hospitalised-pandemic-h1n1-2009-influenza-and-seasonal

Abstract

Objective:
To compare the patient characteristics, clinical features and outcomes of adult patients hospitalised with pandemic (H1N1) 2009 influenza and seasonal influenza.

Design and setting:
Retrospective medical record review of all patients admitted to Liverpool Hospital, Sydney, with laboratory-confirmed influenza from the initiation of the "PROTECT" phase of the pandemic response on 17 June until the end of our study period on 31 July 2009.

Main outcome measures:
Severity of illness; requirement for admission to the intensive care unit (ICU) and/or invasive ventilation; mortality.

Results:
Sixty-four adults were admitted to Liverpool Hospital with influenza, 48 with pandemic (H1N1) 2009 influenza and 16 with seasonal influenza. Thirteen patients were admitted to the ICU. Seven required invasive ventilation, with 2 patients requiring ongoing extracorporeal membrane oxygenation (ECMO). Five patients died (mortality rate, 8%) with two deaths occurring after the study period. Patients with pandemic (H1N1) 2009 influenza were younger and less likely to be immunocompromised than patients with seasonal influenza. However, the clinical features of pandemic (H1N1) 2009 influenza and seasonal influenza were similar.

Conclusions:
Our findings show that the clinical course and outcomes of pandemic (H1N1) 2009 influenza virus are comparable to those of the current circulating seasonal influenza in Sydney. The high number of hospital admissions reflects a high incidence of disease in the community rather than an enhanced virulence of the novel pandemic influenza virus.

…

In conclusion, our study shows that the clinical disease caused by the novel pandemic (H1N1) 2009 influenza virus in humans is comparable to that caused by the current circulating seasonal influenza strains in Sydney. The number of patients with severe disease reflects the disease burden in the community resulting from the pandemic. Pregnant women are at risk of severe infection from influenza, but whether pandemic (H1N1) 2009 influenza is particularly virulent in pregnant women and those in their postpartum period requires further study. It remains unclear whether antiviral drugs alter the clinical course of severe influenza infection.

The San Diego Union-Tribune

Chris Reed

Swine flu hysteria confirmed anew

The San Diego Union-Tribune, 30 November 2009, at 4:52 p.m.
https://web.archive.org/web/20091206081925/http://www.signonsandiego.com/news/2009/nov/30/swine-flu-hysteria-confirmed-anew/

From Michael Fumento, one of the best science journos around and one of the few who actually understand and are good with math and statistics:

Flu Watch Nov. 30 - What Swine Flu ISN'T Doing

Swine flu is dying. Flu deaths and hospitalizations have declined for the third straight week according to the Centers for Disease Control and Prevention (CDC).

Reported infections have dropped 83% from their peak four weeks ago, and now only 32 states report widespread flu activity compared to 48 at the epidemic height.

CDC-defined "influenza-like illnesses" on college campuses are about a third what they were just two weeks ago, down from 29 new cases per 10,000 students to just 13.4. In all, 157,000 cases with a mere two deaths. So much for swine flu scything through the young.

And although the CDC's estimate for U.S. swine flu deaths puts them at a third to a twelfth that of seasonal flu at one in 5,500 cases, the estimate in France is just 1 death per 48,000 cases, while that in Japan is 1 per 140,000. "This little piggie" just keeps looking littler and littler.

New Zealand risk and policy advisor Ron Law estimates that for health people, the risk of swine flu death is about 1 per 400,000 as opposed to 1 per 7,500 for U.S. auto accidents - and yet many who have panicked over swine flu assuredly don't bother to buckle up.
That's what hysteria'll do for ya!

Congrats to the public health establishment for hoodwinking the public yet again. Avian flu, SARS, Alar, AIDS, you name it – every time there's a crisis it's exaggerated for empire-building purposes or because these officials think it's OK to lie to us for our own good. Or a combo of those factors.

Re: AIDS. I'm not downplaying how horrific the spread of AIDS was. But the fact is a 1996 Wall Street Journal investigation showed CDC purposefully exaggerated the risks to heterosexuals.

Swine Flu mutation reported in Italy

Independent, 30 November 2009, 01:00 GMT
https://www.independent.co.uk/life-style/health-and-families/health-news/swine-flu-mutation-reported-in-italy-5509918.html

The Italian Health Ministry reported the country's first case of a mutant form of swine flu on Monday.

The ministry said the variation of the A(H1N1) virus was identical to one reported in Norway on November 20. On Friday, France reported the death of two people infected by the same mutation.

The A(H1N1) variation was found three or four months ago in a patient in Monza, near Milan, Italian Deputy Health Minister Ferruccio Fazio said in comments reported by ANSA news agency.

"The Higher Institute of Health has examined around 100 strains (of the virus) found in recent months in patients from all over Italy and up to now the mutation has only been found in one patient," the ministry said in a statement.

"Italian data suggest that at the moment the mutation in question is not dominating serious and fatal cases of the virus. Furthermore, the mutation seems to be sporadic and does not appear to be spreading," the ministry said.

Vaccination and anti-viral treatments were still effective against the mutation, the ministry said.

"Only vaccination protects us from the virus, which is likely to become more dangerous with mutations," Fazio said.

The Italian health institute said it had found one case of resistance to the Tamiflu antiviral treatment.

This was an isolated case involving a patient who was already very ill, the institute said, and the resistant strain did not appear to be spreading.

THE FLU CASE

CDC whips up Swine Flu Hysteria among traveller as quarantine stations wait to be filled up

The Flu Case, 30 November 2009
https://web.archive.org/web/20100102044507/http://theflucase.com/index.php?option=com_content&view=article&id=2124%3Acdc-whips-up-swine-flu-hysteria-among-traveller-as-quarantine-stations-wait-to-be-filled-up-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Atlanta-based Centers for Disease Control and Prevention has launched a program called "Travel Well" allegedly to "combat the spread of the H1N1 virus."

The CDC been funding a program to set up "Quarantine Stations" in US airports from 2003 and that most major US airports now have such sections where travellers can be taken into isolation.

By law, airlines are required to report to CDC when someone is attempting to enter the United States with an infectious disease. http://www.wpxi.com/h1n1/21667692/detail.html – deleted

CDC Launches 'Travel Well' To Combat H1N1

"It is the largest public awareness campaign ever to inform travelers how to stay healthy while on the road," according to a report.

VeriChip Corporation has announced a so-called Glucose-Sensing RFID Microchip and Virus Triage Detection System for the H1N1 Virus that can be used at airports.

However, it has been shown that only very sophisticated lab tests can detect the swine flu virus. Therefore, it is not clear how this so called Glucose Sensing Detection System is supposed to work. What is the science that allows it to detect a H1N1 virus as you pass through it if a lab test is required for all other cases?

As CBS has reported, only 2 % of the swine flu cases reported in California were confirmed in lab tests.

If this Verichip detection machine blinks red when a traveller goes through it, even if it is an error or dud science, that travellor could, all the same, find themselves marched off to quarantine sector and facing indefinite imprisonment and perhaps even forced vaccination.

The hacked emails from the University of East Anglia and the CRU have revealed the fraudulent data and methods being used by scientists to float the myth that the globe is warming up due to carbon emissions.

Are we about to see the same fraudulent data and methods being used by the CDC and Verichip as a pretext to quarantine and imprison travellers in the USA?

Posted: 5:11 pm EST November 19, 2009

The Centers for Disease Control and Prevention *launched a program called "Travel Well" to combat the spread of the H1N1 virus. It is the largest public awareness campaign ever to inform travelers how to stay healthy while on the road. The CDC said consider buying travelers insurance in case you have to cancel because of illness. Officials said to stay home if you are sick. Wash your hands often and cover your mouth when coughing or sneezing. "Anytime people are close together, there is possibility of germs spreading," said CDC official Dr. Anne Schuchat. "One of the most important things people can do is travel only if they're well." Since April, the H1N1 virus has caused more than 4,000 deaths in the United States.*

THE FLU CASE

Walter Burien

There are many variants to the H1N1, Says CFR1

The Flu Case, 30 November 2009
https://web.archive.org/web/20100102030924/http://theflucase.com/index.php?option=com_content&view=article&id=2243%3Athere-are-many-variants-to-the-h1n1-says-cfr1&catid=1%3Alatest-news&Itemid=64&lang=de

Why are the powers at large "marketing" one strain out of thousands of H1N1 to circulate tens of millions of doses of a vaccine? What is the real intent behind this "created" event?

What follows is a listing of H1N1 virus strains and as you can see it is not short list. With so many, (thousands) what makes one strain of the Avian Swine Flu H1N1 stand out so much?

Answer: Good marketing. See how many swine flue viruses you can count on the list. Look at the year each strain was identified and where from around the world it was found as shown in each link.

Each link will bring you to that variant. Hit your browser back button to return to the complete list. Here is a partial list of swine flu variants:
95% of the people think there is just one H1N1 - WRONG!

Variant:Influenza A virus (A/AA/Marton/1943(H1N1))
Variant:Influenza A virus (A/Aichi/100/2007(H1N1))
Variant:Influenza A virus (A/Aichi/10/2008(H1N1))
Variant:Influenza A virus (A/Aichi/102/1999(H1N1))
Variant:Influenza A virus (A/Aichi/103/2006(H1N1))
Variant:Influenza A virus (A/Aichi/111/2006(H1N1))
Variant:Influenza A virus (A/Aichi/11/2006(H1N1))
Variant:Influenza A virus (A/Aichi/11/2008(H1N1))
Variant:Influenza A virus (A/Aichi/1/2008(H1N1))
Variant:Influenza A virus (A/Aichi/12/2008(H1N1))
Variant:Influenza A virus (A/Aichi/124/2008(H1N1))
Variant:Influenza A virus (A/Aichi/125/2008(H1N1))
Variant:Influenza A virus (A/Aichi/13/2008(H1N1))
Variant:Influenza A virus (A/Aichi/132/2006(H1N1))

and hundreds more at the link below:
https://web.archive.org/web/20100131043857/http://cafr1.com/variants.html

Questions:
If there are hundreds of 'created', identified and/or cataloged H1N1 virus strains, are they not stockpiled as biological warfare weapons?
Can the more virulent strains not be surreptitiously released as 'mutations' in what the WHO has termed 'mock-up' trials**.**
How can the current H1N1 vaccine, produced globally by multiple vaccine manufacturers with various unregulated quality control standards, be safe and effective a virus that WHO says is undergoing a continuous state of mutation?

THE FLU CASE

More people in Germany file criminal charges over the swine flu

The Flu Case, 30 November 2009, 13:38

https://web.archive.org/web/20100102052134/http://theflucase.com/index.php?option=com_content&view=article&id=2121%3Amore-people-in-german-file-criminal-charges-over-the-swine-flu&catid=41%3Ahighlighted-news&Itemid=105&lang=en

More people in Germany have filed criminal charges over the swine flu scam, including Stefan Sigler from Backnang.

He filed comprehensive charges with his local police against the German government and those doctor's associations and university facultiies recommending the swine flu jab for corruption (accepting bribes), fraudulent misuse of tax funds, membership of terrorist organisations, illegal manufacture and possession of bioweapons, with the suspicion of using them with the intention of causing death and bodily harm and also genocide.

In der Angelegenheit Amoklauf mit Todesfolgen in Winnenden im März 2009 erstatte ich, Stefan Sigler, Backnang hiermit Anzeige

1. gegen am Tatort Albertville-Realschule beteiligte Polizeieinsatzkräfte wegen unterlassener

   Hilfeleistung mit Todesfolge

2. gegen die beteiligten Ermittlungsbehörden sowie die Herren Polizeipräsident Hettger, Innenminister Rech und Ministerpräsident Oettinger wegen des Verdachts der vorsätzlichen Beugung in der Ermittlung und Beweisfindung durch

   Vereitelung (unterlassene Obduktion bzw. kriminaltechnische Untersuchung der Opfer und der Waffe),

   Verschleierung durch Falschaussagen

   Unterdrückung und Zurückhaltung von Beweismaterial (insbesondere hier Videoüberwachungsdokumente, Kommunikationsdokumentation)

   Fälschung durch nachträgliche Zudichtung (Rucksack/Abschiedsbrief)

3. gegen oben genannte wegen des Verdachts auf Bildung, Mitwirkung, Unterstützung oder Mitwissen um eine terroristische Vereinigung innerhalb der Staatsbehörden

Diese Anzeige richtet sich nicht pauschal gegen DIE POLIZEI - ich achte und schätze ihre

Arbeit - solange sie dem menschlichen Miteinander dient.

Backnang, Sonntag 29.11.2009

Stefan Sigler

Polizeirevier Backnang

Polizeirevier Backnang
Aspacher Straße 75
71522 Backnang
Telefon 07191/909-0

Eingang am 30.11.09

https://web.archive.org/web/20100202010326/http://theflucase.com/downloads/Germany/Anzeige-Winnenden.pdf

In der Angelegenheit Schweinegrippe im Besonderen ,Impfung im allgemeinen erstatte ich, Stefan Sigler, Backnang hiermit Anzeige gegen die an der Beschlussfassung zur und Beschaffung von Impfstoffen beteiligten staatlichen Behörden sowie gegen die die Impfung empfehlenden Ärztevereinigungen und die Impfung ausführenden Personen

- wegen des Verdachts der Beschaffung und illegalen Besitz von Bio-Waffen und deren Weiterreichung
- wegen des Verdachts der vorsätzlichen, zumindest mutwilligen und grob fahrlässigen Körperverletzung mit Todesfolgen sowie wegen des planstabsmäßig organisierten Versuch eines Genozid an der deutschen Bevölkerung
- wegen des Verdachts auf Bildung oder Mitgliedschaft oder Unterstützung einer terroristischen Vereinigung
- wegen des Verdachts der Bestechlichkeit und Vortelsnahme durch die Impfstoffverkäufer und Veruntreuung von Steuergeld für die Beschaffung der als Impfstoff getarnten Killegalen Kampfstoffe.
- gegen alle beteiligten Ärzte wegen Eidesbruch
- gegen diejenigen Lehrstuhlinhaber an Medizinischen Fakultäten, die entgegen ihrem wissenschaftlichen Auftrag Irrlehren über das Impfen verbreiten

Polizeirevier Backnang
Aspacher Straße 75
71522 Backnang
Telefon 07191/909-0

Backnang, Sonntag 29.11.2009

Eingang am 30.11.09

Stefan Sigler

https://web.archive.org/web/20100202010813/http://theflucase.com/downloads/Germany/Anzeige-Impfung.pdf

Challenges

Grippe A: 10 décèsdans le week-end en France

Challenges, 30 novembre 2009, à 19h14
https://www.challenges.fr/economie/grippe-a-10-decesdans-le-week-end-en-france_360661

La Commission européenne a approuvé, lundi 30 novembre, l'injection unique de deux vaccins (le Focetria de Novartis AG et le Pandemrix de GlaxoSmithKline) contre la grippe A/H1N1, au lieu de deux injections pour les adultes et les enfants les plus âgées. Ainsi, les campagnes de vaccination pourraient s'accélérer. Peu avant, la ministre de la Santé a annoncé 8 nouveaux décès liés à l'épidémie de grippe A/H1N1 enregistrés au cours du week-end. Il s'agit d'une épidémie qui "peut avoir des formes majoritairement peu sévères mais qui montre des formes sévères, en particulier chez des jeunes enfants", a-t-elle rappelé sur RMC-Info. Roselyne Bachelot, qui devait rencontrer Nicolas Sarkozy dans la matinée, a jugé "possible" que la France passe au niveau six du plan de pandémie grippale, rappelant que cette phase avait été "imaginée au moment de la grippe aviaire". "Il y a des outils dans le niveau six qui peuvent d'ores et déjà être utilisés, par exemple l'interdiction des rassemblements". "Mais ça ne veut pas dire qu'on utilisera forcément" tous ces "outils".

Priorité aux personnes fragiles

La ministre de la Santé a répondu également aux médecins généralistes qui souhaitent organiser la vaccination contre la grippe A/H1N1 dans leur cabinet et qui affirment que les pouvoirs publics disposaient de 3 millions de doses. "Nous n'avons pas trois millions" de vaccins à dose unique, a dit Roseline Bachelot interrogée par RMC/BFM-TV, ajoutant disposer de 250.000 vaccins à monodose sans adjuvant et 500.000 avec adjuvant. "Ces vaccins j'en ai besoin parce qu'en France, il y des gens qui ne vont ni dans les centre de vaccination, ni dans les cabinets médicaux ce sont les personnes fragiles, les personnes précaires", a-t-elle déclaré. "Avec ça je vaccine les sans-domicile-fixe, je donne les doses unitaires aux équipes de maraude qui vont vacciner les plus fragiles d'entre nous".

La mutation du virus de la grippe A/H1N1 ne remet pas en cause l'efficacité de la vaccination, a déclaré la ministre de la Santé, après l'annonce de deux cas mortels de mutation, similaires à ceux détectés en Norvège.

Mobilisation le dimanche

L'Elysée a confirmé que les internes en médecine et les médecins du travail et du service de santé des armées vont renforcer dès mercredi les effectifs des centres de vaccination. Leur plages d'ouvertures vont être élargies dès la semaine prochaine en particulier le mercredi, le samedi et en début de soirée, précisent les services de Nicolas Sarkozy dans un communiqué publié à l'issue d'une réunion à l'Elysée avec le Premier ministre, les ministres de l'Intérieur, de l'Education nationale, de la Défense et de la Santé.

Par ailleurs, le ministre de la Défense a assuré lundi: "on est tout à fait capable au titre des armées de mettre entre 100 et 150 équipes vaccinales", soit un médecin et une infirmière, au service de la campagne de vaccination.

Plus d'un million de personnes ont été déjà été vaccinées en France, et l'objectif est de dépasser les 100.000 vaccinations par jour, selon le professeur Didier Houssin, directeur général de la Santé.

Une question de pognon

La vaccination chez le médecin contre la grippe A/H1N1 a créé la polémique dimanche. Le syndicat de médecins généralistes MG France a demandé de pouvoir pratiquer des vaccins en cabinet médical, affirmant que "3 millions de vaccins conditionnés sous forme de monodoses auraient été livrés selon lui à l'organisme en charge des stocks de vaccins". La présentation du vaccin, jusqu'à présent en flacons multidoses, était l'une des raisons invoquées pour refuser la vaccination chez le médecin. Pour le gouvernement, elle n'était pas compatible avec les cabinets médicaux.

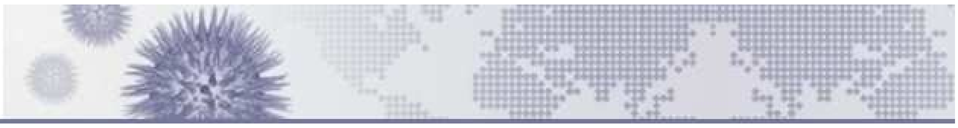
Interrogé lors du "Grand rendez-vous" Europe 1/Le Parisien-Aujourd'hui en France, François Chérèque, le dirigeant de la CFDT, s'est déclaré contre cette perspective, dénonçant "une question de coût" et ajoutant: "il y a toujours une question de pognon derrière ça". "Si vous allez chez votre médecin pour vous faire vacciner, vous allez payer une visite. On nous dit c'est 8 euros, mais on se moque de nous, parce que vous allez y aller, vous allez faire voir un autre problème de santé, et ce sera 22 + 8, ce sera 30 euros". Dans une déclaration à l'AFP, Michel Chassang, le président du principal syndicat de médecins libéraux (CSMF), a rappelé que "les médecins dans les centres de vaccination sont payés par les caisses d'assurance-maladie" et que "personne ne travaille gratuitement dans ces centres".

248 établissements fermés

Dix nouveaux décès liés au virus de la grippe H1N1 ont été signalés en France métropolitaine depuis le dernier bilan de vendredi, portant à 86 le nombre de personnes décédées en métropole depuis le début de l'épidémie, selon l'Institut de veille sanitaire. L'InVS a également recensé 41 nouveaux cas graves par rapport au dernier bilan. Au total, depuis le début de l'épidémie, 461 personnes ont été hospitalisées en métropole. Parmi elles, 137 sont toujours en réanimation ou unités de soins intensifs.

Lundi matin, 248 établissements scolaires et 402 classes étaient fermés en France en raison de la grippe A/H1N1, selon les chiffres communiqués par le ministère de l'Education nationale.

ROBERT KOCH INSTITUT



Neue Influenza A/H1N1

Paul-Ehrlich- und Robert-Koch-Institut, November 2009

https://web.archive.org/web/20091112101239/http://www.rki.de/cln_171/nn_196658/DE/Content/InfAZ/I/Influenza/IPV/IPV__Node.html?__nnn=true

Neue Influenza A/H1N1

- Situationseinschätzung in Deutschland (10.11.2009)
- Epidemiologischer Wochenbericht des Robert Koch-Instituts zur Situation der Influenza A/H1N1 (KW 44, Datenstand: 05. November 2009, 15.00) (PDF, 267 KB) (09.11.2009)
- Arbeitsgemeinschaft Influenza mit aktuellem Wochenbericht und detaillierten Informationen zu aktuellen und früheren Influenzasaisons
- Empfehlung der Ständigen Impfkommission zur Neuen Influenza (08.10.2009)
- Antworten auf häufig gestellte Fragen zur Neuen Grippe (19.10.2009)
- Antworten auf häufig gestellte Fragen zur Impfung gegen saisonale und pandemische Influenza (03.11.2009)
- RKI-Ratgeber Influenza (19.10.2009) mit Informationen zum Erreger der saisonalen Influenza, Vorkommen, Reservoir, Infektionsweg, Inkubationszeit, Dauer der Ansteckungsfähigkeit, Klinische Symptomatik, Diagnostik, Therapie, Präventiv- und Bekämpfungsmaßnahmen, Falldefintionen
- Wir gegen Viren: Schutzmaßnahmen
- Präsentation Neue Grippe und Pandemierisiko
- Hotline-Übersicht ist auf den Internetseiten des Bundesministeriums für Gesundheit (19.10.2009)

Für Experten:

Meldungen

- Hinweise für Ärzte zur Feststellung und Meldung eines Verdachtes auf Neue Influenza (A/H1N1) (24.08.2009)
- Meldeformular Neue Influenza (Influenza A/H1N1) (18.08.2009)
- Verordnung über die Meldepflicht von Influenza, die durch das erstmals im April 2009 in Nordamerika aufgetretene neue Virus ("Schweine-Grippe") hervorgerufen wird; Empfehlung des RKI (02.05.2009)
- Flussdiagramm zu den Hinweisen für Ärzte zur Feststellung und Meldung eines Falls Neuer Influenza A/H1N1 (24.08.2009)

Diagnostik und Umgang mit Probenmaterial

- Empfehlungen zur Indikation der labordiagnostischen Sicherung von Influenza A/H1N1-Infektionen (21.08.2009)
- Grundsätze zur Indikation von diagnostischen Testverfahren bei Neuer Influenza A/H1N1, Gesellschaft für Virologie (GfV), Deutsche Gesellschaft für Hygiene und Mikrobiologie (DGHM), Deutsche Vereinigung zur Bekämpfung der Viruskrankheiten (DVV) (18.08.2009)
- Hinweise zur labordiagnostischen Sicherung der Diagnose einer Infektion mit dem neuen Influenza A/H1N1-Virus (06.08.2009)
- Aktualisierte Empfehlung der DGPI zur Diagnostik, Therapie und Prophylaxe der Infektion mit dem Neuen Influenza A/H1N1-Virus bei Kindern und Jugendlichen (20.08.2009)
- TaqMan real-time PCR zur Detektion von porcinen Influenza A/H1N1-Viren (20.05.2009)
- Hinweise zu Probenentnahme und -versand (10.08.2009)
- Hinweise zum Transport von Probenmaterial mit Verdacht auf Infektionen mit der Neuen Influenza A/H1N1 (04.05.2009)
- Liste verfügbarer Influenza-Schnellteste (09.11.2009)

Maßnahmen

- Empfehlungen des Robert Koch-Institutes zu Hygienemaßnahmen bei Patienten mit Verdacht auf bzw. nachgewiesener Influenza
- Vorgehen bei H1N1-Infektion während Schwangerschaft und Stillzeit (DGGG und AGMFM)
- Management der neuen Influenza A / H1N1 Virus - Pandemie im Krankenhaus: Stellungnahme der Deutschen Gesellschaft für Pneumologie und Beatmungsmedizin (07.08.2009)
- Aktualisierte Empfehlung der DGPI zur Diagnostik, Therapie und Prophylaxe der Infektion mit dem Neuen Influenza A/H1N1-Virus bei Kindern und Jugendlichen (20.08.2009)
- Dr. Walter Haas, Die Primärversorger sind gefragt. Empfehlungen zur Prävention und zum Vorgehen bei Verdachtsfällen; Deutsches Ärzteblatt Mai 2009
- AK Blut Aufrechterhaltung der Versorgung mit Blutprodukten im Falle einer Influenza-Pandemie (30.10.2009)
- Vortrag Dr. Krause (RKI) Neue Influenza in Deutschland Risiko für Menschen Pandemieplanung (07.11.2009)

Surveillance, Verbreitung und Strategie

- Falldefinition für Neue Influenza (A/H1N1) beim Menschen (20.08.2009)
- Influenza A(H1N1)v in Germany: the first 10,000 cases, Eurosurveillance, 27. August 2009
- Arbeitsgruppe Neue Influenza, RKI: Aktuelle Situation und Strategie, Deutsches Ärzteblatt, Ausgabe 33, August 2009
- Neue Influenza A/H1N1 in Deutschland: Bewertung des bisherigen Geschehens (Epidemiologisches Bulletin 25/09 vom 22.06.2009)
- Mögliche Ausbreitung der Neuen Influenza (Epidemiologisches Bulletin 22/09 vom 01.06.2009)
- Neue Influenza A/H1N1: Aktuelle nationale und internationale Lage (08.06.2009)
- Zur Anpassung der Bekämpfungsstrategie der Neuen Influenza in Abhängigkeit von der epidemiologischen Situation (Epidemiologisches Bulletin 27/09 vom 06.07.2009)
- Pressemitteilungen des Robert Koch-Instituts

Hinweise

- Fremdsprachliche Hinweise und Verhaltenstipps zur Neuen Grippe

Links

- Weltgesundheitsorganisation: Informationen zur Neuen Influenza
- CDC: Informationen
- ECDC: Informationen zur Situation in Europa
- Bundesministerium für Gesundheit zur Neuen Influenza
- Auswärtiges Amt zur Neuen Influenza
- Paul-Ehrlich-Institut: Informationen zu Impfstoffen
- Bundesinstitut für Arzneimittel und Medizinprodukte zu Arzneimitteln
- Bundeszentrale für gesundheitliche Aufklärung
- Friedrich-Loeffler-Institut: Informationen zur Influenza bei Tieren
- Bundesinstitut für Risikobewertung: Informationen zu Lebensmitteln
- Infektionsprävention in Apotheken
- Infektionsprävention in Arztpraxen

Saisonale Influenza und Pandemieplanung

Pandemieplanung

- Nationaler Pandemieplan Aktualisierung 2007
- Pandemiepläne der Bundesländer
- Plan des Auswärtigen Amtes
- „Pandemic preparedness plan“ der Weltgesundheitsorganisation
- „Checklist for Influenza Pandemic preparedness planning“ der Weltgesundheitsorganisation
- Begriff, Grundlagen, Entstehung, Zeitschrift *Bevölkerungsschutz* Nr. 3/2007

etc.

THE FLU CASE

CDC and WHO admit Swine Flu "Pandemic" has peaked

The Flu Case, 1 December 2009 11:34

https://web.archive.org/web/20100102041146/http://theflucase.com/index.php?option=com_content&view=article&id=2146%3Acdc-and-who-admit-swine-flu-qpandemicq-has-peaked-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Steve Sternberg, Four-week decline in flu-like cases, officials say. – USA Today, 1 December 2009.

Federal health officials reported Monday that cases of flu-like illness in the USA have declined for four weeks in a row, though hospitalization rates remain high, especially for children younger than 4.

The steady decline in the USA and elsewhere prompted the World Health Organization to propose Friday that swine flu may have peaked in North America, the Caribbean and parts of Europe, though the "winter influenza season continues to be intense."

U.S. officials challenged WHO's hopeful assessment, saying it is too soon to declare that swine flu is tapering off.

"We are certainly nowhere near the end," says Daniel Jernigan of the Centers for Disease Control and Prevention, noting that, even after the month-long decline, "we're still above the peak we had last winter."

Jernigan says there also was a drop in cases at this stage of the 1957 pandemic, which appears to offer the closest parallel to today's outbreak. But flu cases and deaths rebounded after the Christmas and New Year's holidays. "The conditions that influenza likes – winter with people crowding together – haven't even come yet," he says.

Deaths of children continue to mount, the CDC reported, with a record 27 during the week ending Nov. 21. That's the highest one-week total since swine flu, also known as H1N1, was identified in April. Doctors have reported about 200 pediatric swine flu deaths to the CDC, which says many more deaths probably have gone unreported.

As of Monday, 66 million doses of swine flu vaccine were available for states to order, and more were on the way, the CDC's Thomas Skinner says.

Lancaster Eagle-Gazettei (Lancaster, Ohio), 1 December 2009, p. 9.

Lancaster Eagle-Gazette from Lancaster, Ohio • 9

1 Dec 2009 — ... **Federal health officials reported Monday that cases of** flu-like illness in the United States have declined for four weeks in a row, though ...

AGORA VOX

Bernard Dugué

H1N1: le niveau 6 du plan pandémie envisagé par Mme Bachelot

AgoraVox, 1 Décembre 2009.

https://www.agoravox.fr/tribune-libre/article/h1n1-le-niveau-6-du-plan-pandemie-65927

La grippe H1N1pdm a occasionné dix nouveaux décès notifiés selon le dernier bulletin de l'InVS daté du 30 novembre. Le chiffre 10 est donc à prendre avec circonspection puisqu'il s'agit de décès notifiés, et comme le précise le manuel de l'InVS, l'authentification du virus H1N1pdm n'est pas systématiquement appliquée et parmi les cas, il y a des sujets porteurs du virus et des cas dits «probables». Qu'est-ce qu'un cas probable ? C'est un patient qui vient de décéder après hospitalisation. Avant de décéder, le patient, étant en soins de réanimation, est répertorié comme cas grave. Et d'après la définition de l'InVS, un cas grave est un cas suspecté de grippe A(H1N1) ayant séjourné en unité de soins intensifs, en réanimation, ou décédé. Le plus souvent, ces malades placés en soins intensifs sont affectés par une IRA, infection respiratoire aiguë. On peut néanmoins suspecter une confusion dans l'établissement des causalités car tous ces cas répertoriés risquent un recouvrement avec une pathologie elle-même mal connue et qui est le SDRA, syndrome de détresse respiratoire aiguë. L'incidence est de 3 cas pour 100 000 h/an. Ce qui pour la France, donne environ 2000 cas.

Pour l'instant, l'InVS a répertorié depuis le début de l'épidémie 460 hospitalisations, 86 décès et actuellement, 137 personnes en soins intensifs. Certes, cette comptabilité est macabre mais les chiffres semblent éloignés d'une situation d'urgence. Le plan pandémie, faut-il le préciser, a été conçu en 2005 pour faire face à une menace de grippe aviaire avec contagion et taux de mortalité conséquent. Pour l'instant, nous sommes sans doute dans une situation sanitaire comparable à celle des autres années. Quant aux chiffres exacts liés à la grippe, ils peuvent être biaisés et peu ou prou surévalués.

Pourtant, Madame Bachelot, se basant sur ces dix nouveaux décès notifiés, nous a averti qu'elle sonnera le tocsin prochainement. Pardon, je voulais dire qu'elle annoncera le passage au niveau 6 de pandémie avec des mesures piquées dans cette extraordinaire document produit par l'usine à gaz bureaucratique française. Le tocsin, c'était une autre époque, quand les cloches des églises sonnaient, pour avertir les habitants d'un danger imminent. L'annonce d'un niveau pandémie relève plutôt des sirènes qu'on entendait pendant la guerre. Planquez-vous, les bombes tombent, restez chez vous, le virus attaque ! Contrairement aux minarets servant à rassembler les fidèles pour la prière, les sirènes du système sanitaire invitent les gens à rester chez eux. C'est en effet l'une des mesures du plan pandémie dans la version 5B/6.

Restriction des déplacements, fermeture généralisée des écoles, surveillance aux frontières, fermeture des lignes de transport très fréquentées, interdiction des manifestations sportives à haute densité de foule, comme dans le foot, annulation des spectacles, création d'un statut de fonctionnaire volontaire, gestion du ravitaillement, approvisionnement des distributeurs de billets, collecte de lait, recours aux jeunes retraités, aux étudiants expérimentés, transfert d'activités sur des régions moins touchées, cellule psychologique pour les familles affectées par des décès, communication pour inciter les gens à acheter groupés pour ne pas avoir trop de circulation dans les centres commerciaux …

Bref, je n'ai livré que le dixième, et encore, de ce plan dont on se demande d'où il est sorti et comment il peut fonctionner. Même la ministre a jugé que le document n'était qu'un ensemble de propositions qu'il faut sélectionner. Autrement dit, piquer ça et là quelques mesures et quelques bras (lol). La décision de passer au plan pandémie de niveau 6 est prévue mais pas pour demain déclarait Didier Houssin, haut fonctionnaire en charge de la santé. Bref, les Français ne savent pas à quelle sauce bureaucratique ils vont être assaisonnés (lol). La mise en place de ce dispositif reste cependant possible et c'est ce qu'il y a de plus à craindre depuis que ce 6 juin 2009, M. Chan a sonné le tocsin de la pandémie depuis son minaret de l'OMS (lol).

Que dire de plus. Confirmation d'un signe crépusculaire avec perte de rationalité. 86 décès depuis le début de la pandémie, et pas tous confirmés H1N1 et de plus, beaucoup de sujets à risque et quelques cas atypiques mais dans toutes les pathologies, on trouvera deux ou trois sujets qui réagissent différemment, soit qu'ils périssent, soit qu'ils résistent, comme on le voit dans ces cas exceptionnels répertoriés dans un journal de médecine.

Depuis le début de la pandémie, il y a eu 2000 décès sur les routes. Pourquoi ne pas interdire alors les déplacements routiers, par exemple la nuit et le dimanche. La pandémie, elle est surtout dans les esprits. Le battage médiatique affole les gens et les autorités s'affolent de ce que les gens puissent être affolés et ne savent plus quel plan concocter.

Le coup de la cellule psychologique est édifiant. La mort n'est plus un événement privé mais recomposé par un pathos médiatique faisant que certain décès sont subis, par on ne sait quel mécanisme psychique, plus intensément, dès lors que les médias en parlent. Du reste, c'est aussi le cas de cette grippe qui apparaît comme une menace alors que la situation sanitaire est comparable à celle des autres années.

THE AUSTRALIAN

Adam Cresswell

Swine flu 'is no worse than seasonal strains'

The Australian, 1 December 2009
https://web.archive.org/web/20100102040900/http://theflucase.com/index.php?option=com_content&view=article&id=2130%3Aswine-flu-is-no-worse-than-seasonal-strains-australian-experts-say&catid=1%3Alatest-news&Itemid=64&lang=en
https://www.nzno.org.nz/resources/library/library_newsletter/artmid/4773/articleid/803/issue-120---3-dec-2009

The dominant expert view that swine flu is much more dangerous than seasonal strains is under attack from Australian research, which has found little to no difference in patients infected by the two types.

In results that could undermine uptake of the swine flu vaccine, researchers tracked the progress of all patients admitted to a major Sydney hospital during the recent epidemic, finding the course of the illness was "comparable to those of the current circulating seasonal influenza in Sydney". The findings threaten to debunk the firming medical orthodoxy that swine flu hits patients much harder than the strains that circulate every winter, particularly children and pregnant women.

The results have already been criticised by some infectious diseases experts, who say the findings are based on very small numbers and do, in fact, point to a greater danger from swine flu.

The study's authors, from Sydney's Liverpool Hospital, the Sydney South West Pathology Service and the University of Western Sydney, said their results showed that high numbers of hospital admissions for swine flu reflected the rapid spread of the disease, not any increased virulence of the H1N1 virus.

"Our findings show that, for hospitalised patients, the clinical manifestations and severity of pandemic (H1N1) 2009 and seasonal influenza were similar," they wrote in the study published online yesterday by the Medical Journal of Australia.

Even among pregnant women – a group that was said to have been particularly at risk of severe complications in the recent epidemic – the authors said they were "unable to demonstrate a difference in clinical severity" compared with pregnant women with annual flu strains. For the research, the authors tracked all 64 adults who were admitted to Liverpool Hospital with influenza from June 17 until July 31.

=> reference to

MJA

Ya-Shu Chang, Sebastiaan J van Hal, Peter M Spencer, Iain B Gosbell, Peter W Collett

Comparison of adult patients hospitalised with pandemic (H1N1) 2009 influenza and seasonal influenza during the "PROTECT" phase of the pandemic response

Med J Aust, 30 November 2009, (2010); 192 (2): 90-93
doi: 10.5694/j.1326-5377.2010.tb03426.x
https://www.mja.com.au/journal/2010/192/2/comparison-adult-patients-hospitalised-pandemic-h1n1-2009-influenza-and-seasonal

THE FLU CASE

Lyndsay Moss

Scottish Government reclassifying all Flu deaths as Swine Flu deaths

The Flu Case, 1 December 2009, 11:47
https://web.archive.org/web/20100102015357/http://theflucase.com/index.php?option=com_content&view=article&id=2148%3Ascottish-government-reclassifying-all-flu-deaths-as-swine-flu-deaths&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Information requested under the Freedom of Information (Scotland) Act 2002 reveals that there have been no deaths from seasonal influenza in Scotland since the start of the H1N1 Swine Flu pandemic according to the government's official. ...

The death toll linked to swine flu in Scotland has risen to 48, the Scottish Government said yesterday.
Health secretary Nicola Sturgeon confirmed that an adult from the NHS Ayrshire and Arran Health Board area had died after contracting the H1N1 virus. The patient had underlying health conditions." The absence of any deaths attributed to the seasonal flu in Scotland and the simultaneous jump in deaths attributed to the swine flu will spark fears that the Scottsh government is deliberately manipulating data to exaggerate the dangers of the swine flu by reclassifying all seasonal flu deaths as swine flu deaths in order to be able to better justify a mass swine flu vaccination campaign.
Many of the suspected swine flu cases have tested negative in the UK with only about 15,000 cases confirmed in labs according to another Freedom of Information request.
It, therefore, seems highly unlikely that every single person who has died in Scotland from the flu so far this year has died from the swine flu while not a single one has died from the seasonal flu.

This is the FOI request:
Chief Medical Officer and Public Health Directorate
Public Health Division
T: 0131-244 5542 F: 0131-244 2157
E: [email address]
Mr McGillivray
By email to: [FOI #22372 email]
Our ref: FoI/09/01511
17 November 2009

Daer Mr. McGillivray.

Thank you for your email of 2 November which requested information under the Freedom of Information (Scotland) Act 2002 on the number of deaths from seasonal influenza in Scotland since the start of the H1N1 Swine Flu pandemic. I have been asked to provide a response to the question you have raised. ...

=> next page

Los Angeles Times

Thomas H. Maugh II

H1N1 flu cases decline, but still taking heavy toll

Los Angeles Times, 1 December 2009
https://web.archive.org/web/20091204134751/http://www.latimes.com/news/nation-and-world/la-sci-swine-flu1-2009dec01,0,1161370.story

Though the current wave of the pandemic flu appears to have peaked, the number of pediatric deaths has not, the CDC reports.

The current wave of pandemic H1N1 appears to have peaked, with four weeks of declines in several key indicators, the Centers for Disease Control and Prevention said Monday. Despite the decrease, the outbreak is continuing to take a heavy toll of hospitalizations and deaths, especially among children.

Widespread activity of H1N1, also called swine flu, was reported in 32 states – including California – in the week ending Nov. 21, down from 43 states the week before and 48 a month ago. Influenza-like illnesses accounted for 4.3% of all visits to doctors' offices during the week, down from nearly double that proportion in October. That is still well above the normal level, 2.3%, for this time of year, however.

From Aug. 30 to Nov. 21, there were 29,348 laboratory-confirmed swine flu hospitalizations and 1,224 deaths in the United States, although those numbers are generally assumed to be very low. Two weeks ago the CDC estimated that at least 4,000 people have died from swine flu, 98,000 have been hospitalized and 22 million have contracted the virus. New figures are expected in a couple of weeks.

In the week that ended Nov. 21, there were 27 laboratory-confirmed swine flu deaths in infants and children younger than 18 and seven from influenza A that was not tested to see if it was H1N1; it was the largest toll in a single week since the pandemic began in April. That brings the total number of pediatric deaths from influenza to 234 since April. A normal flu season is typically marked by about 30 to 40 pediatric deaths.

The number of pediatric deaths apparently has not peaked yet, the CDC says, because death reporting often lags by three or four weeks. For example, one of the seasonal flu deaths included in this week's report occurred in May.

The Washington Post

Rob Stein

Second wave of swine flu may have peaked

Washington Post, 1 December 2009
https://www.washingtonpost.com/wp-dyn/content/article/2009/11/30/AR2009113003836.html?wprss=rss_health

The level of flu activity across the nation has dropped for the fourth week in a row, federal health officials reported Monday, indicating that the second wave of the swine flu pandemic in the United States has peaked.

While officials warned that the number of people getting infected with the H1N1 virus remains high, and cases could surge again, the extended period of falling activity suggests that the intensity of the outbreak has reached a high.

"We're certainly on the downward slope of the curve," said Thomas Skinner, spokesman for the Centers for Disease Control and Prevention in Atlanta.

The CDC noted, however, that 27 deaths from swine flu among people younger than 18 had been confirmed in the most recent week – the largest one-week tally of pediatric deaths since the pandemic started – bringing the total to at least 198. About 40 or 50 children usually die from the flu during an entire season.

Skinner said officials were hesitant to use the term "peak" because of concerns about creating the impression that the outbreak was over.

"We're far from being out of the woods," Skinner said. "There's still a lot of flu out there. And we wouldn't be surprised to see another uptick in activity as we approach the end of December and beginning of January, when kids come back from Christmas break."

But other experts said they thought the wave had peaked.

"Most of the time with the flu you have a four-week or sometimes six-week rise to a peak and then a four- to six-week fall. I think we're past the peak. We're probably on the way down," said Richard Wenzel, an infectious disease specialist at Virginia Commonwealth University. "I think the worst is over."

Wenzel also predicted that if there is another surge, it will be relatively mild because millions of people have either been exposed to the virus or will have been vaccinated.

"After a while the virus runs out of susceptible people," Wenzel said. "This virus is running out of hits."

Michael T. Osterholm, an infectious disease expert at the University of Minnesota, agreed that the current wave has peaked. "Just about everywhere now the numbers are coming down and pretty much in all age groups," he said. But Osterholm worried that the drop would prompt people to stop trying to get vaccinated, which he said could be disastrous if another wave hits.

In its weekly update on flu activity, the CDC reported that the number of states experiencing widespread flu cases during the week that ended Nov. 21 had fallen to 32, down from 43 states the week before and a high of 48 states in late October. Influenza-like illnesses accounted for 4.3 percent of all visits to doctor's offices during the week, down from nearly double that proportion in October.

At the same time, the number of U.S. school closings due to swine flu has been steadily falling. The Department of Education reported Monday that no new closings had occurred in the past week.

Since the virus emerged in April, the swine flu has sickened at least 22 million Americans, hospitalized 98,000 and killed at least 4,000, the CDC estimates. While the seasonal flu typically hits the elderly hardest, the H1N1 virus has affected children and young adults much more because most have little or no immunity against it.

Experts suspect another surge in cases could occur this month or the beginning of 2010, similar to what happened during the 1957 flu pandemic, which most resembles the H1N1 pandemic.

"We certainly won't be surprised if we see another uptick of activity late this year or early next year if we look at the 1957 pandemic as a gauge," Skinner said.

The federal government has spent more than $2 billion to buy vaccine. But production problems slowed the campaign, causing widespread frustration and intense criticism, including from members of Congress.

More than 60 million doses of vaccine have become available and officials are predicting millions more will be shipped to states in the coming weeks.

KFF Health News

Swine Flu cases appear to have peaked

Morning Briefing:
Summaries of health policy coverage from major news organizations

KFF Health News, 1 December 2009
https://kffhealthnews.org/morning-breakout/swine-flu-4/

The Los Angeles Times:"The current wave of pandemic H1N1 appears to have peaked, with four weeks of declines in several key indicators, the Centers for Disease Control and Prevention said Monday. Despite the decrease, the outbreak is continuing to take a heavy toll of hospitalizations and deaths, especially among children. Widespread activity of H1N1, also called swine flu, was reported in 32 states ... in the week ending Nov. 21, down from 43 states the week before and 48 a month ago. Influenza-like illnesses accounted for 4.3% of all visits to doctors' offices during the week, down from nearly double that proportion in October. That is still well above the normal level, 2.3%, for this time of year, however" (Maugh, 12/1).

The Washington Post: "While officials warned that the number of people getting infected with the H1N1 virus remains high, and cases could surge again, the extended period of falling activity suggests that the intensity of the outbreak has reached a high. ... 'We're far from being out of the woods,' [Thomas Skinner, spokesman for the Centers for Disease Control and Prevention in Atlanta] said. 'There's still a lot of flu out there. And we wouldn't be surprised to see another uptick in activity as we approach the end of December and beginning of January, when kids come back from Christmas break.' But other experts said they thought the wave had peaked" (Stein, 12/1).

USA Today reports: "The steady decline in the USA and elsewhere prompted the World Health Organization to propose Friday that swine flu may have peaked in North America, the Caribbean and parts of Europe, though the 'winter influenza season continues to be intense.' U.S. officials challenged WHO's hopeful assessment, saying it is too soon to declare that swine flu is tapering off. ... As of Monday, 66 million doses of swine flu vaccine were available for states to order, and more were on the way, the CDC's Thomas Skinner says" (Sternberg, 11/30).

Meanwhile, The San Bernardino (Calif.) Sun reports that fewer blacks are receiving the vaccine: "San Bernardino County public health officials this week plan to make a special pitch to get more blacks to roll up their sleeves for the H1N1 vaccine. ... Alonzo Louis Plough, director of emergency preparedness and response at the Los Angeles County Department of Public Health, said last week that his agency had already made attempts at special outreach and participation in the H1N1 campaign, and participation is still lagging. ... Dr. Eric Frykman, health officer for Riverside County, said that he has asked clinic managers to informally start tracking participation by ethnic group" (Steinberg, 11/29).

MAX-PLANCK-GESELLSCHAFT 75 JAHRE

Software predicts dangerous variants of influenza viruses

Max-Planck-Gesselschaft, 1 December 2009.
https://www.mpg.de/research/computer-software-against-influenza-epidemics

Experts working with Alice Carolyn McHardy from the Max Planck Institute for Informatics in Saarbrücken are developing software that detects, in viral genomes, suspicious patterns that betray the presence of the next trigger of a global flu epidemic – even before the next flu season has begun.

During the cold winter months, a sneeze on an airplane or a cough on a train is enough to make us all think of the flu. And since spring 2009, a new pathogen has been traveling the world, accompanying people by air and sea from America to all other continents. It even made newspaper headlines in fall 2009: the new H1N1 virus.

By mid-January 2010, *22,000 people around the world had died* of the infection commonly referred to as the "swine flu". Just how many people have been infected is anyone's guess. What is certain, however, is that H1N1 has presented humanity with the first case of global influenza, the first pandemic of the 21st century. And yet, up to now, the virus has proven relatively harmless: in 1918, a predecessor of the new H1N1 virus was responsible for the deaths of almost 50 million people. That pandemic went down in history as the Spanish flu. Strangely, this strain of the virus mainly claims the lives of strong young people, while the old and weak tend to remain unharmed.

Flu vaccine development – a race against the clock

For a long time, doctors had no explanation to offer for this. It was not until a few years ago that researchers were able to observe a similar phenomenon in monkeys. The pathogen clearly allows the immune system to "boil over." If a person is infected, his or her immune response releases an excess of infection messengers – inflammation-promoting substances that are supposed to help fight the pathogen, but that attack the body's own tissues in the process. The immune systems of strong young people, in particular, simply produce too much of a good thing here.

Scientists are now very familiar with the flu virus. It has long been classified into different groups that can be clearly differentiated on the basis of genetic characteristics and typical protein structures. Large volumes of vaccine are produced against human flu viruses every year, with the intention of protecting against infection. However, sometimes the viruses mutate so rapidly and unexpectedly in some corner of the world that humans are unable to act against them in time. A new pathogen that is not targeted by existing vaccines spreads quickly. The fight against flu viruses is thus, above all, a race against the clock.

Will the scientists succeed in tracking down a new virus variant in time before it establishes itself globally in the next impending flu epidemic? Only then can manufacturers adapt the vaccines to the new pathogens before they trigger a major flu epidemic. The researchers usually win this race. Around every four years, however, the viruses outrace them.

The scientists from the Max Planck Institute for Informatics are thus arming themselves with computing power in the war against the flu virus. The experts working with Alice Carolyn McHardy are developing software that specializes in extracting secrets from the genetic material of viruses and

bacteria. One aim of the bioinformaticians is that computers will one day be able to detect, in viral genomes, suspicious patterns that betray the presence of the next trigger of a global flu epidemic – even before the flu season has begun.

Which genetic change makes the virus dangerous?

There are three types of influenza viruses: types A, B and C. The most significant are the influenza A pathogens, as these cause the major pandemics. For influenza A, there are many dozens of different flu virus strains that circulate among birds, but also among pigs. Occasionally, a virus emerges from these animal viruses that makes the transition to humans, like the current swine flu virus. The normal human flu viruses, in contrast, continue to develop from year to year, particularly in Southeast Asia. From there they spread throughout the world just in time for the annual flu season.

A flu virus is like a prickly ball whose spines are formed by the protein hemagglutinin. At the tips of the spines is a kind of lock structure at which the virus can deliberately dock onto the surface of animal and human cells. Whether or not the structures on the cell surface fit into the virus hemagglutinin and thereby gain entry into a cell depends primarily on the fine structure of this binding site. Should the two parts find each other, the disaster takes its course. The membrane of the host cell opens and the virus slips into the cell and releases its genetic strands in the interior of the cell.

The virus reprograms the cell into a compliant zombie and the cell becomes a virus production site. It obediently synthesizes virus components that are then combined to form hundreds of new viruses. At this point, a second important virus protein, neuraminidase, becomes active. The neuraminidase opens the cell membrane in such a way that the freshly produced viruses can pour out like soldiers from a troop carrier.

Viruses can carry different variants of the hemagglutinin (H) and neuraminidase (N) proteins on their membranes and are classified accordingly: H1N1 or H3N2, for example. But how do viruses from pigs transform themselves into potent human pathogens? First, through changes in their genetic material. Viruses replicate at breakneck speed. After just a few hours, infected cells release millions of new viruses. The genome must be duplicated for each new virus generation. Errors frequently arise in this process. Some genetic components (the bases) are copied incorrectly during the reading of the genomic template. Such mutations are occasionally fatal to the virus itself. Sometimes they are irrelevant. From time to time, however, the virus becomes really dangerous as a result of this process.

Moreover, another characteristic of the flu viruses gives them an extraordinary capacity for adaptation: their genome is not composed of a single strand, but is cleanly packed in eight individual packages called segments. Like suitcases at an airport, it is entirely possible for such packages to become mixed up. This can happen if a cell is simultaneously infected by two viruses – a human virus and a pig virus, for example. Both viruses pour their genomic segments into the cell – a total of 16 segments that are replicated at breakneck speed.

A dense search grid

From time to time, the following sequence of events unfolds: During the assembly of the new viruses, the reproductive apparatus steers a segment from the wrong virus into the offspring. This mixing of the genetic material is known as reassortment. This may well have occurred with the swine flu: different viruses contributed segments to the new virus and this changed its characteristics in such a way that it became an agent of disease that is also transmitted between humans.

When the vaccine developed against the H1N1 virus is administered, the body produces antibodies that recognize and block the hemagglutinin on the virus. The virus can no longer dock onto the cells, and the infection is halted.

Researchers are constantly on the lookout for genetic changes in influenza A viruses that could pose a threat – not only in the new H1N1 swine flu virus, but also in the other known suspects, such

as the classic human H1N1 and H3N2 viruses. The global search grid is dense. Blood samples are regularly taken from patients at 112 institutions and clinics in 83 countries on behalf of the World Health Organization (WHO). They are then genetically analyzed and sent to four large flu centers.

Every six months, a committee of experts convenes to examine the latest genetic analysis data to detect suspicious mutations or even reassortments. The experts try to identify from the gene sequences how the virus' form, its proteins, the hemagglutinin and the antigen will change to enable the virus to circumvent the current vaccine. They try to predict what form a new vaccine that will help fight such a virus should take if the virus in question were to pose a threat. Accordingly, the vaccines are developed on an ongoing basis and adapted to the modern influenza A types. But this does not always work.

"Up to now, the exact links between the genetic changes and the emergence of a new flu strain have not been fully understood," says Alice Carolyn McHardy, head of the Independent Research Group Computational Genomics & Epidemiology. "For example, why do some reassortments cause viruses to trigger the illness, while others do not? Does this require other genetic characteristics?" In an attempt to find answers to these questions, McHardy has transformed the computers in her office in Saarbrücken into prognosis tools whose task it is to unravel the complex interactions at work here.

She uses statistical learning techniques for this purpose. "These methods are able to relate the most wideranging data sets with each other and to track down hidden connections between them." To begin with, the learning method is fed with known data, such as the genetic information from viruses that triggered flu epidemics in the past. To this is added the information about when and where the virus showed up or the form taken by the protein structure of the hemagglutinin. Based on a process akin to a dragnet operation, the computer becomes acquainted with the typical perpetrator profiles of disease-causing viruses.

More reliable prognosis for the dominant virus

When the method has been trained extensively with the existing data sets, things really get going. McHardy feeds the computer with the genetic information of an influenza A virus whose level of danger is unknown. The learning method then compares new data with what is already known – that is, it orders the information in such a way that the current input values approximate the learned patterns as closely as possible. The computer then produces numerical values that answer the following questions: To what extent do the new gene sequences resemble the structures of a successful virus? How likely is it that there will be an outbreak of the disease?

McHardy uses support vector machines (SVM) and other statistical learning techniques for this work. These transform information into data points: numerical values that hang like stars in the firmament of a vast number space. When new data is entered into the system, the SVM assigns the new values to the floating numbers – the closer they are to a trained value, the more similar the data.

The Saarbrücken-based researchers are as yet unable to provide current forecasts for the new flu season, as the programs are still being optimized. Nevertheless, when McHardy recently entered the data for a well-known flu virus into the SVM for test purposes, it duly responded "very likely to be infectious."

"But we don't just want to find out whether a new virus variant will become established in the future and become the flu pathogen of the season," says McHardy. "We also want to be able to forecast when this will happen." The WHO experts are currently trying to predict for one year the new virus strain that will dominate and thus spread throughout the world as the agent of the disease in the ensuing flu season. They currently miss this target in one out of four cases. When this happens, a different variant of the virus becomes established than the one they expected, and then there is no well-matched vaccine available for it.

McHardy's goal is to increase the reliability of this annual forecast. Flu arises in the northern hemisphere primarily from November to February, when weather conditions are cold and damp. In the

southern hemisphere, people are affected by the illness in the southern winter months, between May and October. Such data are also fed into the SVM and other learning methods to be able to understand the viruses. McHardy has no doubt that it will one day be possible to produce a more reliable forecast. The software program Geno2Pheno, with which doctors can determine how quickly resistance to AIDS drugs develops, was already developed at her institute (Maxplanckresearch 4/2005, p. 21 ff.).

Moreover, McHardy has an abundance of computing resources to draw on in her work, as GISAID, the world’s largest virus gene database, is located in the cellar of the institute. For a few years now, researchers from all over the world have been feeding the results of the genetic analysis of influenza viruses into this database, which other researchers can access free of charge. "It makes complete sense to pool the data about the viruses, as this helps us to understand their nature as a whole," says McHardy. "Viruses are small with a very manageable genome. Researching causal relationships with them is thus a straightforward matter."

Viruses are one of McHardy’s interests. The other is the genome of bacteria, which she also aims to decode with the help of support vector machines and related learning processes. The researcher specializes in imposing order on metagenomes – a wild mixture of genetic sequences identified from a variety of different microorganisms. A metagenome does not represent the genetic material of a single individual, but of many organisms – sometimes even thousands of them. But what is the point of studying this chaos?

The search for superproteins

It is a known fact that extreme habitats, such as hot springs, for example, spawn special life forms – for instance, bacteria that can thrive in water as hot as 120 degrees Celsius. Scientists and industry expect that studying these bacteria will give rise to new substances, such as heat-resistant proteins. These could be used, for example, in the production of cosmetics or foodstuffs, namely for production processes that require high temperatures. For this reason, scientists are now searching on land and at sea for such extraordinary new microbes.

The simplest solution would be to be able to breed the unicellular organisms in the laboratory and investigate them thoroughly there for new substances. However, many bacteria do not thrive in test tubes. Researchers have thus been rolling up their sleeves for some time now, collecting soil samples by the shovelful and immediately analyzing the entire genetic material of the microbial inhabitants. The hope is that promising genes will be found that contain information about new superproteins.

The problem, however, is that metagenomic analysis usually provides thousands of minute genetic fragments, of which only a few can be assigned to an organism. This is where McHardy’s method, which the researcher has already fed with the genetic fragments of known bacterial groups, comes into play. In this instance, the support vector machine was trained especially in a characteristic of the bacterial genome: short, recurring sequences of bases, known as oligomers, such as the base sequence ACTGAT. Interestingly, certain oligomers are characteristic of the genome of different bacterial groups, just like a fingerprint.

These oligomers arise not only in one, but in several locations of the DNA strand. As a result, oligomers offer a highly suitable means of imposing order on the metagenomic puzzle. When the support vector machine had learned which oligomers are associated with certain bacterial groups, McHardy fed new metagenome sequences of unknown origin into the system, for example sequences from microbe- rich sewage sludge. Once again, the data hovered past the learned numerical values in the vast number space. The experiment was successful: "Based on the characteristic oligomers, the program was able to assign many of the short metagenome sequences to certain bacteria."

Digestion without any methane emissions

This process is called "binning" and involves the assignment to the correct bacterial group – the respective "bin" – fragment by fragment. In some cases, the statistical learning method can allocate

up to 90 percent of the genetic fragments correctly based on the oligomers. How well the method works depends, ultimately, on the volume and quality of the training data. The computer scientists in Saarbrücken only occasionally achieved values of between 30 and 40 percent.

Among the most intriguing metagenome studies in which Alice Carolyn McHardy has participated is the analysis of bacterial communities from the intestines of termites and digestive systems of the Australian wallaby, a bush kangaroo. Both species digest wood and release hydrogen, the molecule that humans aim to one day exploit on a mass scale in the production of fuel cells.

The distinctive feature of the digestive process of these insects and mammals is that, unlike bovine digestion, almost no climate-damaging methane gas is released during hydrogen production. If scientists could succeed in imitating this process in the laboratory, it may be possible to develop a completely new environmentally friendly method of hydrogen production.

The results of the analysis are promising. McHardy's SVM was able to assign the crucial metagenome fragments to different microorganisms. As a result, it is now known which bacteria in the animal intestine participate in the miracle of climate-neutral hydrogen production – and, moreover, which proteins and metabolic processes lead to hydrogen. "Work is now being carried out to identify from the samples the microorganisms that are involved, and to analyze them further," says McHardy.

The metagenome analysis is still in its early days. Many habitats have thus far been studied only at a very basic level. "And we always need some preliminary knowledge to train our methods," says the Max Planck researcher. "But the advantage of the SVM method is that its training requires only small volumes of data," she adds. And McHardy has already shown what can be achieved. The search for the secrets contained in genome sequences continues. Thanks to the hunt in extreme habitats, such as the Arctic, where bacteria thrive in minus temperatures, metagenomics is gaining in significance. And thanks to bioinformatics, some other new, out-of-the-ordinary discoveries are bound to soon join the wallaby intestinal flora.

Sorcha Faal

US Swine Flu spray plane shot down in China

SIASAT, 1 December 2009
https://www.siasat.pk/threads/us-swine-flu-spray-plane-shot-down-in-china-must-read.28519/

Reports circulating in the Kremlin today are stating that a US government contracted airplane piloted by American CIA agents and carrying a cargo of a mutated swine flu virus intended for aerial spraying was shot down [photo top left] at Chinas Shanghai Pudong airport by a saboteur team of what are believed to be Israeli Mossad soldiers seeking to prevent an American attack upon one of their Central Asian bases located in the Central Asian Nation of Kyrgyzstan.

According to Chinese media reports on this incident the stricken Zimbabwean MD-ll plane, owned by the CIA linked Avient Aviation company operated by a former British military officer named Andrew Smith and registered in the UK, killed 3 American CIA agents and injured 4 other personal who are reported to be from United States, Indonesia, Belgium and Zimbabwe.

Most interesting to note in these reports on the victims of this plane shootdown is that the Indonesian man currently being treated for his injuries has confessed to Chinese secret police forces that he is a technician employed by the United States Navy at their mysterious Naval Medical Research Unit No. 2 (NAMRU-2) located in Indonesia that Indonesian Defense Minister Juwono Sudarsono had previously called for the closing of because its operations were too secretive and were incompatible with Indonesias security interests.

Even more interesting to note about this US Navy secret bio-weapons base in Indonesia (the Worlds largest Muslim Nation) was its establishment in cooperation with the Rockefeller Institute, especially with it being the main center for the Americans Viral Diseases Program (VDP) they describe as the research of epidemiologic and laboratory research on viral hemorrhagic fevers, influenza, encephalitis, and rickettsioses and the head of this institute, David Rockefeller, long calling for a massive reduction in our Worlds population.

And to the agenda currently underway to radically change our World through the mass death of its population we need look no further for its explanation than David Rockefellers own words he spoke before the secretive Trilateral Commission in June, 1991, when he said:

We are grateful to The Washington Post, The New York Times, Time Magazine and other great publications whose directors have attended our meetings and respected their promises of discretion for almost forty years. It would have been impossible for us to develop our plan for the world if we had been subject to the bright lights of publicity during those years. But, the work is now much more sophisticated and prepared to march towards a world government. The supranational sovereignty of an intellectual elite and world bankers is surely preferable to the national auto determination practiced in past centuries.

To the United States employing planes to spread a mutated swine flu virus around the World we have further reports from China, and as we can read:

June 26 Suspicious aircrafts were forced to land. A US operated AN-124 changed its call sign from civillian to military which then triggered a response from the IAF upon entering Pakistani air space, the plane was forced to land in Mumbai while the second one was forced down by Nigerian figther jets that also arrested the crew.

According to reports China (Chinas Peoples Liberation Army Air Force) contacted the Indian and Nigerian intelligence officials about the presence of these US operated Ukranian aircrafts amidst growing concern that the United States were spreading biological agents in the Earths atmosphere also which some Chinese officals believed to be a attempt to mass genocide via the spread of h1n1 swine flu.

The strange thing about these reports and arrests as well as the forcing down of the planes were that these aircrafts were carrying waste disposal systems that could spray up to 45000kg or 100pounds of aerial type mist from sophisticated network of nano pipes that led throughout the trailing edges of the wings thereby dispersing whatever was in these tanks through a mist.

Reports of these US planes over Ukraine have been reported as well, and as we can further read:

Authorities in the town of Kiev, Ukraine denied any spraying of aerosolized medication by aircraft over the city. This after it was reported that light aircrafts were seen flying over the forest market area that sprayed a aerosol substance to fight h1n1 or swine flu.

5 Sources confirms this and the local newspapers of Kiev also received hundreds of phone calls from residents and business owners close to the area the planes were spraying the suspicious substance. Not only that but local businesses and retailers were advised to stay indoors during the day by the local authorities.

As if that is not enough, the government authorities also pushed the radio stations in Kiev to deny the reports. Online on forums, websites and blogs reports came in about eye witness accounts that confirms this. There was also reports of helicopters spraying aerosols over Kiev, Lviv, Ternopil and throughout Ukraine.

Most disturbing of the effects of the spraying of this mutated swine flu virus over the Ukraine is the devastating toll it has taken on the people of that country, and as we can read:

Almost 40 000 people got infected since yesterday in the Ukraine by what we still call the Ukraine plague but doctors have said recently that this is a stronger case of h1n1 or swine flu that has mutated and has that affect on the lungs where it destroys the lungs and fills it with blood.

But, to the most horrible outcome of this mutated swine flu virus is the World Health Organization now reporting that it is killing people in France, Norway, Brazil, China, Japan, Mexico, Ukraine, and the United States as the death toll from this Global Pandemic is now reported to be nearing 8,000 and China now reporting that this deadly disease has now crossed over into dogs.

Important to also note in these reports is that the US spray plane shot down in China was reported to be targeting a secret Israeli base located in the Central Asian Nation of Kyrgyzstan, which many Ashkenazi Jews (Ashkenazi Jews make up approximately 80% of Jews Worldwide) consider their spiritual homeland after their long exile their under Soviet Communist rule, and where Russian Intelligence Analysts report the Israelis are nearing the end of their decades long deciphering of the ancient Epic of Manas manuscript (with close to half a million lines the Epic of Manas is twenty times longer than Homers Odyssey and Iliad combined) that they believe contains our Worlds oldest warning to our present age and which (coincidentally?) agrees with the ancient Mayan peoples that the year of 2012 will see the ending of our present age.

To the final outcome of these events it is not in our knowing; other than to state the obvious, that the truths of these things are continued to be ignored, even scoffed at, by the very people whose extermination has been longed planned by these monsters and is now being carried out, and who still have no idea whatsoever how truly easy it has become for them to be controlled by their propaganda masters.

One can only hope that they awaken before all is lost for them, the facts suggest they wont.

Heute

Schweinegrippe: Auch Stöger kritisiert Hysterie

Heute, 1 Decebre 2009, 18:59
https://web.archive.org/web/20091205191830/http://www.heute.at/news/politik/Schweinegrippe-Auch-Stoeger-kritisiert-Hysterie;art422,166218
https://web.archive.org/web/20100102010507/http://theflucase.com/index.php?option=com_content&view=article&id=2157%3Aaustrian-health-ministers-admits-no-pandemic-criticses-who-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Nun reagiert auch Gesundheitsminister Stöger auf die Schweinegrippe-Hysterie. Der SPÖ-Politiker kritisierte beim heutigen Treffen der EU-Gesundheitsminister in Brüssel die Pandemiewarnung der Weltgesundheitsorganisation (WHO) als übertrieben. "Die Gefahr ist nicht höher als bei einer normalen Grippe", so Stöger zur APA

Das Regime der WHO sollte überprüft werden, sagte der Gesundheitsminister. "Es muss einen Zusammenhang geben zwischen der Schwere der Krankheit und den Maßnahmen, die man setzt."

"Gefahr nicht höher als bei normaler Grippe"
Die neue Grippe habe sich zwar rasch über Ansteckung ausgebreitet. "Die Gefahr, die mit dieser Krankheit verbunden ist, ist aber nicht höher als eine normale saisonale Gripp", so Stöger. In Zukunft müsste das Vorgehen der tatsächlichen Gefahr besser entsprechen.

Grippe-Panik: So wurden wir belogen
- Gesundheitsexperten warnten: 2,4 Millionen Patienten – aber nur 100.000 Österreicher wurden bisher krank
- Schmutziges Spiel mit der Angst: Pharmaindustrie sagte 6000 Todesopfer voraus und kassiert Milliarden

Der Sager von Hubert Hrabcik war so schockierend wie eindeutig: 30 Prozent der österreichischen Bevölkerung werden sich mit dem lebensgefährlichen Grippevirus H1N1 infizieren, mehr als 2,4 Millionen Patienten zu beklagen sein, posaunte der Generaldirektor für öffentliche Gesundheit im ORF-Interview aus ("Heute" berichtete). Pharmaindustrie, Mediziner und Apotheker setzen sogar noch eins drauf: 6000 Todesopfer sollte die biblisch anmutenden Seuche in unserem Land fordern. Die Wirtschaftskammer sah in einem Katastrophenszenario gar unsere Wirtschaft zusammenbrechen. Österreich, ein Land am Abgrund also.

Hubert Hrabcik schockte mit Grippe-Warnung
Das Problem dabei: Die Realität sieht völlig anders aus. Mutige Schätzungen gehen von eben einmal 100.000 Grippe-Patienten aus – 55.000 davon haben die Krankheit bereits besiegt. Fünf Opfer sind zu betrauern – aber eine "normale", saisonale Grippe kann in Österreich jährlich bis zu 4000 Tote fordern. Bei den wirklich sagenhaften Gewinnen der Pillendreher – Roche sackte bisher mehr als 1,7 Milliarden Euro für Tamiflu-Behandlungen ein und selbst mit (den wenigen) Impfungen wurde bisher ein Umsatz von 20 Millionen Euro gemacht – wird vielmehr der Verdacht laut, dass hier "Geschäftemacherei im Spiel ist", wie auch Niederösterreichs Patientenanwalt Gerald Bachinger betonte.

Ein deutscher Virologe traf es auf den Punkt: "Ja, es ist eine Pandemie – aber es ist auch eine schrecklich harmlose Gripp

THE FLU CASE

Austrian Health Ministers admits no pandemic, criticses WHO

The Flu Case, 2 December 2009, 12:24
https://web.archive.org/web/20100102010507/http://theflucase.com/index.php?option=com_content&view=article&id=2157%3Aaustrian-health-ministers-admits-no-pandemic-criticses-who-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

After Austrians refused to flock to the vaccine centers to take their untested swine flu jabs as the Health Minister Alois Stöger urged them to, Stöger has done a sudden about face and is now presenting himself as a critic of WHO for declaring a pandemic level 6 because of a mild flu.

According to a report in the newspaper "Heute", Stöger said at an EU meeting in Brussels this week that WHO's pandemic declaration system has to be re-evaluated.

=> See above: Schweinegrippe: Auch Stöger kritisiert Hysterie. – Heute, 1 Decebre 2009

"There has to be a connection between the gravity of the disease and the measures taken," he said.

"The danger that is associated with this sickness is not higher than with the normal flu," he said.

Stöger has, therefore, just admitted that the entire swine flu pandemic is a fraudulent scam.

Stöger's crticism is valid but would have had more credibility if he had made it in June on the declaration of the WHO pandemic level 6.

Instead, he has made it at the start of December after it is clear that the mass vaccination campaign launched by WHO with his help and the help of officials like Hubert Hrabcik in Austria has failed.

Only 100,000 Austrians have taken the swine flu jab in spite of enormous media generated scare mongering and government misinformation about the untested Baxter jab.

In addition, Stöger issued no public statement and made no investigation into Baxter's contamination of 72 kilos of seasonal flu vaccine with the live bird flu virus in its facilities in Austria in February. This nearly triggered a global bird flu pandemic.

Because Baxter is obliged to adhere to biosafety level 3 regulations, an accidental contamination can be ruled out.

In spite of that, the State Prosecutor in Korneuburg closed a criminal investigation initiated by charges I filed in April at the end of September, obviously with the agreement of Stöger.

The Prosecutor Christian Pawle has refused to reply to emails asking to see his files to enable an evaluation of the basis of his decision.

I, therefore, consider it necessary to file charges against him for abuse of office because officials are in office to fulfil their duties under the law toand not to hide or distort evidence of a crime because of personal or financial links.

Also Stöger has allowed an Austrian pandemic plan to be partially implemented that criminalises being suspected of the swine flu and allows forced vaccination and quarantines.

In a case of a severe violation of their basic civic rights, a family in Austria was kept under quarantine for a week and had to rely on neighbours to provide them with supplies as a result of instructions from Stöger's Ministry in spite of the overwhelming evidence that there was no pandemic.

Hubert Hrabcik, who appears to be responsible also for the vaccine contracts with Baxter, misued his position and ensured huge profits for the pharma companies by spreading fear by making false claims in the media that 30% of the Austrians would be infected with a "dangerous" virus.

It is time to prosecute Stöger, Hrabcik and others for their role in manipulating facts and data about the swine flu virus and vaccine in order to justify this fraud as big in scale as the global warming hoax.

LE FIGARO

Yves Miserey

Grippe A: l'alerte maximale envisagée en France

LeFigaro, 1 December 2009, 10:10
https://web.archive.org/web/20091203104652/http://www.lefigaro.fr/sante/2009/12/01/01004-20091201ARTFIG00023-grippe-a-passage-au-niveau-6-envisage-.php

La décision de passer au niveau 6 pourrait être prise prochainement. Le Figaro fait le tour des mesures qui pourraient être appliquées.

Lundi, la ministre de la Santé, Roselyne Bachelot, a évoqué la possibilité que la France passe bientôt au niveau 6 du plan de pandémie grippale. Dix nouveaux décès ont été enregistrés depuis vendredi, «avec des personnes qui pour la plupart n'avaient ni facteur de risque, ni problème particulier». Mme Bachelot s'est empressée toutefois de rappeler que ce plan a été imaginé au moment de la grippe aviaire et qu'il constitue avant tout une «boîte à outils». «Il y a des outils dans le niveau 6 qui peuvent d'ores et déjà être utilisés, par exemple l'interdiction des rassemblements. Mais ça ne veut pas dire qu'on (les) utilisera forcément tous», a-t-elle expliqué sur RMC. « La décision de passer au niveau 6 est envisagée mais pas pour demain», expliquait de son côté Didier Houssin, directeur général de la santé. En France métropolitaine, 2 762 000 personnes ont été touchées par la grippe A. On dénombre 86 décès (plus 28 dans les collectivités d'outre-mer), 305 cas graves dont 101 sont encore en réanimation parmi lesquels 20 % d'enfants de moins de 15 ans.

» Ce que prévoit le niveau 6:

• Le ministère de l'Intérieur à la tête des opérations: Le passage au niveau 6 pourrait amener des changements dans l'organigramme de la gestion de la pandémie. Le ministère de l'Intérieur pourrait prendre la main et être appelé à piloter les nouvelles mesures, ces dernières étant toujours décidées dans le cadre de la cellule interministérielle de crise. La Place Bauveau serait également chargée de coordonner les actions conduites au niveau départemental et municipal.

• Rassemblements, réunions publiques et déplacements limités: Le plan prévoit toute une série de mesures barrières visant à freiner et à limiter l'extension de la pandémie. Est citée en priorité la fermeture des crèches, des établissements d'enseignement et de formation, des internats et des centres d'accueil de mineurs. Des mesures indispensables dont l'efficacité est démontrée pour limiter la contagion lors d'épidémies grippales, selon les rédacteurs du plan. L'interruption ou la réduction de certains transports locaux, lieux potentiels de transmission du virus, est également indiquée. Les spectacles, les rencontres sportives, les foires et salons ainsi que les rassemblements festifs pourraient eux aussi être suspendus. Ce type de décision s'inscrirait dans une vraie perspective de santé publique à la différence des récents reports de match de foot motivés avant tout par le fait que plusieurs footballeurs étaient infectés par le virus H1N1. Le plan envisage la suspension de la distribution de documents publicitaires par porteurs.

• Visites et accès limités à certains lieux publics: Le plan évoque la possibilité de restreindre les visites et les accès aux établissements hospitaliers, aux maisons de retraite, aux prisons et aux établissements sociaux et médico-sociaux.

• Mesures d'isolement et port de masques: Les opérations de vaccination des dernières semaines ont éclipsé plusieurs mesures d'hygiène qui avaient été abondamment évoquées au début de l'épidémie. Le passage au niveau 6 pourrait remettre à l'ordre du jour le port de protections respiratoires par les personnels de santé ou le port du masque chirurgical par les personnes indemnes dans les espaces publics qui pourrait être rendu obligatoire dans certains lieux.

• Distribution de sacs plastiques à lien pour les déchets des malades: Le plan tient par certains côtés du catalogue à la Prévert. «Les Français ont l'habitude de construire des cathédrales technocratiques et d'essayer de faire rentrer la réalité des choses dans des mesures administratives», ironisait Roselyne Bachelot lundi sur RMC. Exemple, quelques lignes après avoir évoqué la mise en place du contrôle des prix qui pourrait être décidée sur proposition du ministre des Finances, le plan envisage de déroger aux prescriptions techniques applicables aux véhicules funéraires et, en cas de pénurie, de distribuer des sacs plastiques à lien pour les déchets des malades à domicile.

THE FLU CASE

French government about to implement full scale Martial Law in pandemic crackdown

The Flu Case, 2 December 2009
an original in French see above
https://web.archive.org/web/20100102051237/http://theflucase.com/index.php?option=com_content&view=article&id=2165%3Afrench-government-about-to-implement-full-scale-martial-law-in-pandemic-crackdown&catid=41%3Ahighlighted-news&Itemid=105&lang=en
http://www.lefigaro.fr/sante/2009/12/01/01004-20091201ARTFIG00023-grippe-a-passage-au-niveau-6-envisage-.php

The French government is about to move the country to the highest pandemic alert level allowing the implementation of full-scale martial law, according to a report in Le Figaro.

Measures allowed under the country's highest pandemic level, 6, include:

*forced vaccination
*forced quarantine/isolation
*compulsory wearing of face masks/respirators for health personnel
*the distribution of plastic body bags for the "deceased"
*a ban on public gatherings
*a ban on transporting documents by courrier
*closure of all schools and education establishments
*restricted movement
*restricted access to hospitals, old people's homes, prisons and other social institutions
*restrictions in transport, also of food and other supplies

The move to pandemic level 6 under WHO's instructions will strip French people of their basic civic rights at a time when the government has set up the infrastructure for the mass vaccination of the entire population by force mobilising military units to work in the special vaccine centers.

Only about 85 people in France have died from the swine flu according to the authorities, far fewer than for the regular flu.

There are no reliable figures for how many of these deaths were really due to the swine flu and how many were seasonal flu deaths reclassified as swine flu deaths by the government as has been proven to have occured in Scotland.

According to the French government, two to three million people have visited their doctor and are suspected of having the swine flu - and this is enough to enact the draconian legislation and move to compulsory vaccination with an untested and toxic jab for which the pharma companies have no liability.

However, this is clearly a fraudulent manipulation of scientific data to justify an illegal and criminal power grab.

People vaccinated in the special vaccine centers in Laxou en Lorraine have left comments on Le Figaro, saying they had to sit for 2 hours on the floor of a gymnasium before being given the swine flu jab in a box measuring one meter by one meter without any curtains and in full of view of everyone else.

"It is shameful!" says the person.

Are the people of France to be subjected to a degrading vaccination with toxic substances causing long term damage and death – in many cases, indeed, immediate death – by force in the full sight of the entire world?

And does the government of France, specifically President Nicolas Sarkozy, Health Minister Roselyne Bachelot and Defence Minister Herve Morin, really think they can get away with this mass murder by closing borders and shutting down the internet?

They can not.

We, the People, of The World refuse to allow this crime to occur, and the people responsible to go unpunished.

We refuse to let it occur in France or any country of the globe.

It is time to End the WHO, End the EU, and bring these criminals in the French and other governments to trial.

The Washington Post

Rob Stein

Nation's preparedness for health threats will be reviewed

The Washington Post, 2 December 2009
https://www.washingtonpost.com/wp-dyn/content/article/2009/12/01/AR2009120101288.html?hpid=topnews

Citing the balky swine flu vaccination campaign and other shortcomings in the nation's medical defenses, a top Obama administration official has announced a major review of the government's efforts to develop new protections against pandemics, bioterrorism and other health threats.

Health and Human Services Secretary Kathleen Sebelius said she had ordered the review in part because the swine flu vaccine shortage had highlighted the nation's dependence on antiquated technology.

"We'll look for the fastest ways to move to new technologies that will let us quickly produce countermeasures that are more dependable and more robust," she told the American Medical Association's Third National Congress on Health System Readiness, which is being held in Washington. "Not just for flu and not just for infectious diseases, but for all the public health threats we face today."

The review will be led by Nicole Lurie, assistant secretary for preparedness and response, and will be complete by "early next year," Sebelius said.

"Today, we face a wider range of public health threats than ever before in our history," Sebelius said. "It could be anthrax delivered in an envelope. It could be a dirty bomb set off in a subway car. It could be a new strain of flu that our bodies have no immunity to."

The nation's ability to respond to such threats depends not only on having enough hospital beds, emergency rooms, doctors, and equipment such as masks and ventilators, but also on state-of-the-art diagnostic tests, medications and vaccines, she said.

"But the countermeasure that saves the day during a quick-hitting public health emergency can often take years to discover, develop, manufacture and distribute," she said. "Like a lot of countries, we've often failed to make the kind of long-term investments in countermeasures we need to stay safe."

Sebelius defended the government's response to H1N1, noting that the virus was identified quickly, diagnostic tests were produced and distributed rapidly, and the immunization program was started as soon as possible. At least 69 million doses of vaccine are now available. But the vaccine was produced much more slowly than officials predicted it would be, leading to long lines and frustration nationwide and heavy criticism in Congress. The lag is a clear example of the shortcomings of today's technologies, Sebelius said.

"We were fighting the 2009 H1N1 flu with vaccine technology from the 1950s. We could race to begin vaccine production, but there was nothing we could do if vaccine grew slowly in eggs. We could make deals with foreign vaccine producers ahead of time, but we still wouldn't have as much control over the vaccine as if they were based in the U.S.," she said.

"If we wanted to avoid these problems in the future, we needed to make some long-term investments in developing countermeasures that were just as safe and effective, but could be produced faster and more reliably," she said.

Progress has been made, she said. A new facility that can make flu vaccine using cells instead of eggs opened last week in Holly Springs, N.C., after Novartis received more than $400 million in federal funding. But that factory would still be able to produce perhaps only half the vaccine the nation would need in a pandemic, and that process is still prone to delays, she said.

"There are gaps at every stage in the process, from the laboratory to the factory floor, that are slowing or stalling the development of key countermeasures," Sebelius said, referring to the nation's reliance on research conducted at the National Institutes of Health and the Defense Department, which is often not focused on government priorities, as well as the lack of incentive for companies to invest in making new products for public health emergencies.

"In this age of growing public health threats against which countermeasures are often our best defense, that's dangerous," she said.

The review came as the federal Centers for Disease Control and Prevention urged Americans to continue to seek the H1N1 vaccine, even though the peak of the second wave appears to have passed. The virus is still spreading widely and a third wave could occur later this winter, said CDC Director Thomas R. Frieden.

"We are in a window of opportunity," he said. "We're going from a time when there was lots of disease and not enough vaccine to a time when disease is gradually decreasing and we're having a steady increase in the amount of vaccine available."

Daniel Vasella, chairman and chief executive of Novartis, gives
Health and Human Services Secretary Kathleen Sebelius, left, and North Carolina Gov. Beverly Perdue (D)
a tour of the drugmaker's new facility in Holly Springs, N.C. (Photos by Jim R. Bounds/bloomberg)

[Comments: *Nobody wore a mask even though there was the Swine Flu Pandemic*]

PharmaTimes
online

Katrina Megget

Swine flu labelled a conspiracy

PharmaTime, 2 December 2009
https://pharmatimes.com/news/swine_flu_labelled_a_conspiracy_984175/

The swine flu pandemic has been named as the "most ambitious scam and corruption of our time" after pharma has been found to be in bed with the World Health Organisation.

Journalists from Denmark have reported links between the World Health Organisation and pharmaceutical companies where firms have been covertly paying top WHO scientists. In the meantime, pharma profits from flu drugs have soared.

The journalists from the newspaper *Information* claim the public and political hysteria to swine flu is a result of an efficient public relations campaign, spearheaded by the WHO experts that have been prejudiced by pharma's ready cash.

The lead target in the allegations is Dutch doctor Albert Ostenhaus, who has promoted the need for vaccinations through the WHO and the media and headed a panel that advised the WHO to announce that swine flu had reached pandemic level. Reports claim Ostenhaus is paid by several vaccine manufacturers and the Netherlands government is believed to be investigating his activities.

Other WHO advisors are understood to also advise big pharma and have been allegedly concealing their pharma-funded salaries.

Meanwhile, further questions have been raised about the WHO's independence over the H1N1 flu virus after various documents found medicines and vaccinations were mentioned more than 40 times while traditional hand washing and the use of masks to combat the disease were only mentioned twice.

The pharma industry is expected to make between seven and 10 billion euros in 2009 from the sales of swine flu related drugs, according to JP Morgan.

Ljerka Bratonja Martinović

Milinović lagao, građani potpisom skidaju odgovornost s države za nuspojave

Novi List, 2 December 2009, 07:40h

https://web.archive.org/web/20100105000314/http://www.novilist.hr/2009/12/02/milinovic-lagao-gradani-potpisom.aspx

Zagreb – Kronični bolesnici, trudnice i ostali iz prioritetnih skupina koje su obiteljski liječnici pozvali da se cijepe protiv svinjske gripe, i jučer su bojkotirali cijepljenje u strahu od mogućih nuspojava. Ministar zdravstva Darko Milinović pozvao je sve rizične skupine da se odazovu pozivu na cijepljenje, kako protiv sezonske, tako i protiv pandemijske gripe, kao najboljem obliku zaštite. No, pristanak kojega građani moraju potpisati da bi se cijepili pandemijskim cjepivom, mnoge je odvratio od toga. Dok ministar tvrdi da obveza potpisivanja nije uvedena zbog nesigurnosti ili nedovoljno testiranog cjepiva, te da država time ne skida sa sebe odgovornost za teže nuspojave, pravnici tvrde suprotno: potpis na obrazac znači da pacijent preuzima na sebe punu odgovornost za posljedice cijepljenja.

– Pacijent dajući svoj potpis preuzima na sebe odgovornost za bilo kakve štetne posljedice, jer potpisom zapravo daje suglasnost da one nastupe – tumači odvjetnik Rajko Mlinarić. Obrascem koji potpisuje pacijent, zdravstvene vlasti se u pravnom smislu ograđuju od odgovornosti za nuspojavu koja može nastupiti, i pacijent više nikoga ne može utužiti za štetnu posljedicu koja se dogodi, tvrdi Mlinarić.

Tumačenje koje je ponudilo Ministarstvo, odnosno Imunološki zavod, je da se pristanak potpisuje zbog bolje evidencije cijepljenih, ograničene količine cjepiva te efikasnijeg prijavljivanja nuspojava. Takav će se pristanak, najavili su, od iduće sezone, po uzoru na praksu zemalja EU, potpisivati i za sezonsko cjepivo. Agencija za lijekove i medicinske proizvode objavila je cijeli niz obrazaca za brzo prijavljivanje nuspojava pandemijskog cjepiva, te podugački popis mogućih, uglavnom rijetkih nuspojava koje mogu biti i vrlo teške.

Jučer je započela distribucija dodatnih 195.000 doza cjepiva protiv sezonske gripe, koje bi već danas trebalo biti u ordinacijama. Pacijenti su se za sezonsko cjepivo već raspitivali, dok će ono pandemijsko, ako se bojkot nastavi, uglavnom završiti u smeću. Radi se o ukupno milijun i pol doza cjepiva u vrijednosti od 70 milijuna kuna, koje je ministarstvo zdravstva osiguralo za trećinu stanovništva.

– Nitko od 50 kroničnih bolesnika u mojoj ordinaciji nije se htio cijepiti. Ne znam niti jednog kolegu koji se hoće cijepiti protiv pandemijske gripe, iako se protiv sezonske redovito cijepe, kaže obiteljski liječnik i predsjednik KoHOM-a, Mario Malnar. Razlog zbog kojeg se ni liječnici ne žele cijepiti, kaže, uglavnom leži u strahu od nuspojava te jer su već tjednima u kontaktu sa zaraženim pacijentima.

Cijepljenje dodatno otežava činjenica da je ono dozirano u većim bočicama, s količinom cjepiva dostatnom za deset pacijenata. Kad se bočica otvori, mora se potrošiti u roku od 24 sata jer postoji opasnost od kontaminacije. No, liječnici uglavnom ne uspijevaju skupiti dovoljno pacijenata, pa su u nekim ambulantama cjepiva već završila u smeću.

Cijepljenju protiv svinjske gripe se nisu odazvali čak ni neki liječnici u Klinici za infektivne bolesti »Dr. Fran Mihaljević«, iako su oni u najvećem riziku i u neprestanom kontaktu s oboljelima.

U Klinici »Dr. Fran Mihaljević« jučer je ležalo 89 pacijenata s komplikacijama svinjske gripe, njih 15, od toga dvoje djece, priključeno je na respirator zbog zatajenja pluća, a troje je pacijenata i na dijalizi. U posljednjih tjedan dana u toj bolnici nije bilo smrtnih slučajeva zbog gripe, a ravnatelj Antun Beus navodi da je u zadnja tri dana čak devetero ljudi »prošlo« respirator i relativno se brzo oporavilo. Beus ističe da nemaju mnogo kroničnih bolesnika, te da su to uglavnom ljudi koji prethodno nisu bolovali od težih bolesti.

Homeland Security News Wire

Obama administration to review U.S. response to health threats

Homeland Security News Wire, 2 December 2009
https://www.homelandsecuritynewswire.com/obama-administration-review-us-response-health-threats

Health and Human Services Secretary Kathleen Sebelius said that she ordered the evaluation of the U.S. responses to health threats in part because the H1N1 vaccine shortage had highlighted the nation's dependence on antiquated technology

Citing the balky swine flu vaccination campaign and other shortcomings in the U.S. medical defenses, a top Obama administration official has announced a major review of the government's efforts to develop new protections against pandemics, bioterrorism and other health threats. *Washington Post*'s Rob Stein writes that Health and Human Services Secretary Kathleen Sebelius said Tuesday that she ordered the evaluation in part because the H1N1 vaccine shortage had highlighted the nation's dependence on antiquated technology.
=> https://www.washingtonpost.com/wp-dyn/content/article/2009/12/01/AR2009120101288.html?hpid=topnews

"We'll look for the fastest ways to move to new technologies that will let us quickly produce countermeasures that are more dependable and more robust," she told the American Medical Association's Third National Congress on Health System Readiness, which is being held in Washington. "Not just for flu and not just for infectious diseases, but for all the public health threats we face today."

The review will be led by Nicole Lurie, assistant secretary for preparedness and response, and will be complete by "early next year," Sebelius said. "Today, we face a wider range of public health threats than ever before in our history," Sebelius said. "It could be anthrax delivered in an envelope. It could be a dirty bomb set off in a subway car. It could be a new strain of flu that our bodies have no immunity to."

The U.S. ability to respond to such threats depends not only on having enough hospital beds, emergency rooms, doctors, and equipment such as masks and ventilators, but also on state-of-the-art diagnostic tests, medications and vaccines, she said. "But the countermeasure that saves the day during a quick-hitting public health emergency can often take years to discover, develop, manufacture and distribute," she said. "Like a lot of countries, we've often failed to make the kind of long-term investments in countermeasures we need to stay safe."

Sebelius defended the government's response to H1N1, noting that the virus was identified quickly, diagnostic tests were produced and distributed rapidly, and the immunization program was started as soon as possible. At least 69 million doses of vaccine are now available. But the vaccine was produced much more slowly than officials predicted it would be, leading to long lines and frustration nationwide and heavy criticism in Congress. The lag is a clear example of the shortcomings of today's technologies, Sebelius said.

"We were fighting the 2009 H1N1 flu with vaccine technology from the 1950s. We could race to begin vaccine production, but there was nothing we could do if vaccine grew slowly in eggs. We could make deals with foreign vaccine producers ahead of time, but we still wouldn't have as much control over the vaccine as if they were based in the U.S.," she said. "If we wanted to avoid these problems in the future, we needed to make some long-term investments in developing countermeasures that were just as safe and effective, but could be produced faster and more reliably," she said.

Progress has been made, she said. A new facility that can make flu vaccine using cells instead of eggs opened last week in Holly Springs, N.C., after Novartis received more than $400 million in federal funding. But that factory would still be able to produce perhaps only half the vaccine the nation would need in a pandemic, and that process is still prone to delays, she said. "There are gaps at every stage in the process, from the laboratory to the factory floor, that are slowing or stalling the development of key countermeasures," Sebelius said, referring to the nation’s reliance on research conducted at the National Institutes of Health and the Defense Department, which is often not focused on government priorities, as well as the lack of incentive for companies to invest in making new products for public health emergencies.

"In this age of growing public health threats against which countermeasures are often our best defense, that’s dangerous," she said.

Stein writes that the review came as the federal Centers for Disease Control and Prevention urged Americans to continue to seek the H1N1 vaccine, even though the peak of the second wave appears to have passed. The virus is still spreading widely and a third wave could occur later this winter, said CDC Director Thomas R. Frieden. "We are in a window of opportunity," he said. "We’re going from a time when there was lots of disease and not enough vaccine to a time when disease is gradually decreasing and we’re having a steady increase in the amount of vaccine available."

LiveInternet

Свиной грипп. Тема закрыта?
(Дымовая завеса или пособие по запугиванию населения)

Live Internet, 2 декабря 2009, 22:09
https://www.liveinternet.ru/users/2483533/post115824120/

Собственно, случилось то, что случилось. Партком НМП отменил пандемию и свернул весь проект "Пандемия свиного гриппа". Больше ни одно центральное СМИ не будет запугивать вас страшной смертью от "свиного гриппа", больше никто не будет делить вас на избранных (привитых) и неизбранных (непривитых). Концлагеря так и останутся законсервированными, а СМИ-машина сделает все возможное, чтобы уже через несколько месяцев никто из вас и не вспоминал о гриппе A/H1N1, как не вспоминает никто уже ни о птичьем гриппе, ни о прочих предыдущих "концах света". Проект свернут ПОЛНОСТЬЮ. Все отголоски - трескотня региональных чиновников, угрозы не пускать в сад-школу-работу без прививки - все это только эхо, которое сойдет очень скоро, и жизнь - конечно, на время, но все равно немного приятно - вернется в привычное русло. Все могут перевести дыхание. Всё. Финиш.

Это стало понятно еще три дня назад, 24 ноября, когда "государственный служащий" и "защитник" нашего с вами здоровья от всех мировых бед крипт Геннадий Онищенко заявил:

Удельный вес случаев гриппа H1N1 среди выявляемых в России заболеваний гриппом и ОРВИ начал снижаться. Об этом рассказал "Интерфаксу" главный санитарный врач Геннадий Онищенко.

По данным Онищенко, в настоящее время на новый вирус H1N1 приходится около 29 процентов случаев выявляемых в России острых респираторных инфекций, тогда как на прошлой неделе новый грипп был определен у 34 процентов заболевших.

По словам главного санитарного врача эпидемиологическая ситуация по гриппу H1N1 в России по-прежнему лучше, чем в странах Европы, где удельный вес этого вируса превышает 60 процентов в общем объеме ОРВИ.

Онищенко подчеркнул, что в большинстве российских регионов уровень заболеваемости гриппом не достигает эпидемического порога. Кроме того, в 11 регионах РФ, где эпидемический порог ранее был превышен, отмечено снижение заболеваемости.

Это тот самый Онищенко, который с пеной у рта орал о необходимости повальной вакцинации и угрозе такой смертельной эпидемии, которой никто и не видывал. Это тот самый Онищенко, который - напару со своим товарищем Львовым - нагнетал панику и страх среди населения России похлеще подпольных революционных газет начала 20-го века. Это тот самый Онищенко, который с плохо скрываемой радостью лично докладывал всем российским центральным СМИ о первых случаях смертности от великого и ужасного "свиного гриппа". То есть понятно, что это он таким образом о проделанной работе отчитывался перед начальством с Запада, но все-таки - старания были налицо. А тут. не моргнув глазом - "Удельный вес случаев гриппа H1N1... начал снижаться".

Три дня назад я это прочел и задумался, о чем это нам говорит. А это говорит только об одном - высокое сионистское начальство дало отмашку нашему Геннадию - все, мол, Гена. хорош, тема закрывается. А раз тему сдул Онищенко, то буквально через день-два это же должны сделать и Власти. Они и сделали это. Вчера.

Вот заголовки новостей. Обратите внимание - Первый канал, Вести и все-все-все. Это вам не "Зарубежом.ком" - тут все официально и только с высочащего одобрения, сами понимаете. Вся СМИ-машина в едином порыве бросилась разоблачать организаторов пандемии и говорить нам, что все это - блеф и пшик.

Вот выдержка с Первого канала:

"Паника вокруг вируса A(H1N1) позволила производителям препаратов получить баснословные прибыли. Журналисты делают смелые предположения, что объявленная ВОЗ пандемия нового гриппа может оказаться грандиозной мистификацией.

Заводы работают денно и нощно, в четыре смены, производя спасительные лекарства. Объем заказов крупнейших фармацевтических фирм – все население Европы, плюс все население Америки, плюс сотни миллионов доз для Азии и Африки. Паника снесла защитные барьеры Евросоюза - в виде исключения вакцина допущена беспрекословно в европейские страны без проведения достаточных клинических испытаний". http://www.1tv.ru/news/health/156289

Сколько было информации о смертельных случаях после вакцинации? Сколько было информации о добавках в вакцине? Сколько было заявлений о том, что все это - заговор? Сколько было призывов не вакцинироваться, потому что и идиоту понятно, что вакцинация Во время эпидемии, а не до нее - это чушь, клиника и дурость? Их были - тысячи. Только в этом блоге пару сотен источников было озвучено за последние месяцы. А что СМИ? Где был Первый канал? Первый канал рожей Онищенко убеждал нас одеть маску и дать колоть в себя то, что захочется людям в белом. А теперь - все СМИ в едином порыве сбросили покрывало с гриппа, и под шкурой волка оказался шакал. Молодцы, СМИ, спасибо за журналистскую смелость. Только где она была месяц назад, два месяца назад, три?...

В общем, тему свиного гриппа "слили" окончательно и бесповоротно.

А теперь давайте подумаем - почему.

Во-первых, часть дела "свиной грипп" все-таки сделал. И еще как. Как вчера писал вышень, доходы от ситуации вокруг вируса позволили фармацевтам заработать 7 миллиардов долларов, уступив пальму первенства только секс-индустрии и торговле оружием. Соответственно, нефть, азартные игры, наркотики - это все по доходности в сравнении со "свиным гриппом" - просто тьфу.

Во-вторых, на наших с вами глазах осуществлена грандиозная подготовка к окончательному установлению НМП диктаторского типа. Посудите сами - пандемия отменяется, но принято огромное количество законов, позволяющих засунуть демократию, свободу выбора и свободу принятия решений, конституционные права граждан и многое, многое другое в очень дальний и неприлично звучащий, так сказать, угол (обо всем этом ранее тут писалось, можете покопаться в ленте сообщений). Все эти законы - в первую очередь в США и Европе - приняты на случай чрезвычайного положения. И, чтобы ввести в большинстве стран открытую сионистскую диктатуру, теперь не нужно такой подготовки - истерия вокруг "свиного гриппа" позволила сделать это сейчас. Если раздувать "свиной грипп" и дальше, то станет уже совсем всем понятно, что и законы принимались для этого. а эпидемия - только повод. Но если пандемию отменить, а все законы оставить, тогда можно будет спокойно ждать другой паники. Например, гусеничного или червякового гриппа. И тогда уже никто не сможет упрекнуть власти в том, что они воспользовались червяковым гриппом для введения диктатуры - ведь законы, позволяющие это сделать, принимались задолго-задолго до червякового гриппа. При свином гриппе в 2009 году.

В-третьих, вот о чем я говорил три недели назад (см. http://literra.listbb.ru/viewtopic.php?f=6&t=610): "Вакцинация, как известно, будет проводиться в три этапа. Кстати, первый этап начался сегодня. Так вот, на третьем этапе, то есть после третьего укола, начнется мор людей, потому что даже самый чистый организм не выдержит такой лютой интоксикации. Но мор должен быть не внезапным, а в течение нескольких месяцев, вплоть до года, и желательно на фоне еще

одного "ужасного" вируса. Кошачий грипп, коровий грипп или что они там еще придумают. Чтобы население не увязало факт своего вымирания с тотальной вакцинацией, начавшейся в частности в России 9 ноября с. г. А то знаете ли - на пороге смерти у кого-то может возникнуть нехорошая мысль "с собой пару гадов" забрать, если два факта в голове увяжутся. А они могут увязаться - сейчас благодаря интернету слишком много информации гуляет."

Как видите, сворачивание проекта "Свиной грипп" и окончание пандемии, передышка - это в любом случае необходимое условие.

В-четвертых, Интернет и энтазиасты-конспирологи. Благодаря сети Интернет миллионы людей по всему миру ежедневно получали информацию о новой болезни не только от официальных представителей ВОЗ и национальных минздравов, но и со стороны. Получилась огромная лавина таких. как мы с вами, людей, которые не верили и не верят в спасительность вакцины от гриппа A/H1N1 а наоборот, уверены, что вакцина во много раз страшнее самого вируса. СМИ все это игнорировали до последнего, но в любом случае стало понятно, что сопротивление слишком сильно и тема дальше "не пойдет". В США Барак Обама уже предложил запретить Интернет на время пандемии (об этом здесь тоже было, ниже в ленте), потому что, дескать, людям придется сидеть дома, нагрузка на интернет-сети возрастет слишком во много раз и вся экономика от этого "коллапснется". Опять-таки, сейчас действительный запрет Интернета вызовет просто бурю, но это сейчас. Вот увидите - когда весь шум вокруг "свиного гриппа" спадет окончательно, то тут, то там будут появляться эксперты, которые будут нам, дуралеям, на пальцах объяснять очевидную вещь - на случай возможных новых эпидемий (от которых, сами понимаете, никто не застрахован!) нужно действительно разработать закон, ограничивающий нагрузку на сеть путем ограничения доступа к ней. Либо такие законы примутся и вовсе втихую**,** а людей просто поставят перед фактом и напомнят, что на такое решение законодателей надоумило. Тогда с нехорошими планами на наш с вами счет эти идеи увязать будет намного труднее. чем сейчас.

Есть и еще один момент. Включите новости, можно прямо сейчас, и посмотрите, что об этом говорят. Да ничего не говорят. Мол, это неважно уже. Ну нет свиного гриппа - и нет, что об этом говорить-то?

Вчера около полуночи я увидел сюжет об "отмене" "свиного гриппа" по каналу Вести. Это был 10-й или 12-й сюжет новостного блока, длина сюжета – около 40-45 секунд. Так, мол, и так, ВОЗ договорилась с фармацевтами, обманула 7 миллиардов человек, заработала столько же миллиардов долларов, искусственно создав панику вокруг вируса H1N1. А когда панику раздували, свиному гриппу - даже когда в России не было еще ни одного заболевшего - отводили по 2-3 минуты в каждом новостном блоке, сюжеты шли первыми! То есть уже сейчас тема сливается из "топовых" в "проходные" и даже дальше - в "корзину". Тогда как новость о заговоре - это главная новость последних месяцев в масштабах планеты, потому что она всем нам доказывает, что паника, болезни, истерия - дело рук определенной небольшой группы людей *известной национальности*, заработавшей на гоях *миллиарды долларов* в кратчайшие сроки. Не говоря уже обо всем остальном.

The New American

Alex Newman

Swine Flu Recedes, Vaccine Supply Grows

The New American, 2 December 2009 10:30
https://web.archive.org/web/20130207005202/http://www.thenewamerican.com/usnews/health-care/item/1689-swine-flu-recedes-vaccine-supply-grows

The number of H1N1 swine flu infections has been dropping steadily for four weeks as vaccine stockpiles continue to grow, the U.S. Centers for Disease Control and Prevention (CDC) reported Monday afternoon.

"Visits to doctors for influenza-like illness (ILI) nationally decreased sharply this week over last week with all regions showing declines in ILI," announced the Atlanta-based CDC on its website, referring to a preliminary analysis of the week ending on November 21. "This is the fourth consecutive week of national decreases in ILI." According to the update, the number of states reporting undefined "widespread influenza activity" also dropped by 11 during that week; from 43 to 32.

The agency "guesstimated" last month that around 4,000 Americans have died so far from complications linked to the swine flu, though the figure is disputed by some experts and the CDC was recently caught inflating the number of cases. Around the globe, the World Health Organization (WHO) reported that there have been about 6,000 deaths connected to the virus. By comparison, the CDC claims 36,000 Americans die from seasonal influenza each year, while world wide the WHO estimates that figure at between 250,000 and 500,000.

Based on testing selections of samples, the vast majority of flu cases cropping up still appear to be caused by the H1N1 swine flu virus. And according to the CDC, the number of cases is still above what is considered normal during this period in a typical flu season, though many experts say the peak has already been reached.

But despite the month-long decline in cases, the CDC emphasized that there could still be more to come. "We wouldn't be surprised to see another rise in activity later this year or early next year when schools are back in session after the Christmas break," said a CDC spokesman quoted by Bloomberg. "There's still a lot of flu out there." An informal CDC poll of about a dozen experts showed that about half expected another wave.

Government health officials also took the opportunity to continue promoting the vaccine. "We are going from a time where there was lots of disease and not enough vaccine to a time where disease is decreasing and there's a steady increase in vaccine," claimed CDC director Dr. Thomas Frieden, noting that there was a current supply of almost 70 million inoculations with more on the way soon. He celebrated the "window of opportunity," during which time he urged citizens to go and take their shots in case of a resurgence.

But some experts celebrated news reports stating that interest in the vaccine was in decline. "This novel flu vaccine has not been properly tested for safety or efficacy, contains dangerous preservatives such as thimerosal and now the public is not interested," explained Dr. Mayer Einstein, a strong critic of the shots. "How awesome is that!"

If it turns out that there is no “third wave,” the government is going to appear even more ridiculous than it already does after all the fear mongering and spending billions of taxpayer dollars on vaccines that are not even really in demand.

Originally, officials were scaring the public with “potential” scenarios involving almost 100,000 dead Americans from swine flu. Now those figures seem preposterous barring some unforeseen mutation, which the vaccine would not even protect people against. And as infections wane in the U.K. as well, the government there has already had to reduce its predictions from an incredible 65,000 dead to a more modest 1,000.

But no matter what happens with the number of flu cases, Americans should still be cautious about heeding government advice. Educating oneself on the risks and efficacy of the vaccine along with the dangers of contracting swine flu is absolutely essential in making informed decisions. Meanwhile, the government should stick to its constitutional duties and stop scaring and prodding the populace.

International Swine Flu Conference
in London, UK on December 2-3, 2009

Institute Pasteur of Shanhai, Chinese Academy of Sciences
https://english.shanghaipasteur.cas.cn/tal/ue/201003/t20100325_52350.html

Conference: December 2-3, 2009 Workshop: December 4, 2009 London, UK

Top leaders and key decision-makers of major companies representing a broad range of industries will meet with distinguished scientists, public health officials, law enforcers, first responders, and other experts to discuss pandemic prevention, preparedness, response and recovery at the 1st International Swine Flu Conference.

At the International Swine Flu Conference, attendees will be able to draw on first-hand best practices to create the solid business continuity plans that their companies and organizations need in order to prepare for, respond to, and survive a pandemic.

The International Swine Flu Conference draws on the success of the seven previous Bird Flu summits which featured as speakers several distinguished personalities such as Dr. David Nabarro, the United Nations Coordinator for Avian and Human Influenza, Alex Thiermann of the World Organization for Animal Health (OIE) and Dr. Wenqing Zhang of the WHO Epidemic and Pandemic Alert and Response.

Email: thills@nfemail.com
For more information on the event, please visit http://new-fields.com/isfc_uk/

ref to:

International Swine Flu Conference
Conference: December 2-3, 2009 **Workshop:** December 4, 2009 London, UK

Next International H1N1 Swine Flu Conference
=> International Swine Flu Conference. – London, UK, 10-12 March 2010.
=> 2nd International Swine Flu Conference. – Washington, DC, 18-19 August 2010.

SÀIGÒN GIẢI PHÓNG English edition

K. Nguyen
Translated by Dang Long

Swine flu, bird flu viruses could form deadly cocktail: health official

Saigon GP Daily, 3 December 2009, 12:18 (GMT+7)
https://web.archive.org/web/20100107080255/http://www.saigon-gpdaily.com.vn/Health/2009/12/76628

The reappearance of bird flu has opened up the threat of the virus combining with the swine flu virus to become more lethal and capable of human transmission, a health official warned at a meeting of the National Steering Board of Human Flu Prevention on December 2.

Health officials recommend washing hands with soap as an effective measure to protect against the A/H1N1 virus

Dr. Nguyen Huy Nga, chief of the Preventive Health and Environment Department, said the H1N1 virus that causes swine flu could combine with the H5N1 virus and become more deadly than the former and more capable of human-to-human transmission than the latter, especially in winter.

He told delegates that two more people have died of swine flu, both from the Mekong delta province of An Giang -- a 33-year-old man from who died on November 20, and a 17-year-old girl who died on November 29.

On November 28 bird flu claimed its fifth victim, a 23-year-old man in the northern province of Dien Bien. Many others have been hospitalized around the country with suspected bird flu.

Officials from the Vietnam Drug Administration said at the meeting that three drug suppliers, GlaxoSmithKline (GSK), Sanoffi Aventis, and Pasteur have registered to sell swine-flu vaccines.

The administration has tested the vaccine made by GSK which would supply 1.2 million doses through the World Health Organization, they said.

They are meant for high risk groups like children aged six to 59 months, pregnant women, people with chronic health conditions including asthma, diabetes, and immune system problems, and health-care personnel who provide direct patient care, the officials added.

Besides buying one million doses of Tamiflu, Vietnam has successfully made an antiviral drug for treatment of both flus called Arbidol (Fludon H1),

So far the country has reported 10,944 swine-flu cases with 46 deaths and five deaths from bird flu.

Le Monde

La grippe H1N1 a fait 92 morts en France

Le Monde avec AFP et Reuters, 3 Décembre 2009, à 13h33,
https://www.lemonde.fr/epidemie-grippe-a/article/2009/12/03/la-grippe-h1n1-a-fait-92-morts-en-france_1275490_1225408.html

Quatre vingt-douze décès liés au virus grippal H1N1 ont été enregistrés en France métropolitaine depuis le début de l'épidémie, dont quatorze chez des personnes sans facteur de risque connu, selon le dernier point de situation arrêté au 1er décembre. Sur le total, vingt-quatre décès ont été signalés au cours de la semaine passée, précise l'Institut de veille sanitaire (InVS).

Neuf cent quatre-vingt-treize mille ont consulté la semaine dernière pour des symptômes grippaux, soit une augmentation de 40 % par rapport à la période précédente, a précisé la ministre de la santé lors d'une conférence de presse. Roselyne Bachelot a toutefois souligné que certains signes laissaient espérer un ralentissement de la progression du virus. Depuis le début du mois d'août, *"trois millions de personnes ont été infectées par le virus grippal pandémique en France"*, a-t-elle déclaré, soit *"plus que pour toute la saison de grippe saisonnière 2008-2009"*. Depuis le début de l'épidémie, 481 cas graves ont été hospitalisés, dont 18 % d'enfants de moins de quinze ans.

Vaccins: 567 Événements Indésirables

La vaccination contre la grippe A monte en puissance avec environ 1,3 million de personnes vaccinées en dix-huit jours en France métropolitaine. Dans un entretien au *Monde*, la ministre de la santé affirme que 30 millions de personnes pourront être vaccinées d'ici à la fin de février. Afin de faire face à l'afflux des demandes, tous les centres de vaccination seront désormais ouverts de 8 heures à 22 heures du lundi au samedi, a par ailleurs précisé le premier ministre. Dans les grandes agglomérations, sur décision des préfets, les centres seront ouverts sept jours sur sept à partir de dimanche prochain.

Sur les 1,3 million de personnes vaccinées, 567 événements indésirables ont été enregistrés, a indiqué, jeudi, l'Agence française de sécurité sanitaire des produits de santé (Afssaps). Le vaccin Pandemrix, avec adjuvant, de GlaxoSmithKkline, le plus utilisé jusqu'à maintenant, a été à l'origine de 562 signalements d'effets indésirables, soit 0,5 pour 1 000 doses administrées.

97 % des cas rapportés étaient d'intensité bénigne à modérée : douleurs à l'endroit de l'injection, réactions inflammatoires, douleurs générales, fièvre, fatigue, syndrome grippal... Vingt-quatre nouvelles observations *"médicalement significatives"* ont été rapportées, entraînant une gêne fonctionnelle ou une incapacité temporaire. Sept nouvelles observations graves ont été signalées, dont deux réactions allergiques (oedème de Quincke, choc anaphylactique) d'évolution favorable, deux cas de paresthésie (fourmillements dans les membres) et un cas de douleurs thoraciques. Deux cas d'embolie pulmonaire et pneumopathie sont en cours d'évaluation.

THE FLU CASE

Fake Swine Flu scare will cost France 2 billion Euros

The Flu Case, 3 December 2009 13:50
https://web.archive.org/web/20100102035349/http://theflucase.com/index.php?option=com_content&view=article&id=2173%3Afake-swine-flu-scare-will-cost-france-2-billion-euros&catid=1%3Alatest-news&Itemid=64&lang=en

The manufactured swine flu scam will cost France 2 billion euros, according to an estimate by Jean-Jacques Jegou, in charge of a French parliamentary committee.

More than 800 million euros will have been spent on the swine flu jabs.

=> see

SÉNAT

Rapport remis à Monsieur le Président du Sénat le 29 juillet 2010, N° 685
Session Extraordinaire de 2009-2010

France, Paris, SÉNAT, 29 juillet 2010
https://www.senat.fr/rap/r09-685-1/r09-685-1_mono.html

Jean-Jacques Jégou, rapporteur de la loi de finances pour 2010 devant le Sénat, au nom de la Commission des finances de cette assemblée, a présenté à ses collègues l'addition des dépenses engagées par la France pour protéger sa population de la grippe pandémique à virus A/H1N1, évaluées à plus de 1,06 milliard d'euros par le ministère de la Santé, dépense qui se répartit comme suit. A ce compte, s'ajoutent de nombreuses autres dépenses dont des dépenses territoriales qui laissent apparaître un coût total lié à la pandémie compris entre 1,8 et 2,2 milliards d'euros.

=> http://www.santelog.com/modules/connaissances/actualite-sante-co%C3%BBt-de-la-grippe-h1n1-environ-2-milliards-deuros,-selon-le-s%C3%A9nat_2258.htm (deleted)

NATIONAL POST

Michael Fumento

The WHO should just give up on the flu scare

National Post, 3 December 2009
In These New Times, 8 December 2009
https://inthesenewtimes.com/2009/12/08/michael-fumento-the-who-should-just-give-up-on-the-flu-scare-read-more-httpnetwork-nationalpost-comnpblogsfullcommentarchive20091203michael-fumento-the-who-should-just-give-up-on-the-flu/

The folks who dubbed the swine flu piglet a pandemic, the World Health Organization (WHO), just won't let up.

"It is too early to say whether there has yet been a peak in infections in the northern hemisphere," Reuters paraphrased the WHO as saying, "and it will be some weeks before there is a downward trend in the numbers of those catching the virus."

Wrong across the board for both Canada and the U.S.

In the U.S., flu deaths and hospitalizations have declined for the third straight week, according to the Centers for Disease Control and Prevention (CDC). Regarding Canada specifically, the WHO claims "influenza activity remains similar but [the] number of hospitalizations and deaths is increasing." But Health Canada's FluWatch website, updated weekly, begs to differ.

"All influenza indicators declined," according to FluWatch, speaking of Nov. 27. Just what part of "all" doesn't the WHO understand?

Specifically, the website states, "The number of deaths decreased slightly this week as well as the number of intensive care unit (ICU) admissions and number of hospitalizations."

Logically, if U.S. and Canadian deaths, ICU admissions and hospitalizations are all down, and if you need to get infected with the flu before you can be sickened or die from it, then it's hardly "too early" to say whether there's "been a peak of infections," is it?

As it happens though, both the U.S. and Canada have plenty of direct measurements of swine flu infection for the WHO to ignore. In the U.S., the number of swine flu infections that laboratories have detected has been dropping for four straight weeks and is 83% off its peak; in Canada, positive specimens are half what they were two weeks ago.

In the U.S., the number of states with "geographically widespread influenza activity" has gone from 48 to just 32, while in Canada, the number of regions "reporting widespread or localized influenza activity" has declined for two weeks in a row, says FluWatch. The vast majority of the country now has only "sporadic activity," including half of Ontario and almost all of Quebec. Further the "overall number of influenza outbreaks" in Canadian schools and hospitals has fallen by over half in the last two weeks.

Yet somehow, despite all of this, the WHO doesn't perceive a "downward trend." Is it disregarding data in favour of feeling chicken entrails?

While we're at it, whatever became of the WHO's "pandemic" anyway? Until swine flu trotted in, pandemics were far deadlier than the yearly outbreaks of seasonal flu. Since seasonal flu ordinarily strikes all parts of the world, what other distinguishing feature should a flu pandemic have other than severity?

Yet swine flu, according to CDC estimates, is killing Americans at a rate that is one-third to one-12th that of seasonal flu. And that estimate is almost certainly too high. French figures, for example, are far lower as are those collected by New York City.

Every year in this country, 2,000 to 8,000 people die of flu, according to Health Canada. Swine flu, conversely, in the almost eight months since the outbreak began, has killed merely 138. Worldwide, WHO figures show fewer swine flu deaths in eight months than seasonal flu deaths every two weeks.

The WHO has been dishonest about swine flu from the very beginning. It's used its phony pandemic to cover up its five-year scarefest over an avian flu pandemic that never came, to feed at the trough of greater power and a fatter budget, and even to call for redistribution of international wealth on the basis of values "like community, solidarity, equity and social justice," in the words of its director.

There's no motivation for the WHO to suddenly use that ubiquitous hand disinfectant and come clean.

=> the same article

MICHAEL FUMENTO
FACTUAL · POWERFUL ORIGINAL · ICONOCLASTIC

Michael Fumento

WHO Should Just Give Up on the Flu scare

M.Fumento, 3 December 2009.
https://web.archive.org/web/20151004050400/http://fumento.com/swineflu/fluscare.html

The folks who dubbed the swine flu piglet a pandemic, the World Health Organization (WHO), just won't let up.

"It is too early to say whether there has yet been a peak in infections in the northern hemisphere," Reuters paraphrased the WHO as saying, "and it will be some weeks before there is a downward trend in the numbers of those catching the virus."

...

There's no motivation for the WHO to suddenly use that ubiquitous hand disinfectant and come clean.

A concerned Australian journalist,

Medical Martial Law possible with New Public Health Bill in South Australia

Infowars, 4 December 2009

https://web.archive.org/web/20100102033305/http://theflucase.com/index.php?option=com_content&view=article&id=2190%3Amedical-martial-law-possible-with-new-public-health-bill-in-south-australia&catid=1%3Alatest-news&Itemid=64&lang=en

South Australia has proposed controversial new legislation, in an unprecedented move to legalize forced medicine, civil libertarians say. Under the guise of public health, the South Australian Health Minister John Hill has introduced the South Australian Public Health Bill 2009 into state Parliament. It is feared the Bill will authorize a massively expanded new public health department – in addition to the already existing one – which will wield authoritarian powers that threaten to radically change current medical practice and leave wide spread human and civil rights violations in its wake.

The state has extensive public health statutes already in place allowing the health department wide powers in case of public health risks such as epidemics, but the new Bill harmonizes with the World Health Organizations' International Health Regulations to which Australia is a signatory. The Bill introduces the new disease category of 'controlled infectious diseases', which allows authorities unprecedented powers over persons even suspected of having an infectious disease. The Bill's explanatory paper states; [The Bill] Provides for a clear scheme for the management and control of persons with controlled infectious disease … [it] provides for a compulsory scheme of clinical examination, counseling, direction, treatment orders and detention or isolation orders.

This means health department authorities can forcibly test, examine, counsel, treat, detain, or isolate anyone suffering of any disease or anyone suspected of having a disease.

Incredibly, the Bill also claims powers over those with chronic non-infectious diseases. Clause 57 allows the health minister to declare non-infectious diseases such as cancer, diabetes, obesity, and vascular problems – a public health risk. Clause 58 allows the health department to set down a 'code of practice' which impose standardized medical treatment protocols for each condition, requiring doctors to prescribe only the official drugs and treatments approved by the government. The code of practice includes government control of health information given to the public. Those in the allied health industry fear the law could restrict or end independent sources of health information, complementary medicines, health product network marketing and a choice in doctors. Consumer groups fear the Bill has the power to end health choices while reducing doctors to prescribing standardized treatments. One watchdog group spokesman said he believed the Bill gave drug companies an open door to persuade health departments to mandate their products while stifling independent information.

Libertarian groups have expressed concern about the coercive nature of the Bill. Clause 59 deals with notifiable conditions. Currently, any person seeking treatment for a sexually transmitted disease, or a childhood disease such as measles or mumps, or a simple case of the flu must be reported to the health department. Clause 60 of the Public Health Bill, imposes $10,000 fines on doctors, pathologists and labs for failing to report a case of flu or any other notifiable disease within 3 days of even 'forming a suspicion' that a person has the disease. Under the new law, the health department has the power to request any confidential information about patients, which doctors must supply on threat of a hefty fine. A special clause protects doctors from any breach of patient confidentiality or ethical breaches in case patients complain about their medical information being passed on to various government departments. The new Bill ensures the public will not be able to access public

health department information through the Freedom of Information Act 1991. Critics say this makes the health department entirely non-transparent and non-accountable to the public. The clause also expands the list of notifiable diseases to 'notifiable micro-organisms', meaning the minister can declare any disease-causing micro-organism a notifiable disease, including future, as yet unidentified new germs. Once the minister declares a micro-organism to be notifiable, Clause 64 allows the health department to seize vehicles or other belongings and impose quarantine on persons or entire regions.

While many would regard these powers reasonable and necessary to contain serious plagues, critics claim that Clause 65 widens these powers into all other non-infectious conditions. The Bill's explanatory paper states that under Clause 65: A disease or medical condition can be declared to be a controlled notifiable disease or medical condition by regulation. In the interests of public health in urgent circumstances, the Minister can declare a disease or med ical condition a controlled notifiable disease…

This means health department officials can force persons with conditions such as obesity, high blood pressure, or cancer to undergo a medical examination and testing followed by forced treatments, and detention. Clause 70 gives the government power to force 'counseling' and 'education' or; other activities that help a person understand the implications of a controlled notifiable disease if a person has failed to participate in a relevant counseling activity despite being given a reasonable opportunity to do so'. Clause 71 gives the health department power to force persons, among other things to; reside at a certain place, to not visit specified places, to not associate with specified persons or classes of persons, to attend specified meetings and provide reasonably required information, to be under the supervision of a person nominated by the Chief Public Health Officer.

With already wide-ranging control over all diseases and conditions, the Bill gives the health department additional power to automatically override all parental consent. At the same time, large populations can be controlled through Clauses 4-6 setting out requirements for 'population monitoring' and other 'systemic measures' requiring local councils to regularly report to the health department about persons alleged or even suspected of causing health risks. Once enacted, no one will be able to avoid the legislation – even when dead. Clause 78 permits the government to carry out any procedure or tests on dead people, despite any objections from the relatives.

The Bill has extra clout with its substantial fines ranging from $60,000 to $1 million and 10 years' jail for those who do not comply with the tough new health measures.

Some have hailed the Bill as a welcome reform to public health. The South Australian health minister, John Hill writes in the Bill's explanatory paper, 'This Bill, if passed, will provide South Australia with forward looking legislation for public health that meets international standards. It will provide for systematic approaches to prevention and health promotion and stronger, more robust powers for protecting public health and for dealing with public health emergencies. It also enables South Australia to meet and respond to the public health challenges that will confront us in the 21st Century.' Meanwhile, Australian Medical Association State President, Dr Andrew Lavender said he approved of the changes, claiming they were important to protect the public.

The only politician opposing the Bill so far has been opposition health spokesman Duncan McFetridge. 'It's bordering on nanny-state legislation,' he said. 'It's understandable, but how far do we go?'

Since the Bill was introduced into the SA state Parliament, it has caused a furor among health care advocates who fear it could spell the end of health choices, undermine the public's trust in doctors, and usher in the end of democracy in the State of South Australia.

Reference: http://www.health.sa.gov.au/pehs/publications/billexplainatorpaper-peh-sahealth-2009.pdf (deleted)

Bloomberg

Jason Gale

WHO Defends Flu Response Amid Exaggeration Claims

Bloomberg, 4 December 2009, 06:00
http://www.bloomberg.com/apps/news?pid=20601203&sid=anDw8Gp5w4eA

Dec. 4 (Bloomberg) – The World Health Organization, facing criticism that it exaggerated the threat of swine flu, said it's too soon to decide whether the pandemic is more or less deadly than seasonal flu and comparing death rates may be misleading.

Mortality from the new H1N1 strain is "unquestionably higher" than the death toll reported by national authorities, the Geneva-based agency said in a report seen by Bloomberg News before its scheduled publication today. Deaths totaled more than 7,820 as of Nov. 22, said WHO, which estimates as many as 500,000 people die each year from seasonal strains.

Health authorities worldwide are assessing whether their response to swine flu is justified by its threat as cases of flu-like illness retreat in the U.S. and U.K. While a majority of patients recover within days and reported fatalities are a fraction of the seasonal flu toll, these figures mask the full impact of swine flu on society, WHO said.

"Compared with seasonal influenza, the H1N1 virus affects a much younger age group in all categories – those most frequently infected, hospitalized, requiring intensive care, and dying," WHO said in the report.

In Australia, about 3,000 people aged 50 or older die from seasonal flu each year, according to statistical modeling. Officials counted 190 deaths associated with confirmed swine flu, Jim Bishop, the nation's chief medical officer, said last week in a report in the New England Journal of Medicine.

Younger Victims

The median age of patients who died was 53, compared with 83 in seasonal epidemics, and the number of patients treated in intensive care units for viral pneumonia was about 14 times greater than normal, Bishop said in a telephone interview from Canberra today.

"It's a different type of virus affecting younger people and putting more people into hospital and ICU," he said. "It's not attacking older people in nursing homes."

The pandemic's impact is better gauged by the number of life-years lost because of the younger age of victims compared with seasonal flu, said Michael Osterholm, director of the University of Minnesota's Center for Infectious Disease Research and Policy in Minneapolis.

"If you look at years of personal life lost, it's much higher, and that's the point we have to get across," Osterholm said in a telephone interview today. "A death in an otherwise healthy 24-year-old, to me, is a major defeat for society."

Pregnant Women

Of those infected worldwide, 1 percent to 10 percent have required hospitalization and as many as a quarter of those patients have needed intensive care, WHO said today in the Weekly Epidemiological Record newsletter. Pregnant women have a 10 times higher likelihood of requiring admission to an ICU compared with the general population, and at least 1 in 14 of all hospitalized cases are women in their second or third trimester of pregnancy, it said.

Bishop said WHO's decision to declare swine flu a pandemic in June helped guide the nation's response, which he said was "proportionate and relevant."

The United Nations agency moved to the top level of its pandemic alert following advice from a group of scientists and health officials who may have ties to the pharmaceutical industry, Sweden's Svenska Dagbladet newspaper said last week, citing reports in Danish newspaper Information and the journal Science. WHO spokesman Gregory Hartl told the newspaper that the decision to declare a pandemic was made by Director General Margaret Chan alone.

'Machine Grinding'

In July, epidemiologist Tom Jefferson told Germany's Der Spiegel that WHO, public health officials, virologists and pharmaceutical companies may have had ulterior motives in promoting the pandemic threat.

"They've built this machine around the impending pandemic," Jefferson was quoted as saying.

"There's a lot of money involved, and influence, and careers, and entire institutions," he said. "All it took was one of these influenza viruses to mutate to start the machine grinding."

Public perceptions about the pandemic and national preparedness plans have been influenced since 2004 by the threat of bird flu, "widely regarded as the virus most likely to ignite the next influenza pandemic," WHO said in a statement yesterday. The H5N1 strain of avian influenza killed 59 percent of the 444 people known to have been infected, according to WHO.

Adjusting Perceptions

"Adjusting public perceptions to suit a far less lethal virus has been problematic," WHO said. "Given the discrepancy between what was expected and what has happened, a search for ulterior motives on the part of WHO and its scientific advisers is understandable, though without justification."

Since April, at least 622,482 people have been infected with the virus in more than 207 countries and territories, according to WHO.

Swine flu infections and deaths reported to WHO are based on laboratory confirmed tests rather than mathematical modeling used to estimate fatalities from seasonal flu, the agency said.

"With the current pandemic, we really have data which is almost an anomaly, when we look at how influenza has been counted in the past," Keiji Fukuda, WHO's special adviser on pandemic influenza, told reporters on a conference call from London yesterday. "People do not typically count influenza deaths on a one-by-one basis. And so, we do not have a lot of data on laboratory-confirmed deaths for seasonal influenza."

Accurate assessments of deaths and mortality rates will probably be possible only one to two years after the pandemic has peaked, WHO said.

"What we're doing is reporting on the final score and we're only at half time," said Osterholm at the University of Minnesota. "We have no clue what's going to happen in the next three to six months."

MONTREAL GAZETTE

Sharon Kirkey

H1N1 pandemic ending with a whimper, not a bang

Montreal Gazette, 4 December 2009
https://web.archive.org/web/20100108093941/http://www.montrealgazette.com/health/H1N1+pandemic+ending+with+whimper+bang/2304630/story.html

With H1N1 poised to enter history as the least deadly of four global flu pandemics, some experts are calling for an end to Canada's mass vaccination program.

Nature is already achieving what we would hope to achieve by vaccinating, they say.

H1N1's "reproductive number" – the number of people each infected person passes the virus to – was above one when the epidemic began, which led to the explosive initial increase in cases.

Now it is less than one, because many people have become immune, and each old case is making less than one new case. When the reproductive number falls below one, the epidemic can't sustain itself, and fades away.

The drop in cases suggests Canada has hit the critical fraction of the population that needs to be vaccinated to control the pandemic, says Dr. David Fisman, a University of Toronto expert in infectious disease dynamics.

Fisman can't understand the rational for continuing mass vaccinations. He said that for a virus as contagious as H1N1, fewer than 30 per cent of the population needed vaccination to reach a critical level of immunity.

"I'm sure that the vaccine has prevented some deaths. I'm sure that there are people who are alive right now who would not have been alive if we hadn't vaccinated," he says. But the pandemic was already peaking, and then subsiding before the vaccination was rolling out in force.

"That's nobody's fault, that's just how long it took to make a vaccine against a brand new virus. Those were the cards we were dealt," says Fisman, an associate professor of infectious diseases epidemiology at the University of Toronto's Dalla Lana School of Public Health.

Despite that view, Canada's top doctor this week pleaded with Canadians to get vaccinated if they have not already done so. Chief public health officer David Butler-Jones said that, while 30 per cent of the population is now immune to H1N1, either because they have been vaccinated or because they have already been infected, "millions" of people are still at risk of infection.

Someone vaccinated today may be protected against infection two weeks from now, "if there is still enough of (H1N1) kicking around," Fisman says. But the benefit diminishes the further into the future we go, and he says other public health programs have suffered as staff and resources were redeployed to the H1N1 campaign. In some jurisdictions, breastfeeding support programs, sexually transmitted diseases clinics and other usual activities were cancelled or postponed as public health was forced to bear the brunt of delivering the largest immunization program in Canada's history.

"At this point, in terms of saying everybody must get vaccinated because there is a pandemic abroad, it's kind of done," Fisman says.

H1N1 will likely die out with a death rate lower than that for regular seasonal flu.

Harvard University infectious disease expert Marc Lipsitch is pegging H1N1's case fatality rate – the proportion of people infected with a disease who die of it – at less than 0.1 per cent, placing human swine flu in a category 1 pandemic, the lowest level of severity for a worldwide disease outbreak. Swine flu's case fatality rate is less than what was seen for the three worldwide flu outbreaks in the 20th century: 1918, 1957 and 1968.

Unless the virus mutates, and there is no strong sign H1N1 is becoming noticeably different, "it's almost certainly going to be the mildest of the four (pandemics) that we have good data on," says Lipsitch, a professor of epidemiology at the Harvard School of Public Health.

When the World Health Organization declared the pandemic in June, officials warned the rogue virus threatened all of humanity. The reality is so far proving strikingly different from what was expected.

The world agency, and Canada, had done their pandemic planning with a different flu virus in mind. They spent five years watching H5N1, or "bird flu," which kills up to 60 per cent of those it infects.

We got off lucky when the real pandemic hit, WHO says, but the public doesn't always understand that.

"Adjusting public perceptions to suit a far less lethal virus has been problematic," WHO said in a statement Thursday, issued in response to media reports that ties with the drug industry among expert advisers may have influenced WHO's policy decisions related to H1N1.

"Given the discrepancy between what was expected and what has happened, a search for ulterior motives on the part of WHO and its scientific advisers is understandable, though without justification.

"WHO has consistently assessed the impact of the current influenza pandemic as moderate. WHO has consistently reminded the medical community, public and the media that the overwhelming majority of patients experience mild influenza-like illness and recover fully within a week, even without any form of medical treatment."

But some critics say WHO set itself up for blame.

"They had been talking for years about the possibility of some kind of reprise of the 1918 pandemic," says Philip Alcabes, author of Dread: How Fear and Fantasy Have Fueled Epidemics from the Black Death to the Avian Flu. "A huge amount of money and person power was devoted to preparing" for the next outbreak, he says.

But, "there was never any evidence, not from Day 1, and not anytime since, that this strain of flu was going to be a particularly dangerous strain, either in terms of its capacity to make people sick or its capacity to kill people," says Alcabes, associate professor in urban public health at Hunter College's School of Health Sciences in the City University of New York.

"Yet that's the story that's always been told, almost every single day since it appeared in April. 'We don't know what's going to happen.' Essentially, 'the sky might fall.'"

Lipsitch, of Harvard, says that when the first reports were coming out of Mexico, the case fatality rate estimates were as high as four per cent, which is twice the rate for the 1918 Spanish flu.

"If you don't know how bad your enemy is, you plan as if it's bad, and you hope that you're over-planning. In this case, that's exactly what was done," he says.

"I think the response has been appropriate for what we knew at each stage, but what we know has changed, because the data gets better."

Sarkozy annonce la création de milices de quartier

Unis Face au Vaccin, 4 Décembre 2009, 12:03
https://web.archive.org/web/20100102050555/http://www.unisfaceauvaccin.org/actualites/campagnes-de-vaccination/366-sarkozy-annonce-la-creation-de-milices-de-quartier-.html

La grippe s’avérant bénigne, on prépare toujours davantage l’état d’urgence, que l’on considère semble-t-il comme une étape obligée.

Dans la perspective des élections régionales de mars prochain, Nicolas Sarkozy s’est rendu en Seine-Saint-Denis, mardi 24 novembre, pour remettre le thème de l’insécurité sur le devant de la scène. Un passage de son discours est passé à peu près inaperçu: Jean-Luc Mélenchon invité de France Inter dimanche soir, l’a mis en évidence. Le Président de la République n’a rien annoncé de moins que la création de milices citoyennes pour assurer le maintien de l’ordre:

«Des réservistes expérimentés seront recrutés comme délégués à la cohésion police-population. Ils s’appuieront sur des "volontaires citoyens de la police nationale", c’est à dire des habitants dont je veux engager le recrutement pour qu’ils s’impliquent dans la sécurité de leur propre quartier».

Mélenchon a repris l’information dans son blog; voici son article:
"*Action Urgent: Refuser La Creation des Milices Sarkochiourmes*

Ce soir sur France inter, dans l’émission de Pierre Weill, "c’est demain la veille" j’ai évoqué un fait à propos du contenu du discours de Nicolas Sarkozy sur la sécurité en banlieue qui a fait figure de révélation comme l’a souligné Jean-Marie Colombani présent sur le plateau. Je recommence donc ici, sur ce blog, pour que la nouvelle ne reste pas confinée. Comment se fait-il qu’aucun média ne l’ai relevé? Peut être parce que Nicolas Sarkozy fait tellement de discours que leur contenu n’est plus étudié par personne. Nous allons voir combien de temps il faudra pour que le sujet que je soulève vienne en débat dans les médias. Je rappelle en résumé le contexte:

Le 24 novembre Sarkozy s’est rendu à Bobigny, Epinay (93) et Le Perreux (94) annonçant que «ça va beaucoup bouger sur la sécurité» avec «un plan anti-drogue, un développement accru de la vidéosurveillance, et de nouveaux moyens d’enquête pour la police.» Etrange déjà de voir quelqu’un en 1ère ligne et en responsabilité sur la sécurité depuis plus de 7 ans, depuis son accession au ministère de l’intérieur en 2002, affirmé qu’il faut faire bouger beaucoup de chose dans son domaine d’action prioritaire. Passons. Mais une annonce qu’il a faite, énorme, est passée totalement inaperçue. Lisez cet extrait de son discours: «Des réservistes expérimentés seront recrutés comme délégués à la cohésion police-population.

Ils s’appuieront sur des "volontaires citoyens de la police nationale", c’est à dire des habitants dont je veux engager le recrutement pour qu’ils s’impliquent dans la sécurité de leur propre quartier». Ainsi il s’agit là du système expérimenté par Silvio Berlusconi en Italie et que l’on appelle «les chemises jaunes » du nom de la couleur de la chemise de ces miliciens. Ainsi Nicolas Sarkozy a l’ intention de faire des milices et personne ne dit rien ? Avez-vous bien lu? Dans votre quartier, certains habitants du quartier auront des fonctions de police dans le quartier lui-même.

Qui peut être d’accord avec ça? Imaginez-vous concrètement ce que cela veut dire de pouvoir exorbitants accordé à ces personnes? Il faut rapidement que nos parlementaires et nos élus locaux s’opposent à cette absurdité. Les milices locales sont la fin du maintien de l’ordre républicain. Aucune des imperfections et lacunes béantes de ce dernier ne justifie que l’on régresse à cette logique milicienne qui va déclencher des abus prévisibles et des inquisitions intolérables dans un pays libre."

THE FLU CASE

French President announces creation of Paramility groups

The Flu Case, 5 December 2009, 14:46

https://web.archive.org/web/20100102050555/http://theflucase.com/index.php?option=com_content&view=article&id=2187%3Afrench-president-announces-creation-of-paramility-groups&catid=41%3Ahighlighted-news&Itemid=105&lang=en

French President Nicolas Sarokozy has announced plans to form paramilitary groups to patrol parts of cities, the "banlieu", where large numbers of immigrants live, in a move that has disturbing echoes of Fascist Europe in the 1930s.

Private "citizen" paramilitary groups are supposed to keep "law and order" in the banlieue. But the decision to set them up ahead of the up ahead of up-coming regional elections will spark fears that will be employed to intimidate political opponents.

Allowing an uregulated armed force to patrol high rise ghettos, blighted by unemployment and poverty and where the residents are disadvanatged by systematic racism, is also sure to create an atrmosphere of intimidation and violence and could ignite large scale social unrest.

The increasingly unpopular Sarkozy and his globalist backers might well, however, be hoping to hang onto power by using the divide and rule tactic.

Funding private armies will drag France down into a spiral of violence, deflecting attention from their financial and other crimes, such as the use of toxic vaccines in vaccination centers.

Shooting protestors is also permitted under the Lisbon Treaty, which came into force on December 1st, and which put Europe under a quasi dictatorship by means of the use of the manipulation of the election process.

As a result of this fraudulent treaty, an EU police force is theoretically allowed to arrest anyone without even having to a reason to the local police, putting their operations outside the law.

However, the Lisbon Treaty has itself no basis in law.

The Nazi German Judges Trail of 1947 ruled that judges and lawyers who assisted the Nazi government in stripping people of their constitutional rights so that they have little or no legal security against the arbitary and brutal violence of state organs are guilty of a crime, specifically of abusing of the judicial and penal process.

The Nuremberg Trial of 1947 also ruled lawyers and judges who had not activity promote Nazi lynch justice and state – organised terror were also guilty on the grounds that their decision to continue in office lent credibility to what had become a criminal justice system.

The same ruling applies to the EU and the Lisbon Treaty and any judge who attempts to enforce its provisions.

An EU law criminalising legitimate reporting of EU crimes is itself an obvious crime.

Europe's drug regulator, the EMEA – two-thirds funded by the pharmaceutical industry – allowed uintested and dangerous "swine flu" vaccines to be approved on the market, but now you can be arrested by the EU police for pointing these facts out.

But this is just one example how the EU is being used as front to further the agenda of an international corporate crime syndicate.

This totalitarian EU structure allowing paramilitary groups and organised corporate funded crime to flourish must be dismantled and the people of Europe need to return to democracy and the rule of law as soon as possible.

Polskaweb News

Tötet der H1N1- Impfstoff?
Russland droht WHO

PolskaWeb News, 5 December 2009
https://web.archive.org/web/20091215032125/http://polskaweb.eu/index2.php?option=com_content&task=view&id=3013&pop=1&page=0&Itemid=419

Russland fordert Untersuchung wegen Korruptionsverdacht bei WHO Berlin - Jeder ist in erster Linie für seine Gesundheit selbst verantwortlich, doch viele Menschen sind gezwungen diese Verantwortung auch für andere zu übernehmen. Kinder oder ältere Leute zum Beispiel die nicht selbst entscheiden können oder wollen sind somit ihren Erziehungsberechtigten oder einem Arzt voll ausgeliefert, wenn es um die möglicherweise tödlichen Folgen von Impfungen gegen den Schweinegrippe- Virus (H1N1) geht. Wir warnen diesbezüglich dringendst vor übereilten Entscheidungen für sich und andere, denn die bis jetzt bekannten Grippemittel scheinen weder sicher noch hilfreich zu sein und ihre Hersteller stehen international bereits unter Korruptionsverdacht. Heute sind wieder Menschen in Deutschland nach Impfungen mit Pandemrix gestorben, ebenso in Italien und Slowenien und wahrscheinlich auch vielen anderen Ländern. In Dänemark, Holland, Russland und Polen ermitteln Journalisten und Politiker bereits gegen mögliche Verantwortliche einer nicht mehr auszuschliessenden gigantischen Verschwörung und Korruption.

Warnung vor Behörden, Instituten und Medien

Meldungen der Weltgesundheitsorganisation WHO, Gesundheitsämtern, Einrichtungen wie dem Robert-Koch- und Paul-Ehrlich-Institut sowie Medien wie z.B. Bild-Zeitung, Welt, Focus, Rheinische Post und selbst der ARD- Tageschau sollten Sie nicht blind vertrauen, denn durch ihre anhaltende Panikmache bez. der dubiosen Schweingrippe, stehen sie gleichfalls unter Verdacht Gelder von den Produzenten der Impfstoffe erhalten zu haben. Es ist definitv gelogen, dass Impfstoffe knapp seien und es deshalb Wartelisten gebe, die Impfung gegen Schweinegrippe völlig harmlos sei und die Grippe dagegen gefährlich. Es ist sogar nicht auszuschliessen, dass in Deutschland bereits mehr Menschen durch Impfungen starben als an den Folgen einer dubiosen Schweinegrippe. Die großen Pharma-Produzenten pflegen nur ca. 11 Prozent ihres Umsatzes in die Forschung zu stecken, aber 37 % in die PR für ihre Produkte. Selbst Milliarden Bestechungsgelder könnten somit bereits geflossen sein.

Drohungen aus Russland gegen die WHO

Während in Russland die Ausbreitung einer Grippeepidemie bereits unter Kontrolle der Gesundheitsbehörden zu sein scheint und die Zahlen der Erkrankten zurückgehen, sind jetzt auch hier die WHO und die Pharmaindustrie unter Korruptionsverdacht geraten. Beide versuchen schon seit Monaten gemeinsam, mittels "druckvollen Empfehlungen", Moskau zum Kauf des Anti-Virus-Präparates Tamiflu des schweizer Arzneimittelherstellers "Roche" zu bringen. Die russische Regierung hat aber, ebenso wie schon früher die polnische Gesundheitsministerin Kopacz, Bedenken gegen die angebliche Gefahr der Schweinegrippe geäussert und alle diesbezüglichen Gegenmittel folgerichtig in Frage gestellt.

Russland fordert internationale Untersuchung

Der Dumaabgeordnete und Vorsitzende des russischen Gesundheitsausschusses Igor Barinow hat den ständigen Vertreter Russlands bei der WHO angewiesen, Ermittlungen in Zusammenhang mit den sich mehrenden Korruptionsvorwürfen gegen die Organisation und der Pharmaindustrie anzustellen. "Es gibt schwerwiegende Vorwürfe wegen Korruption innerhalb der WHO. Eine internationale Untersuchung hierzu ist unabdinglich. Wir haben bereits 4 Milliarden Rubel im Kampf gegen die neue Grippe ausgegeben, dieses Geld hätte für wesentlich dringlichere Probleme ausgegeben werden können. Wenn sich derartige Vorwürfe von Verschwörung und Korruption bestätigen, könnte dies auch einen Austritt Russlands aus der WHO bedeuten" - sagte Barinow am Freitag und fügte hinzu, dass niemand an der Stichhaltigkeit der WHO im Kampf gegen Malaria, Pocken und HIV im zwanzigsten Jahrhundert zweifele, doch jetzt aber müsse geklärt werden, ob die Organisation selbst nicht mit Korrupten Subjekten infiziert sei.

"Polskaweb News" macht die Welt schon seit Monaten auf Ungereimtheiten um die Schweinegrippe aufmerksam. Leider werden die Behörden aber wieder erst reagieren wenn den Tätern ausreichend Zeit gelassen wurde, ihre Verbrechen zu verschleiern und Beweise zu vernichten. Lesen Sie hier mehr über die dubiosen Ereignisse um die angebliche tödliche Seuche (Bild-Zeitung).

Uusi Suomi Blogit

Riikka Söyring

An open letter to all members of the WMA, World Medical Association, and healthcare personnel all over the world

Uusi Suomi, 6 December 2009

https://puheenvuoro.uusisuomi.fi/riikkasoyring/24669-an-open-letter-to-all-members-of-the-wma-world-medical-association-and-healthcare-personnel-all-over-the-world/

My name is Riikka Söyring.
I am from Finland.
I write to you as I think it is necessary to share this information about the swineflu and vaccinations.

A couple of days ago there was "news" in the paper that STM (finnish Social- and Health Ministry) is monitoring chats, blogs and netforums to keep a track of discussions concerning Swineflu.

Hospital personnel has told us -anonymously- that THL (finnish Health- and Wellbeing-department) has forbidden to keep a register of the symptoms people get after vaccination and the dead are neither to be registered.

Private clinics are forbidden by THL to take Swineflutests.

How can it be said that we have a pandemic going on if it is not followed with records?
How does this fits in with democracy, transparency and the spirit of the WMA declaration of Helsinki?

It does not, in my humble opinion.
It is a breach of a Constitution in many countries.

I personally have contacted the finnish health-committee, MEPs, Chancelor of Justice, Ministers but I am not getting any answers. Not even one. I have contacted Transparency Finland, I have contacted media. No answers.

I have seen a document GlaxoSmithKline demands it´s employees to undersign. By signing it they release GSK from the responsibility of the all harmfull effects this Pandemrix might cause them.

We suspect that Pandemrix is a nanovaccine. They are not patented, licensed, tested yet. If this is so, it is extremely dangerous for pregnant women as it causes irreversible changes in the mitochondryo of the phoetus.

There is a person who is demanding in the court that THL submit the papers revealing the real substance of Pandemrix. So far they have refused to do so.

I ´ll enclose a link, it´s a graphic so that even if you do not understand the language you´ll understand the names (some familiar among them…) and euro-marks

here´s the link http://www.svd.se/nyheter/utrikes/artikel_3866223.svd?service=graphic

Juhani Eskola and Pekka Puska, chief of finnish THL, both do get money from BigPharma. There are others too in the THL. Also, Terhi Kilpi from THL, actually admits that this H1N1-vaccine was, and is, untested and therefore I conclude that this vaccination-campaign because of "pandemy" was, and is, a large scale test of the vaccine on humans.

http://www.infosota.fi/2009/11/17/terveyden-ja-hyvinvoinnin-laitos-hallinto-oikeuteen-salaisten-h1n1-sopimuspaperien-takia/

Pekka Puska undersigned, as a head of THL, also his acceptance to a law that would allow minors to be used in medical experiments with their own consent only; no written agreement is needed after/if this law passes, no consent of the parents.

The pharmaseutical companies are to have no responsibility of the side-effects or deaths which may result of these medical experiments if this law passes.

I suggest that everyone now, immediately, checks if a law similar to this is on a round and waiting to be accepted in your country.

We are communicating with Sweden also and they tell us that the media in Sweden ignores information about the Swineflu and vaccines as if they were told to do so. Netherland confirms that Pandemrix is a nanovaccine:

"Our gouverment has declared they will shut down web-site's about the true information about the vaccine and the flu. Today our minister of health told about theire interactions on blog's and forum's; so they'll know how the opnions are. We are aware of that, so we have to be carefull. I can confirm that Pandemrix is a nano-vaccine.

We are still in court with our minister of health, to give the information about the ingredients in the vaccine. Further more; our advisor of our health minister is Ab Osterhaus who has 13 side-jobs in the farmaceutical industry. Read this:

WHO announced the swine flu pandemic under pressure from a panel of advisers, headed by a Dutch doctor, Albert Osterhaus, nicknamed 'Dr. Flu' (from the name 'Tamiflu') because he was active in promoting mass vaccination of the population through WHO and the Western media.

Ever since I've been investigating the HPV-vaccine's I'm no longer on the gouverment mail-list. They've blocked me.

I have daily information about so many terrible affects of this vaccine. Woman who miscarriage, GBS.

We know now, since the vaccinations took place a week ago at least 7 people died. We only know that by internet -sources. Our media is absolutely quiet about that.

*I have proof that our so called Health Commite, lie's about the people who'll have this flu-shot. People were stuck in lines for TV as if they were all there for a Mex. flu-shot. In fact, it was a shot of people in line for a sale and had nothing to do with the Mex. flu shot. They've announced special openings in the weekend, because of the overwhelming amount of people standing in line for the Mex. flu sho*t."

I have a report from Germany. Vaccine was analyzed and found containing particles that do not belong into them. Same in Belgium.

Vaccines could be used as a bioterrosrism weapon. It is against this
http://ec.europa.eu/social/BlobServlet?docId=3852&langId=en
I am thinking about how a 72 kg of Avian flu-medication got mysteriously contaminated.
The afore mentioned portion was made by Baxter Biopharma, a company with a biosafetylevel3.
Dr. Joseph Moshe tried to warn people but got arrested (and probably ended up in a mental hospital).

Also Ukrainian happenings are most alarming and weird.
##

Here a little something other as an example:

"Who has been developing infertility vaccines since 1974? The answer is WHO.

"In 1998 a Patent Application was made for a system which uses a person's own immune system to render them permanently infertile, sterile, unable to have children. The system is irreversible, once injected." (See Squalene: Be Very Afraid Part I)

see the link:
https://puheenvuoro.uusisuomi.fi/riikkasoyring/24669-an-open-letter-to-all-members-of-the-wma-world-medical-association-and-healthcare-personnel-all-over-the-world/

SPIEGEL International

Benjamin Bidder

Pest-Panik in Russlands Provinz

Spiegel, 6 December 2009, 09.18 Uhr
http://www.spiegel.de/wissenschaft/medizin/0,1518,665238,00.html

Schulen werden geschlossen, der Bischof lässt Messen lesen - 30 Todesfälle wegen Schweinegrippe haben in einer russischen Wolgastadt Panik ausgelöst. Verschwörungstheorien machen die Runde, angeblich würden Behörden die viel schlimmere Wahrheit verschweigen: Die Pest sei da.

Wieder klingelt das Telefon des Chefredakteurs der "Neuen Zeitung" in der Wolgastadt Saratow. Wieder hat Alexander Burmistrow einen aufgeregten Anrufer am Telefon. "Wir bekommen ständig Anrufe von besorgten Bürgern", erzählt der Journalist. Viele berichten ihm jetzt von merkwürdigen Lastern, die durch die Straßen der Stadt fahren. Es seien schwere Tankwagen, berichten die Informanten. Sie verspritzten eine Flüssigkeit - vielleicht gegen die ? Oder vielleicht gegen Schlimmeres?

Furcht hat die 800.000 Einwohner der Stadt Saratow ergriffen. Angst vor der Epidemie, vor allem aber Angst davor, dass ihnen die Behörden die Wahrheit verschweigen. Sie fürchten, dass eine schlimmere Krankheit als die Schweinegrippe hinter den Todesfällen steht: die Pest.

Impfstoff

Schulen bleiben geschlossen, man meidet Menschenansammlungen, Geschäfte, Konzerte. Abends um 8 Uhr sind die Straßen wie leer gefegt. Der Gouverneur Itapow besucht demonstrativ eine Apotheke, vor den Fernsehkameras lässt er sich Grippepräparate reichen. Er habe sich auch schon impfen lassen, verkündet der Provinzfürst. Wenn aber die normalen Bürger in die Apotheke gehen, müssen sie feststellen, dass es für sie keine Medikamente gibt. Der bleibt knapp. Dann meldet das städtische Gesundheitsamt Mitte der Woche 466 bestätigte Fälle von Schweinegrippe. Und 30 Tote, die meisten davon junge Leute, ohne Vorerkrankungen. Es sind viele Frauen darunter.

Das Mobilfunknetz bricht zusammen

Gerüchte verbreiten sich wie Lauffeuer. Die Stadt solle abgeriegelt werden. Die Luftwaffe werde Einsätze fliegen, die Stadt werde aus der Luft "desinfiziert". Und Iwan P., 22, Medizinstudent, tippt verhängnisvolle Zeilen in seinen Blog: "Die Ergebnisse der Obduktion jener Saratower, die an der Schweinegrippe gestorben sind, ähneln den Beschreibungen in der medizinischen Literatur über die Resultate der Obduktion von Patienten, die an der Lungenpest gestorben sind." Geht der schwarze Tod um in Saratow?

Aus der Sorge wird Panik. Das Mobilfunknetz bricht zusammen, weil Tausende Einwohner gleichzeitig Ärzte und Behörden sprechen wollen. Beim städtischen Gesundheitsamt gehen massenhaft Anrufe ein. Die Krankenhäuser sind überfüllt, in den Polikliniken bilden sich Schlangen. Ratschläge machen die Runde, man solle nur abgekochtes Wasser trinken oder zum Zähneputzen verwenden. Und Hunderte Bürger schreiben an Präsident Dmitrij Medwedew: "Uns beunruhigt die enorme Anzahl von Todesfällen junger Leute mit der Diagnose 'Lungenentzündung'", heißt es in dem Brief.

Die Dementis der Behörden klingen wütend. "Verbrecherisch" nennt der Chef des föderalen Gesundheitsamtes in Moskau, Gennadi Onischenko, die Vorgänge in der Wolgastadt. Man habe es offenbar mit einer Verschwörung zu tun. "Welche Ziele verfolgt werden, dass weiß ich nicht, und ich will es auch nicht wissen", schäumt Russlands oberster Arzt. Es handle sich ohne Zweifel um "eine zielgerichtete Provokation", sagt Onischenko der Zeitung "Iswestia".

Russlands

Dabei trauen Bürger schlicht ihren Behörden nicht mehr über den Weg. Saratow werde nicht geschlossen, beeilt sich der Leiter des Gesundheitsamts der Stadt, Alexej Danilow, zu betonen. "Von der Pest kann nicht die Rede sein."

Die Menschen glauben ihm nicht mehr. Denn zu oft wurde ihnen in der Vergangenheit nicht die Wahrheit gesagt. So zum Beispiel die Beteuerungen der russischen Staatsanwaltschaft, der angeblich von Piraten gekaperte Frachter "Arctic Sea" sei lediglich "mit Holz und Brettware beladen" gewesen. Oder die Aussage von Wladimir Putin im August 2000, Russland verfüge selbst über die nötige Technik, um das gesunkene Atom-U-Boot Kursk zu bergen. Alle Seeleute seien durch Explosionen sofort ums Leben gekommen, versicherte man damals den schockierten Angehörigen. Die Matrosen hätten nicht leiden müssen. Tatsächlich hatten mehr als 20 Besatzungsmitglieder zunächst überlebt und waren dann am Grund der Barentssee jämmerlich erstickt.

Zehn Prozent glauben den Medien, zehn den Ärzten, sieben den Beamten

Sicherheitskräfte und Stadtobere verkünden jetzt einen Erfolg im Kampf gegen die vermeintlichen Übeltäter, die Saratow in Aufruhr versetzt haben sollen. Sie haben den Studenten Iwan P. verhaftet. Nach Informationen der Moskauer Zeitung "Kommersant" drohen ihm 200.000 Rubel Strafe - umgerechnet 4500 Euro - oder bis zu zwei Jahren Haft.

Der Bischof von Saratow lässt Messen gegen die Krankheit lesen und versichert, "Gott sende niemanden - nicht dem einzelnen Menschen, nicht einem ganzen Volk - ein Kreuz, dessen Last zu schwer ist zu tragen." Doch das Misstrauen bleibt. Die Zeitung "Wsgljad Info" aus Saratow hat ihre Leser abstimmen lassen. "Wer stellt die vertrauenswürdigsten Informationen über die Schweinegrippe-Epidemie zur Verfügung?" Zehn Prozent glauben den Medien. Zehn auch den Ärzten. Den Beamten? Knapp sieben. Und 65 Prozent der Leser sind davon überzeugt, dass "alle versuchen, den tatsächlichen Umfang der Epidemie zu vertuschen".

Denn Amtsinhaber und Würdenträger sind es nicht gewöhnt, die Öffentlichkeit offen und umfassend zu informieren, es gibt auch kaum einflussreiche Medien, die nicht staatlich kontrolliert werden. Das ist der Boden, auf dem in Russland Verschwörungstheorien besonders gut gedeihen. So glaubt heute laut Umfragen des Meinungsinstitutes WZIOM jeder fünfte Russe, dass es der eigene Inlandsgeheimdienst FSB war, der 1999 mehrere Wohnhäuser in die Luft sprengte - um einen Vorwand für einen Feldzug in der abtrünnigen Teilrepublik Tschetschenien zu haben.

In Saratow machen schon neue Versionen und Gerüchte die Runde. Es könnte einen Zwischenfall im Umland der Stadt gegeben haben. Wurden nicht im Dorf Gornij vor Jahren Chemiewaffen verschrottet?

Aber nicht alle verfallen der Furcht. Ilja Repin, ein junger Geschäftsmann, hat ein T-Shirt entworfen, das er jetzt im Internet vertreibt. Darauf ist ein Flugzeug zu sehen, das Desinfektionsmittel versprüht, und rennende Strichmännchen. "Ich habe die Desinfektion vom 2.12.2009 überlebt" lautet die Aufschrift. Ilja hofft auf die befreiende Wirkung des Humors - und ein bisschen Gewinn. 250 Rubel kostet das T-Shirt. In nur zwei Tagen hat er schon 400 Bestellungen entgegen genommen.

=> English version

THE FLU CASE

Plague Reported in Russia

The Flu Case, 7 December 2009 13:12
https://web.archive.org/web/20100102020250/http://theflucase.com/index.php?option=com_content&view=article&id=2200%3Aplague-reported-in-russia&catid=41%3Ahighlighted-news&Itemid=105&lang=en

An outbreak of pneumonic plague similar to that recently reported in the Ukraine and Poland has killed at least thirty people in the city of Saratow, reports Germany's Der Spiegel.
Top Russian health official Gennadi Onischenko is reported as saying the outbreak is deliberate and part of a "conspiracy." But he does not know who is behind the action.

This is part of the Spiegel report translated into English.
http://www.spiegel.de/wissenschaft/medizin/0,1518,665238,00.html

Benjamin Bidder, Plague panic in of Russia province. -

Schools are closed, the bishop has masses read - 30 deaths because of the swine flu have triggered panic in a Russian Volga city. Conspiracy theories make the rounds, the authorities are concealing the truth about how bad things are: the plague is here.

The telephone of the editor-in-chief of the "New Newspaper" rings again in the Volga city Saratow. Again Alexander Burmistrow has an excited caller on the other end. "We constantly get calls of anxious citizens", says the journalist. There are many reports of strange vehicles, which drive along roads of the city. They are heavy tankers, report an informant. They sprayed a liquid - perhaps against the swine flu? Or perhaps against something worse?

Fear has seized the 800,000 inhabitants of the city Saratow. Fear of the epidemic: above all, however, fear of the fact that the authorities are hiding the truth from them. They are afraid that a worse illness than the swine flu is causing the deaths: the plague.

Schools remain closed, people avoid groups, business, concerts. In the evening at 8 o'clock the streets have been swept empty. The governor Itapow visited for the TV a pharmacy, before the television cameras he got his flu medication. He has already been vaccinated, announces the provincial prince. If however the normal citizens go into the pharmacy, there are no medicines for them. The vaccine remains scarce. Then public health authorities in the middle of the week announced 466 confirmed cases of swine flu. And 30 deaths, mostly young people, without any illnesses. Many women are among them.

The mobile phone network breaks down

Rumors spread like fires. The city is to be put under quarantine. The Air Force is to carry out missions to disinfect the city from air. And Iwan P., 22, medical student, types doomladen lines into its blog: "The results of the autopsy, which died from the swine flu in Sarantwo, resemble the descriptions in the medical literature of the results of the autopsy of patient that died of the lung plague." Has the black death gone over into Saratow?

Concern turns to panic. The mobile phone network breaks down because thousands of people want to speak to dcotors and authorities at the same time. The public health authorities register huge quantities of calls. The hospitals are overcrowded, in the health centers queues form. Advice makes the round; use only boiled water and only for brushing your teeth. And hundreds of citizens write president Dmitrij Medwedew: “The enormous number of deaths among young people with the diagnosis “pneumonia" worries us” says the letter.

The statements of the authorities sounds furious. “Criminal” says the boss of federal public health authorities in Moscow, Gennadi Onischenko, about the procedures in the Volga city. It is obviously a conspiracy. “What the goals are I do not know, and I want it also to know”, storms Russia highest physician. It is “a deliberate provocation”, Onischenko tells the newspaper “Iswestia”.

PLOS MEDICINE

Anne M. Presanis, Daniela De Angelis, Angela Hagy, Carrie Reed,
Steven Riley, Ben S. Cooper, Lyn Finelli, Paul Biedrzycki, Marc Lipsitch
The New York City Swine Flu Investigation Team

The severity of pandemic H1N1 influenza in the United States
from April to July 2009: a Bayesian analysis

PLoS Med. 2009 Dec; 6 (12):e1000207. doi: 10.1371/journal.pmed.1000207.
Epub 2009 Dec 7/8. PMID: 19997612; PMCID: PMC2784967.

Abstract

Background: Accurate measures of the severity of pandemic (H1N1) 2009 influenza (pH1N1) are needed to assess the likely impact of an anticipated resurgence in the autumn in the Northern Hemisphere. Severity has been difficult to measure because jurisdictions with large numbers of deaths and other severe outcomes have had too many cases to assess the total number with confidence. Also, detection of severe cases may be more likely, resulting in overestimation of the severity of an average case. We sought to estimate the probabilities that symptomatic infection would lead to hospitalization, ICU admission, and death by combining data from multiple sources.

Methods and findings: We used complementary data from two US cities: Milwaukee attempted to identify cases of medically attended infection whether or not they required hospitalization, while New York City focused on the identification of hospitalizations, intensive care admission or mechanical ventilation (hereafter, ICU), and deaths. New York data were used to estimate numerators for ICU and death, and two sources of data--medically attended cases in Milwaukee or self-reported influenza-like illness (ILI) in New York--were used to estimate ratios of symptomatic cases to hospitalizations. Combining these data with estimates of the fraction detected for each level of severity, we estimated the proportion of symptomatic patients who died (symptomatic case-fatality ratio, sCFR), required ICU (sCIR), and required hospitalization (sCHR), overall and by age category. Evidence, prior information, and associated uncertainty were analyzed in a Bayesian evidence synthesis framework. Using medically attended cases and estimates of the proportion of symptomatic cases medically attended, we estimated an sCFR of 0.048% (95% credible interval [CI] 0.026%-0.096%), sCIR of 0.239% (0.134%-0.458%), and sCHR of 1.44% (0.83%-2.64%). Using self-reported ILI, we obtained estimates approximately 7-9 x lower. sCFR and sCIR appear to be highest in persons aged 18 y and older, and lowest in children aged 5-17 y. sCHR appears to be lowest in persons aged 5-17; our data were too sparse to allow us to determine the group in which it was the highest.

Conclusions: These estimates suggest that an autumn-winter pandemic wave of pH1N1 with comparable severity per case could lead to a number of deaths in the range from considerably below that associated with seasonal influenza to slightly higher, but with the greatest impact in children aged 0-4 and adults 18-64. These estimates of impact depend on assumptions about total incidence of infection and would be larger if incidence of symptomatic infection were higher or shifted toward adults, if viral virulence increased, or if suboptimal treatment resulted from stress on the health care system; numbers would decrease if the total proportion of the population symptomatically infected were lower than assumed.

HARVARD
School of Public Health

Severity of H1N1 Flu in U.S. during current Flu season may be less than Feared: Press Releases

Harvard, HSPH, 7 December 2009
https://web.archive.org/web/20100419073527/http://www.hsph.harvard.edu/news/press-releases/2009-releases/severity-h1n1-flu-us-current-flu-season-may-be-less-than-fea.html

Burden of disease may fall on young children and non-elderly adults.

Boston, MA – A new study from researchers at the UK Medical Research Council and the Harvard School of Public Health (HSPH) projects that the severity of the H1N1 flu during the autumn-winter flu season in the U.S. will likely be less than previously feared. The estimates of hospitalizations and life-threatening events in the study are the most accurate to date of the H1N1 pandemic's impact in the U.S. The study appears online on December 7, 2009 in the journal PLoS Medicine.

"As more detailed data have become available, we have been able to improve our estimates of how severe this disease is. Early on, it was difficult to measure the flu's impact and it was crucial to plan for the full range of possible outcomes. Fortunately, the virus now appears to be near the milder end," said Marc Lipsitch, professor of epidemiology at HSPH and the study's senior author. Lipsitch heads the Center for Communicable Disease Dynamics at HSPH, which focuses on mathematical modeling and analysis of data on pandemic influenza, drug resistant infections, seasonal infectious diseases, and intervention allocation. The Center is funded through the National Institutes of Health's Models of Infectious Disease Agent Study (MIDAS), which is aiming to increase capacity to model disease spread, evaluate different intervention strategies, and help inform public health officials and policymakers.

While the news is better than was thought at the start of the pandemic, Lipsitch emphasizes that it remains important to continue to vaccinate against pandemic H1N1 and to remain vigilant about disease in groups at risk of complications. "This is a serious disease," said Lipsitch. "The U.S. Centers for Disease Control (CDC) and others have shown that certain high-risk groups, including pregnant women, people with asthma, and people with compromised immune systems, should be vaccinated and should seek prompt treatment if they suspect they are sick with H1N1. Even for people outside these high-risk groups, vaccination is an important way to reduce the risk of what can be a serious illness."

Estimates of the H1N1 flu's severity are important because they help public health officials plan for the types of interventions that are needed to treat symptoms, including life-threatening respiratory situations, and help officials project the possible burden on the health care system.

"Providing unbiased estimates to gauge the severity of the flu pandemic is crucial in order for local health services to be able to plan their resources properly and deliver the best level of care possible. Our study was careful to account for uncertainty in the evidence and analyze the different ways severity of the illness is being measured," said first author Anne Presanis of the Medical Research Council Biostatistics Unit in Cambridge, UK.

Up until this point, the severity of H1N1 flu among the U.S. population had been hard to measure, partly due to the difficulties of counting the large numbers of cases that overwhelmed health authorities and of testing the large numbers of people that had symptoms. The World Health Organization counts 209,000 laboratory-confirmed cases and more than 3,205 deaths worldwide as of September 11, 2009, but health authorities worldwide believe that these are substantial underestimates.

The researchers, led by Presanis and Lipsitch, measured the severity of the pandemic by analyzing what fraction of people in the study population that were sick with H1N1 flu were (1) hospitalized, (2) in an intensive-care unit (ICU) or on a ventilator or (3) had died. They analyzed data from the CDC and from New York and Milwaukee, two cities where health officials collected particularly high-quality surveillance data during the wave of infections from April to July 2009. The researchers then combined all the evidence using a statistical approach called Bayesian evidence synthesis to estimate the probability of the three outcomes above for individuals who fell ill with H1N1 in the overall U.S. population and by age group.

The researchers used two different approaches to estimate these risks. One approach led to an estimate that approximately 1.44% of patients with symptoms of H1N1 flu during the April-July time period were hospitalized, 0.239% required intensive care or mechanical ventilation and 0.048% died. The other estimate found probabilities 7 to 9 times lower, due to the use of different data to estimate how many individuals were sick. Based on these findings and assuming that the virus doesn't change its characteristics, the researchers estimate that the severity of the autumn-winter pandemic wave of H1N1 flu could have a death toll in a range from considerably below the estimated 36,000 associated with an average flu season in the U.S. to slightly higher. Also, unlike seasonal flu, which kills mainly elderly adults, the H1N1 flu could have the greatest impact in children aged 0-4 and especially adults 18-64, a shift toward nonelderly persons that has been seen in prior flu pandemics.

"The good news is that, along with previous work by the CDC and others, our work shows that the severity of the H1N1 flu may be less than initially feared," said Lipsitch. However, he adds that between 1 in 70 and 1 in 600 people who are sick with the illness will be hospitalized, and a fraction of those will die.

A preliminary version of this article was posted on PLoS Currents (September 25th 2009), a new forum for rapid publication of results designed to aid timely dissemination of important information during the pandemic.

Support for the study was provided by the UK Medical Research Council, the UK Health Protection Agency, the U.S. National Institutes of Health and Department of Homeland Security.

"The Severity of Pandemic H1N1 Influenza in the United States from April to July 2009: A Bayesian Analysis," Anne M. Presanis, Daniela De Angelis, The New York City Swine Flu Investigation Team, Angela Hagy, Carrie Reed, Steven Riley, Ben S. Cooper, Lyn Finelli, Paul Biedrzycki, Marc Lipsitch, PLoS Medicine, online Dec. 7, 2009

thebmj

Oona Mashta

Fall in swine flu cases may not signal an end of the epidemic, warns Professor Donaldson

BMJ, 7 December 2009; 339: b5329; doi:10.1136/bmj.b5329
http://www.bmj.com/cgi/content/full/339/dec07_1/b5329

England's chief medical officer has said it is too early to know whether the "striking reduction" in numbers of new swine flu cases would continue in weeks ahead, and warned there may be a rise of infections among older people after Christmas.

The number of new cases of swine flu among adults halved in England in the week to 3 December to 22 000 new cases from 46 000 in the previous week, said Professor Sir Liam Donaldson.

However, the under 5s, the group worst hit by the swine flu so far, continue to be admitted to hospital. They have high levels of respiratory illness, which could also be caused by respiratory syncytial virus, said Professor Donaldson.

GP representatives are currently negotiating with the Department of Health the details of payments for the next priority group in the swine flu vaccination programme, children under 5 years old.

Ian Dalton, the national director for NHS Flu Resilience, told a press briefing on 3 December that there was still no agreement with GPs over payments for immunising all children between 6 months and under 5 years, but that he hoped there would be an agreement very soon. The vaccination programme was likely to be rolled out in stages across the country.

Professor Donaldson also expressed concern about the continuing deaths from swine flu and the high rate of hospitalisations despite low levels of the disease in the community.

The death toll has reached 270 in the United Kingdom and there are still 1000 people in hospital.

Professor Donaldson said, "We are not claiming victory because there are too many things to worry about. I won't be confident until March to say it's all over for this winter because in the 1957-8 pandemic we saw a further peak after Christmas among older adults and with seasonal flu we often see a peak in the New Year."

The vaccination programme for the priority groups and healthcare workers is progressing well, he said. An estimated 1.6 million doses have now been given out in England, a rise of 600 000 in the past week.

So far 275 000 health workers have had the vaccination out of two million being targeted, which is more than double the number that were given seasonal flu vaccine last year.

David Salisbury, director of immunisation at the Department of Health, was also cautious. He said, "We have no way of knowing what will happen with seasonal flu early next year and what the pandemic virus might do, especially as immunity expands in the population, which may force the swine flu virus to drift. It makes us very cautious."

CBSNEWS

Obama Administration Releases H1N1 Ads

CBS News, 7 December 2009, 7:30 AM EST
https://www.cbsnews.com/news/obama-administration-releases-h1n1-ads/

Pushing Americans to receive H1N1 (swine) flu vaccinations, the Obama administration on Monday released a new slate of television and radio ads to counter an illness that already has infected millions.

The public service announcements target children and their parents, young adults and those in high-risk groups, such as people with asthma. The ads in English and Spanish come as a shortage of the vaccine is easing, with another 10 million doses expected to become available this week. The messages also are a shift from earlier efforts to teach Americans how to avoid spreading the illness, known also as H1N1.

Health and Human Services Secretary Kathleen Sebelius announced the new ads Monday.

"Getting vaccinated is the best way to protect yourself and your family against the H1N1 flu virus," Sebelius said. "Fighting the flu is a shared responsibility and it is up to all of us to help prevent the spread of the flu in your community."

CBSNews.com Special Report: H1N1 Virus

The U.S. Centers for Disease Control and Prevention estimates that 22 million people have been infected with swine flu in the United States and 3,900 have died. Government tallies also include 98,000 swine flu-related hospitalizations.

The vaccine is becoming plentiful enough that some state and local governments are allowing everyone to get it, not just those in priority groups. There are 73 million doses available, roughly twice as many as there were a month ago, and another 10 million doses are expected this week, Dr. Thomas Frieden, the CDC's director, told reporters Friday.

New Ad Campaign Pushes H1N1 Flu Vaccinations

Fox News, 7 December 2009, 9:17am EST
https://www.foxnews.com/story/new-ad-campaign-pushes-h1n1-flu-vaccinations

Pushing Americans to receive swine flu vaccinations, the Obama administration on Monday released a new slate of television and radio ads to counter an illness that already has infected millions.

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Initially, limited supplies caused the CDC to advise state and local health officials to reserve doses for those at highest risk for severe complications from swine flu or those who take care of them.

Officials at the CDC said last week that it appears that a fall wave of swine flu infections has peaked. But flu is hard to predict, and health officials say they are worried of the possibility of a third wave this winter.

"Right now, Americans have a window of opportunity to get vaccinated," Sebelius said.

The new ad campaign features five television spots, including two targeting young Americans who are especially susceptible to the flu. Another three radio ads are available.

abcNEWS

Joseph Brownstein

Has Swine Flu Been Oversold?
If you warn of a pandemic but stop it, do you get credit?

ABC News, 8 December 2009, 2:20 AM
https://abcnews.go.com/Health/SwineFluNews/swine-flu-blown-proportion/story?id=9270149

Dec. 8, 2009. – A new analysis, using H1N1 deaths in the United States in the spring and projecting likely outcomes for this fall, shows that a typical -- or possibly even a milder flu season than average – should have been expected.

The finding begs the question: Has swine flu been oversold?

The new study, done by researchers at Harvard University and the Medical Research Council Biostatistics Unit in the U.K., says swine flu cases in the spring indicated a flu season that might be, at worst, slightly worse than normal.

"It would have been great to have that back in June," said Philip Alcabes, an associate professor in the program in urban public health at Hunter College's School of Health Sciences. "There would have been one more bit of evidence behind my assertion six months ago" that people were overreacting to H1N1.

He added, "I'm not saying they could have done that [analysis] even faster."

Around the time that swine flu first started making headlines, Alcabes' book, "Dread: How Fear and Fantasy Have Fueled Epidemics From the Black Death to Avian Flu," was published, and he said the circumstances surrounding H1N1 provide an apt case study.

"I think that it was, from the very beginning, created as a crisis and overstated as a real threat," he said, adding that he did not want to understate the seriousness of influenza.

"Flu is a serious illness, it kills people," he said. But, he added, "It does a disservice to public health when, in the name of a preparedness crusade, people create a narrative of crisis or catastrophe before we have enough data that this is happening."

Alcabes said that while public officials, in the early going, admitted to having little data on the virus and resisted calls to close the borders. But as time went on, he said, officials took many steps he feels were unnecessary, including mass, rather than targeted vaccination.

While the new paper suggests swine flu was unlikely to create a severe epidemic, the researchers, disagreeing with Alcabes, say they do not think public health officials overreacted.

"In the early on, we would not have been able to estimate severity. We were going with what was known at the time," said Anne Presanis, a statistician with the Medical Research Council Biostatistics Unit.

Victims of Success?

Dr. William Schaffner, chairman of preventive medicine at Vanderbilt University Medical Center, said he did not believe public health officials were overreacting.

"I don't think it's been oversold," he said. "I think you have to prepare for the worst and then be gratified that it wasn't as bad as it was."

While H1N1 affected different age groups from a typical flu, the intensity of that difference was not yet known in the spring.

"When it first hit, nobody knew how severe it could be or that population aged 60 and over would be relatively spared," said Schaffner. "Had this virus had an impact in the age 60 or over, it would have been vastly more injurious than seasonal influenza. We were fortunate in that regard, but we didn't know that at the time."

Public health officials faced a tough choice in May and June, said Robert Field, a professor of health management and policy at the Drexel University School of Public Health. Had they done little and an epidemic occurred, they would have been blamed for doing nothing. If they did a lot and there had been no major outbreak -- or even if their efforts stopped a potential outbreak – they would have been blamed for wasting money.

"The attitude of public health is better to be safe than sorry, and to some extent, we may be seeing a milder epidemic than we feared because of the vaccine and other measures people are taking," Field said. "It's so easy to be a victim of your own success -- no one ever sees the disease that's being prevented, you just see the one that appeared and then got cured. It's a consequence of any disease that you develop a vaccine for and more broadly, of any disease that you're able to prevent."

The Future of Preparedness

It is not clear how H1N1 will act in the coming months. While swine flu cases have hit their peak, public health officials are saying they expect another peak of influenza in winter, around the time when flu season typically peaks

On the East Coast, the winter cold has just settled in, so it is unclear what effect that will have on swine flu numbers.

"I am concerned that as more H1N1 vaccine arrives, people won't be as motivated to spend the time and energy to get it," said Schaffner. "We'll begin to see the vaccine left in the refrigerator while the virus continues to get people sick. H1N1 seems to persist because so many people are susceptible."

Such a phenomenon is typical for flu season, where vaccination peaks before Thanksgiving, but the majority of cases come in January and February.

"We're now beginning to enter the period of time of the regular seasonal influenza viruses," said Schaffner, explaining that he expects a mix of seasonal flu and H1N1, but is not sure of the proportions.

"I'm a little unsure of the relative proportions."

Schaffner does not believe that current responses will hurt the credibility of public health officials in the future.

"I would not think so," he said. "This has been an illness that has been pretty widespread throughout the country. Almost everyone knows someone who has been affected."

But Alcabes said while he does not know how people will respond to the directives of public health officials in the future, he thinks it is a concern.

"This was mild, and that's no relief to the families of people who died from it," he said."One feels terrible for them, but people do die of flu. People die from flu every year."

Because we do not yet know what will happen as flu season continues, Field noted, it is probably too early for Monday-morning quarterbacking.

"The game isn't over yet, it seems to be waning, but we don't know for sure," he said. "You could say it's not over till it's over."

Bild

Martina Kurtz

Schweinegrippe: Patientin nach Impfung mit H1N1-Virus infiziert
"Ich war selbst erschrocken", sagt ihr Leipziger Arzt zu bild

BILD, 9 December 2009
https://www.bild.de/regional/leipzig/patientin-nach-impfung-mit-virus-infiziert-10755896.bild.html

Der Leipziger Allgemeinarzt Dr. Lothar Markus (60) berichtet jetzt erstmals von einem solchen Fall. Am 12. November habe er einer Patientin (39) eine Dosis des Schweinegrippe-Impfstoffs " Pandemrix" geimpft. 20 Tage später sei sie wieder in seine Praxis gekommen. Der Arzt: "Sie klagte über starke Kopf- und Gliederschmerzen, hatte 39,5 Grad Fieber. Typische Grippe-Symptome!"

Der Mediziner machte sofort einen Nasenabstrich und veranlasste einen H1N1-Test in der Virologie der Universität Leipzig. Das Ergebnis bekam er noch am gleichen Tag per Fax – es war positiv! Dr. Markus: "Ich war selbst erschrocken. Denn das bedeutet, dass eine mit Pandemrix geimpfte Person nicht vor dem Virus H1N1 gefeit ist."

Ralph Schreiber, Sprecher des Sächsischen Gesundheitsministeriums, vermutet eine unglückliche Zeitüberschneidung: "Die Immunität ist erst drei Wochen nach einer Impfung richtig aufgebaut, vermutlich hat sich die Patientin vorher angesteckt."

Damit will sich Dr. Markus nicht zufrieden geben. "Viele Schweinegrippe-Erkrankungen werden nicht erkannt, weil Ärzte nach einer Impfung keine Infektion vermuten", befürchtet er und fordert jetzt in einem Schreiben an das Robert-Koch-Institut (RKI), die Wirksamkeit von Pandemrix zu prüfen: "Möglich, dass eine einmalige Impfung nicht reicht."

RKI-Sprecherin Susanne Glasmacher: "Solche Fälle sind durchaus denkbar. Kein Medikament ist einhundertprozentig wirksam."

THE FLU CASE

Woman gets Swine Flu after pandemrix jab

The Flu Case, 15 December 2009
https://web.archive.org/web/20100102031801/http://theflucase.com/index.php?option=com_content&view=article&id=2300%3Awoman-gets-swine-flu-after-pandemrix-jab&catid=1%3Alatest-news&Itemid=64&lang=en

A woman in Germany who got the Pandemrix swine flu jab developed swine flu 20 days later.

The woman developed severe head ache, a 39.5 degree fever and aches in her limbs. Her doctor Dr Lothar Markus sent a sample to the virology lab in the University of Leipzig, which reported that the 39-year-old woman had developed swine flu.

It is not clear whether the vaccine was the cause of the woman getting the swine flu virus.

thebmj

Liam J Donaldson, Paul D Rutter, Benjamin M Ellis, Felix E C Greaves,
Oliver T Mytton, Richard G Pebody, Iain E Yardley

Mortality from pandemic A/H1N1 2009 influenza in England:
public health surveillance study

BMJ, 10 December 2009; 339: b5213; doi: 10.1136/bmj.b5213
https://www.bmj.com/content/339/bmj.b5213

Abstract

Objective To establish mortality from pandemic A/H1N1 2009 influenza up to 8 November 2009.
Design Investigation of all reported deaths related to pandemic A/H1N1 in England.
Setting Mandatory reporting systems established in acute hospitals and primary care.
Participants Physicians responsible for the patient.

Main outcome measures Numbers of deaths from influenza combined with mid-range estimates of numbers of cases of influenza to calculate age specific case fatality rates. Underlying conditions, time course of illness, and antiviral treatment.

Results With the official mid-range estimate for incidence of pandemic A/H1N1, the overall estimated case fatality rate was 26 (range 11-66) per 100 000. It was lowest for children aged 5-14 (11 (range 3-36) per 100 000) and highest for those aged ≥65 (980 (range 300-3200) per 100 000). In the 138 people in whom the confirmed cause of death was pandemic A/H1N1, the median age was 39 (interquartile range 17-57). Two thirds of patients who died (92, 67%) would now be eligible for the first phase of vaccination in England. Fifty (36%) had no, or only mild, pre-existing illness. Most patients (108, 78%) had been prescribed antiviral drugs, but of these, 82 (76%) did not receive them within the first 48 hours of illness.

Conclusions Viewed statistically, mortality in this pandemic compares favourably with 20th century influenza pandemics. A lower population impact than previous pandemics, however, is not a justification for public health inaction. Our data support the priority vaccination of high risk groups. We observed delayed antiviral use in most fatal cases, which suggests an opportunity to reduce deaths by making timely antiviral treatment available, although the lack of a control group limits the ability to extrapolate from this observation. Given that a substantial minority of deaths occur in previously healthy people, there is a case for extending the vaccination programme and for continuing to make early antiviral treatment widely available.

thebmj

Fiona Godlee

We want raw data, now

BMJ, 10 December 2009, 339: b5405; doi: 10.1136/bmj.b5405
https://www.bmj.com/content/339/bmj.b5405

This week's *BMJ* is dominated by a cluster of articles on oseltamivir (Tamiflu):
- doi:10.1136/bmj.b5351, doi:10.1136/bmj.b5387, doi:10.1136/bmj.b5106,
- doi:10.1136/bmj.b5164, doi:10.1136/bmj.b5248, doi:10.1136/bmj.b5364.

Between them the articles conclude that the evidence that oseltamivir reduces complications in otherwise healthy people with pandemic influenza is now uncertain and that we need a radical change in the rules on access to trial data.

Briefly, in updating their Cochrane review, published this week (doi:10.1136/bmj.b5106), Tom Jefferson and colleagues failed to verify claims, based on an analysis of 10 drug company trials, that oseltamivir reduced the risk of complications in healthy adults with influenza. These claims have formed a key part of decisions to stockpile the drug and make it widely available.

Only after questions were put by the *BMJ* and *Channel 4 News* has the manufacturer Roche committed to making "full study reports" available on a password protected site. Some questions remain about who did what in the Roche trials, how patients were recruited, and why some neuropsychiatric adverse events were not reported. A response from Roche is published in our letters pages (doi:10.1136/bmj.b5364) and their full point by point response is published online (doi:10.1136/bmj.b5374).

Should the *BMJ* be publishing the Cochrane review given that a more complete analysis of the evidence may be possible in the next few months? Yes, because Cochrane reviews are by their nature interim rather than definitive. They exist in the present tense, always to be superseded by the next update. They are based on the best information available to the reviewers at the time they complete their review. The Cochrane reviewers have told the *BMJ* that they will update their review to incorporate eight unpublished Roche trials when they are provided with individual patient data.

Where does this leave oseltamivir, on which governments around the world have spent billions of pounds? The papers in this week's journal relate only to its use in healthy adults with influenza. But they say nothing about its use in patients judged to be at high risk of complications – pregnant women, children under 5, and those with underlying medical conditions; and uncertainty over its role in reducing complications in healthy adults still leaves it as a useful drug for reducing the duration of symptoms. However, as Peter Doshi points out (doi:10.1136/bmj.b5164), on this outcome it has yet to be compared in head to head trials with non-steroidal inflammatory drugs or paracetamol. And given the drug's known side effects, the risk-benefit profile shifts considerably if we are talking only in terms of symptom relief.

We don't know yet whether this episode will turn out to be a decisive battle or merely a skirmish in the fight for greater transparency in drug evaluation. But it is a legitimate scientific concern that data used to support important health policy strategies are held only by a commercial organisation and have not been subject to full external scrutiny and review. It can't be right that the public should have to rely on detective work by academics and journalists to patch together the evidence for such a widely prescribed drug. Individual patient data from all trials of drugs should be readily available for scientific scrutiny.

BMJ Demands Raw Data from Pharma Clinical Trials

AHRP, 10 December 2009
https://ahrp.org/bmj-demands-raw-data-from-pharma-clinical-trials/

The controversy surrounding the frenzied promotion of the drug, Tamiflu (oseltamivir) has exploded in several scientific venues and even in the US and UK media. The controversy may be even more instructive about the systemic issues that undermine the integrity of the drug and vaccine review and analysis process than the Vioxx catastrophe.

This week's BMJ contains six articles detailing the essential issues involved in the Tamiflu controversy: included are independent critics' analyses as well as company counterclaims, and two editorials (excerpts below) that critique the current system which not only fails to detect serious adverse effects, the system allows manufacturers to control the trials and conceal the safety data. Physicians and the public are misled with a false sense of security about the safety and effectiveness of patented drugs and vaccines.

The deception is orchestrated by company marketing masquerading as evidence which prominent industry-paid academic physicians promote as "science-based" information.

For example, a much cited favorable analysis by Kaiser et al (2005) was funded by the drug's manufacturer Roche. The analysis was based entirely on 10 trials funded by Roche: of which only two had been published in peer reviewed journals. All 10 trials were authored by Roche employees and paid academic consultants

The system has provided companies an opportunity to make spectacular profits from the widespread use of defective drugs and vaccines that have caused irreversible harm.

"The current system isn't working. Worse than that, it gives a false sense of security. The system's failures have left a legacy of drug evaluations for which, in the absence of better information, we must assume the same levels of confusion and uncertainty as for oseltamivir. The drug industry directly or indirectly undertakes the majority of all drug evaluations, so most of the evidence used to support drug policy and treatment remains shrouded in secrecy. In only a minority of cases will the data have been subject to full independent analysis and interpretation. In many if not most cases, the only people who have seen the entire dataset are company employees."

See: Editorial, *Why don't we have all the evidence on oseltamivir*?

Indeed, we learn how independent Cochrane Collaboration reviewers were hoodwinked into trusting a company funded meta-analysis of unpublished data–data that was undisclosed to the Cochrane reviewers:

"The previous reviewers endorsed the conclusion that oseltamivir reduces complications such as pneumonia and bronchitis by implicitly trusting that the unpublished data were verifiable. This trust now seems naive. The fact that a trust in unpublished data extends to many systematic reviews of neuraminidase inhibitors by other researchers and was not questioned until… a paediatrician from Japan, Keiji Hayashi, submitted a comment to the Cochrane Collaboration that would ultimately leave us doubtful about the ability of systematic reviews to deal with the challenges of contemporary pharmaceutical evaluation…"

"The previous Cochrane review placed its trust in publications and included Kaiser's unpublished data, but to do so once again, despite our inability to obtain data sufficient to perform an independent analysis, would have shifted our position from that of trust in publication to that of trust in secrecy." The revised review dropped Kaiser's paper from its analysis.

Notwithstanding the positive spin provided by the Kaiser analysis, which concluded that Tamiflu reduces complications, Roche, apparently did not itself make any such claims about complications. A Tamiflu.com webpage reads, "Treatment with TAMIFLU has not been proven to have a positive impact on these outcomes," referring to pneumonia, other respiratory diseases, and influenza related death.

However, a footnote on that website undermines the company's pretense of candor: "THIS [WEB] SITE IS INTENDED FOR U.S. AUDIENCES ONLY."

On its global website, Roche.com, it asserts that "Tamiflu delivers … [a] 67 percent reduction in secondary complications such as bronchitis, pneumonia and sinusitis in otherwise healthy individuals."

BMJ editor, Fiona Godlee, challenges Roche to disclose the drug's complete clinical trial data so that independent scientists can evaluate the actual risk / benefit of the vaccine–on the basis of scientific data, not the hearsay of the manufacturer and its financially compromised scientists.

Her challenge is really directed at the pharmaceutical industry, not just Roche. It gets to the heart of the systemic corruption of science, clinical practice, government healthcare policies that have encouraged system wide fraud.

"We don't know yet whether this episode will turn out to be a decisive battle or merely a skirmish in the fight for greater transparency in drug evaluation. But it is a legitimate scientific concern that data used to support important health policy strategies are held only by a commercial organisation and have not been subject to full external scrutiny and review. It can't be right that the public should have to rely on detective work by academics and journalists to patch together the evidence for such a widely prescribed drug. Individual patient data from all trials of drugs should be readily available for scientific scrutiny."

Contact: Vera Hassner Sharava;
10 December 2009;
BMJ 2009;339:b5405
Editor's Choice
We want raw data, now
Fiona Godlee, editor, BMJ
fgodlee@bmj.com

recombinomics
elegant evolution

H5N1 H1N1 Cluster in Dien Bien Vietnam

Recombinomics, 10 December 2009, 03:52
http://www.recombinomics.com/News/12100902/H5N1_H1N1_Dien_Bien.html

More and anxiety on the basis of when Dr. Nguyen Tran Hien, Director of Institute of Hygiene and Epidemiology PRIVATE announce the result of epidemiological investigations deaths due to bird flu recently in Dien Bien. Male patients age 23 in the city of Dien Bien death from respiratory failure due to severe viral pneumonia was confirmed by test results: The patient died from H5N1.

When investigating the epidemiology of close contact with patients, medical experts are concerned when they discovered the children of influenza A/H1N1 infected patients. Meanwhile, the Forum chickens living in the cousin has test results positive for H5N1 virus.

The above translation suggests a family in Dien Bien, Vietnam has tested positive for H5N1 and H1N1. Poultry belonging to the family has also tested positive for H5N1.

Vietnam represents a hot zone where H1N1 and H5N1 are co-circulating. H1N1 is very promiscuous and has been isolated from a variety of mammalian species as well as turkeys. Thus, Vietnam would offer an environment for co-infections in a wide range of host including human.

CIDRAP

Robert Roos

CDC sharply raises H1N1 case estimates; kids hit hard

CIDRAP, 10 December 2009
https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/cdc-sharply-raises-h1n1-case-estimates-kids-hit-hard

Dec 10, 2009 (CIDRAP News) – Another month's worth of data on H1N1 influenza has led federal officials to more than double their estimates of total cases, hospitalizations, and deaths and to assert that the impact on children and younger adults has been far greater than that of a typical flu season.

After analyzing data for the weeks from Oct 18 through Nov 14, the Centers for Disease Control and Prevention (CDC) estimated that 47 million people, or about 15% of the population, have been infected and 9,820 have died in the pandemic. That compares with estimates of 22 million cases and 3,900 deaths issued Nov 12 and covering the period from April through Oct 17.

The new estimate of hospitalizations is 213,000, compared with 98,000 a month ago. – "By Nov 14, many times more children and younger adults, unfortunately, have been hospitalized or killed by H1N1 influenza than happens in a usual flu season," CDC Director Dr. Thomas Frieden said in a news briefing today.

The additional weeks covered in the latest report spanned the peak period for the fall wave of H1N1. In terms of the number of states reporting widespread activity, the last 2 weeks in October marked the crest, with 48 states in that situation. The number dropped to 43 states by the second week in November and has declined further since.

16 million cases in children

In an online report, the CDC estimated there have been 16 million cases in children up through age 17, leading to 71,000 hospitalizations and 1,090 deaths. For adults age 18 through 64, the agency estimated 27 million cases, 121,000 hospitalizations, and 7,450 deaths.

For elderly people, who are believed to have some protection form the virus because of past flu exposures, the new estimates are 4 million cases, 21,000 hospitalizations, and 1,280 deaths.

Less than 5% of the increases in total cases, hospitalizations, and deaths are explained by late reporting of events that occurred before Oct 17, the CDC report says. Frieden commented, "There is some correction for late reporting. But there has been a lot more disease in the month that's reported than in the months before."

All the numbers represent the midpoints of ranges of estimates the CDC produced with a new estimation method, which was unveiled Nov 12. The numbers of confirmed cases and related hospitalizations and deaths are far lower, because most people infected, including some who get severely sick, are not tested.

Comparing H1N1 with seasonal flu

When he was asked to compare the H1N1 pandemic with seasonal flu, Frieden said, "We know that it's much milder for older people. It's much less likely to result in death because older people

are much less likely to get infected. But it has been a much worse flu season for people under the age of 65, particularly younger adults and children."

According to CDC estimates that are often quoted, the nation has about 200,000 flu-related hospitalizations and 36,000 deaths in an average flu season, with about 90% of the deaths occurring in elderly people. Frieden noted today that the pandemic estimates are not derived in the same way as these seasonal flu estimates.

While the estimation methods are different, seasonal flu is believed to cause fewer than 1,000 deaths per year in people younger than 50, he added. He said the CDC doesn't have a specific estimate of H1N1 deaths among adults under age 50, but a "large share" of the adult deaths are in that group.

"So it is really many times more severe in terms of severe illness, and hospitalizations are several times higher for children and young adults than in a usual flu season," he said.

The CDC estimates that between 5% and 20% of the population get seasonal flu in an average year. If 15% of people have already been infected with H1N1, the nation, 8 months into the pandemic, is already approaching the upper end of the average attack rate for seasonal flu.

However, the estimated death toll so far, 9,820, remains well below the estimated seasonal flu toll of 36,000, though children and younger adults make up about 87% (8,540) of that total, the opposite of what is seen with seasonal flu. Meanwhile, the estimate of 213,000 H1N1 hospitalizations is slightly above the estimate of 200,000 hospital cases for a typical flu season.

In terms of case-fatality rate (CFR), the new CDC estimate of 9,820 deaths in 47 million cases translates into an overall rate of about 0.021%, or about 210 deaths per million people sickened by the virus. That's just slightly higher than the 0.018% CFR indicated by the previous CDC estimate of 3,900 deaths among 22 million cases.

But the CFRs differ considerably by age-group. The CFR for children, with an estimated 1,090 deaths in 16 million cases, comes to 0.007%, or about 70 deaths in a million cases. The CFR for adults between 18 and 64 comes out much higher, at 0.028%, or 280 deaths per million. And the rate for the elderly is higher yet, at 0.032%, or 320 deaths in a million cases—supporting the view that while seniors seem less likely to get sick, they are more likely to die if they do.

Time to get vaccinated

Frieden used the new estimates to stress the importance of getting vaccinated against the pandemic virus. If about 15% of the population has already been infected, he said, "That still leaves most people not having been infected and still remaining susceptible to H1N1 influenza."

He reported that another 12 million doses of vaccine became available in the past week, bringing the cumulative total to about 85 million doses. Many states now have met the vaccine demand from priority groups and have begun offering doses to everyone, he added.

The CDC in the past week began offering the vaccine to all employees, in line with state policy in Georgia, Frieden reported. He said he would get the nasal-spray vaccine himself in a few days.

Though cases have been declining recently, vaccination is prudent given the possibility of a third wave of cases this winter, he said. "Flu season lasts until May. And we don't know what the future will bring in terms of H1N1 influenza," he observed.

CDC Home | Search | Health Topics A-Z

MMWR

L Castrodale, J McLaughlin, S Imholte, K Komatsu, E Wells,
M Landen, D Selvage, M Sewell, C Smelser, etc.
Centers for Disease Control and Prevention (CDC)

Deaths related to 2009 pandemic influenza A (H1N1) among American Indian/Alaska Natives - 12 states, 2009

Morb Mortal Wkly Rep (MMWR), 11 December 2009; 58 (48): 1341-1344
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5848a1.htm

Indigenous populations from Australia, Canada, and New Zealand have been found to have a three to eight times higher rate of hospitalization and death associated with infection with the 2009 pandemic influenza A (H1N1) virus (1).

In October, two U.S. states (Arizona and New Mexico) observed a disproportionate number of deaths related to H1N1 among American Indian/Alaska Natives (AI/ANs). These observations, plus incomplete reporting of race/ethnicity at the national level, led to formation of a multidisciplinary workgroup comprised of representatives from 12 state health departments, the Council of State and Territorial Epidemiologists, tribal epidemiology centers, the Indian Health Service, and CDC.

The workgroup assessed the burden of H1N1 influenza deaths in the AI/AN population by compiling surveillance data from the states and comparing death rates.

The results indicated that, during April 15 – November 13, AI/ANs in the 12 participating states had an H1N1 mortality rate four times higher than persons in all other racial/ethnic populations combined. Reasons for this disparity in death rates are unknown and need further investigation; however, they might include a high prevalence of chronic health conditions (e.g., diabetes and asthma) among AI/ANs that predisposes them to influenza complications, poverty (e.g., poor living conditions), and delayed access to care.

Efforts are needed to increase awareness among AI/ANs and their health-care providers of the potential severity of influenza and current recommendations regarding the timely use of antiviral medications. Efforts to promote the use of 2009 H1N1 influenza monovalent vaccine in AI/AN populations should be expanded.

In November 2009, all state health departments were invited to participate in the workgroup investigation by providing data on influenza-related deaths among their residents. Twelve states (Alabama, Alaska, Arizona, Michigan, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, and Wyoming) chose to participate, representing 50% of the AI/AN population in the United States. An H1N1 death was defined as a death in a resident of a participating state reported during April 15 – November 13 with any positive result from an influenza test, including rapid enzyme immunoassay, direct or indirect influenza fluorescent antibody, real-time reverse transcription – polymerase chain reaction assay (rRT-PCR), or viral culture.

Because >99% of influenza specimens tested during the study period had been found to be H1N1, *all cases with a positive influenza test were presumed to be H1N1* and not seasonal influenza.

Race/ethnicity and influenza risk status* of decedents were determined through review of death certificates, medical records, or death investigation reports. CDC-defined groups at higher risk for influenza complications were used to classify decedents as at high risk for influenza complications. Bridged-race vintage 2008 postcensal population estimates[†] were used by all states to determine population data for rate calculations.[§] Death rates by race/ethnicity were age adjusted to the 2000 U.S. standard population. Using rate ratios, AI/AN death rates were compared with death rates for all other racial/ethnic populations, including deaths in persons of unknown race.

A total of 426 H1N1 deaths were reported by the 12 states during April 15 – November 13 (Table 1). Forty-two deaths (9.9%) occurred among AI/ANs,[¶] although AI/ANs make up approximately 3% of the total population in the 12 states. The overall AI/AN H1N1-related death rate was 3.7 per 100,000 population, compared with 0.9 per 100,000 for all other racial/ethnic populations combined,** resulting in a mortality rate ratio of 4.0. Age group – specific H1N1-related death rates were 3.5 for persons aged 0 – 4 years, 1.1 for persons aged 5 – 24 years, 4.2 for persons aged 25 – 64 years, and 7.2 for persons aged ≥65 years. In all age groups, the AI/AN death rate was higher than the rate for all other racial/ethnic populations combined (Table 1).

Among the AI/AN deaths related to H1N1, 81.0% of decedents had high-risk health conditions, compared with 77.6% of persons in all other racial/ethnic populations combined (Table 2). In addition, greater percentages of AI/AN decedents had asthma (31.0%) and diabetes (45.2%) than decedents in all other racial/ethnic populations combined (14.1% asthma and 24.0% diabetes)

Editorial Note:

The AI/AN population is culturally diverse and spread among approximately 560 federally recognized tribal communities in 34 states and multiple urban areas (2). Health disparities between the AI/AN population and other racial/ethnic populations are well documented (3). Mortality rates and trends for respiratory diseases indicate that AI/ANs are at increased risk for death resulting from pneumonia and influenza (4,5). Although AI/AN death rates varied among the 12 participating states in this study, the aggregate AI/AN H1N1-related death rate from 12 states was four times higher than that of all other racial/ethnic groups combined.

The higher mortality rate among AI/ANs observed in this investigation is consistent with reports of increased influenza-related morbidity and mortality among indigenous populations in other parts of the world during the current H1N1 pandemic and also is consistent with observations from previous pandemics (1,2). After the influenza pandemic of 1918--19, U.S. government investigators reported that influenza-related mortality rates among AI/ANs were four times higher than the rates observed among persons in general urban populations (2).

The factors that produce a higher influenza mortality rate among AI/ANs are unknown but might include higher prevalence of underlying chronic illness such as diabetes. The age-specific prevalence of diabetes in AI/AN adults is two to three times higher than for all U.S. adults (6). In addition, AI/ANs are twice as likely to have unmet medical needs because of cost (7). AI/ANs also have the highest poverty rate (30%), which is twice the national rate and three times the rate for whites among households with children aged <18 years (8), suggesting that delayed access to medical care and living conditions associated with poverty might contribute to their higher influenza mortality rate.

The findings in this report are subject to at least five limitations. First, AI/AN decedents often are misclassified as persons of other races on death certificates, decreasing the number of A1/AN deaths by as much as 30% in some reports (*9*). Second, the time lags in reporting of deaths and the manner in which states collect death data and classify decedents as at high risk for influenza complications might vary and affect rate ratios in an unpredictable manner. Third, race and ethnicity were unknown for 19 deaths, although for a conservative comparison, these deaths were included with the combined group of all other racial/ethnic populations. Fourth, greater incidence of influenza disease among AI/ANs might have contributed to the higher mortality rate; however, the incidence of disease

among AI/ANs is unlikely to be so much greater than all other populations that it could account for a mortality rate that is four times higher. Data on race/ethnicity are not collected consistently for influenza patients. Finally, although >99% of all identified influenza strains in the United States during the investigation period were thought to be H1N1, confirmation by rRT-PCR or viral culture was not required for inclusion in this analysis.

Effective public health responses to influenza will depend on accurate and complete reporting of race/ethnicity in all state and federal mortality surveillance systems. Community education regarding the risk for influenza mortality among AI/ANs should be expanded. Increased efforts should be made to promote awareness among AI/ANs and their health-care providers about the signs and symptoms of influenza and recommendations for vaccination and the use of influenza antiviral medications early in the course of suspected influenza illness for those at increased risk for complications. Finally, factors that might contribute to increased influenza-related mortality in the AI/AN population, including the role of underlying chronic medical conditions and social determinants of health, should be topics for future investigation.

Acknowledgments

This report is based, in part, on contributions by CA Snider, MPH, Oklahoma City Area Tribal Epidemiology Center, and BL Cadwell, MSPH, Career Development Div, Office of Workforce and Career Development, CDC.

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TORONTO STAR

Theresa Boyle

Health bosses accused of flu-mongering

Toronto Star, 11 December 2009
https://www.thestar.com/life/health-wellness/health-bosses-accused-of-flu-mongering/article_57fef1c6-773e-5345-8b03-0d6d997a2766.html

Public health officials are misleading Canadians by continuing to characterize the H1N1 virus as a threat in the hopes of unloading millions of doses of unused vaccine, charges Ontario's former chief medical officer of health.

They are trying to save face because of an expensive overreaction, Dr. Richard Schabas said Thursday as lineups for the vaccine continued to dwindle.

He made his comments the day after the Public Health Agency of Canada unveiled a new advertising campaign aimed at encouraging Canadians to get vaccinated.

"*Spending Christmas in bed or in an ICU unit is no fun* and the only way to actually avoid that is for a large number of Canadians to be immunized," agency head Dr. David Butler-Jones told a teleconference. He also said discussions are underway with the World Health Organization on what to do with the surplus vaccine.

Schabas, who is medical officer of health for Hastings and Prince Edward Counties, estimates that 35 million of the 50.4 million doses of vaccine that Canada has ordered, at a cost of more than $400 million, will not be used. – "*They bought 50 million doses of vaccine and it's an embarrassment to them that it's not being used*," he said, adding that it became available too late. "I think if you are going to make that push, you at least need to tell people that the outbreak is essentially over and you have to say to people any future risk of H1N1, at least this year, is extremely small. ... You shouldn't mislead people." Schabas said.

The number of Canadians visiting doctors with flu-like symptoms peaked in late October, he noted.

"The real story is the disconnect between what the senior public health officials, provincially and nationally, have been saying to people and what's actually been going on," Schabas argued. "*They have been misrepresenting the state of the outbreak and the level of risk*."

Schabas said health officials have been preparing for years for a deadly avian flu pandemic and have had trouble switching gears to respond the mild H1N1 pandemic. He added, people aren't buying into the fear as is evidenced by closing flu clinics. Toronto's eight remaining clinics were all to close Sunday but three of them shut their doors earlier this week because of little traffic.

While government officials now acknowledge the pandemic has turned out to be not as bad as initially feared, Schabas said they have been slow to adjust their responses. – "I think they got their knickers in a knot because they responded to their preconceptions. *There was a preconception that a pandemic was going to be a terrible event*," he said.

Ontario's 600-plus-page pandemic plan, like pandemic plans around the world, is modelled on a "moderately severe" pandemic with assumptions based on the 1957 flu pandemic. It anticipated 13,000 could die and up to 54,000 could require hospitalization.

The latest provincial *numbers show 104 H1N1-related deaths* and 1,656 hospitalizations so far.

Los Angeles Times

Thomas H. Maugh II

Swine flu has hit about 1 in 6 Americans, CDC says

Los Angeles Times, 11 December 2009, 12 AM PT
https://www.latimes.com/archives/la-xpm-2009-dec-11-la-sci-swine-flu11-2009dec11-story.html

About 50 million Americans had contracted pandemic H1N1 influenza through Nov. 14, according to the newest estimates from the Centers for Disease Control and Prevention released Thursday – meaning that about 15% of the entire country has been infected, about 1 in every 6 people.

"That still leaves most people not having been infected and still susceptible," CDC Director Dr. Thomas R. Frieden said at a news conference. The agency also reported that more than 200,000 people had been hospitalized and nearly 10,000 had died.

Estimates released about *a month ago* showed 22 million Americans had been infected and that 3,900 had died. But that does not mean that 6,000 people died in the intervening month, Frieden said; delays in reporting account for some of the increase.

Frieden said the 200,000 hospitalizations since the beginning of the pandemic seven months ago is about the same as in a usual flu season.

The deaths are lower than the 35,000 associated with seasonal flu in a typical year, but the breakdown is sharply different.

The 10,000 deaths include 1,100 children and 7,500 adults 18 to 64. Those figures "are much higher than in a usual flu season," Frieden said.

In a normal flu season, there are about 1,000 deaths among Americans under 50. "But a large proportion of the 7,500 adults [who died] are under 50," he said. Hospitalizations among the younger group are also several times higher than normal.

The estimates are compiled from the number of laboratory-confirmed cases and from cases that may be listed on death certificates as pneumonia, organ failure or other infections, but that were precipitated by flu.

Since the beginning of the pandemic, researchers have been concerned by anecdotal reports that indigenous peoples suffer more from H1N1.

In a new study, CDC researchers found that the death rate for this group is four times higher than normal. The study, published Thursday in the agency’s Morbidity and Mortality Weekly Report, used data from 12 states that accounted for about half of the Native American population.

"That is most likely a reflection of environmental factors, underlying health conditions and access to healthcare," Frieden said.

In particular, diabetes is very prevalent among Native Americans. Such underlying conditions place people at higher risk of hospitalization and death from flu. Native Americans are among those with a high priority for the H1N1 flu vaccination, but the agency has no data on what proportion has received the shots, Frieden said.

H1N1 flu vaccine supplies continue to grow, he said. There are 85 million doses available, up by 12 million from last week. As supplies have increased, many communities have begun to expand eligibility for the vaccine to include the population at large.

Frieden recommended that people get the H1N1 flu vaccine because of uncertainties about whether a new wave of infections will hit in 2010. "What will happen in the future, only the future will tell," he said.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™
EMERGING INFECTIOUS DISEASES

Carrie Reed, Frederick J. Angulo, David L. Swerdlow, Marc Lipsitch,
Martin I. Meltzer, Daniel B. Jernigan, and Lyn Finelli

Estimates of the prevalence of pandemic (H1N1) 2009, United States, April–July 2009

Emerging Infectious Diseases. December 2009 15(12); DOI: 10.3201/eid1512.091413
https://web.archive.org/web/20091119151410/http://www.cdc.gov/eid/content/15/12/pdfs/09-1413.pdf
https://wwwnc.cdc.gov/eid/article/15/12/09-1413_article

Abstract

Through July 2009, a total of 43,677 laboratory-confirmed cases of influenza A pandemic (H1N1) 2009 were reported in the United States, which is likely a substantial underestimate of the true number. Correcting for under-ascertainment using a multiplier model, we estimate that 1.8 million–5.7 million cases occurred, including 9,000–21,000 hospitalizations.

Human cases of influenza A pandemic (H1N1) 2009 were first identified in the United States in April 2009 (1,2). By the end of July, > 40,000 laboratory-confirmed infections had been reported, representing only a fraction of total cases. Persons with influenza may not be included in reported counts for a variety of reasons, including the following: not all ill persons seek medical care and have a specimen collected, not all specimens are sent to a public health laboratory for confirmatory testing with reverse transcription–PCR (RT-PCR; rapid point-of-care testing cannot differentiate pandemic [H1N1] 2009 from other strains), and not all specimens will give positive results because of the timing of collection or the quality of the specimen. To better estimate the prevalence of pandemic (H1N1) 2009 during April–July 2009 in the United States, we created a simple multiplier model that adjusts for these sources of under-ascertainment.

...

Conclusions

We demonstrate that the reported cases of laboratory confirmed pandemic (H1N1) 2009 are likely a substantial underestimation of the total number of actual illnesses that occurred in the community during the spring of 2009. We estimate that through July 23, 2009, from 1.8 million to 5.7 million symptomatic cases of pandemic (H1N1) 2009 occurred in the United States, resulting in 9,000–21,000 hospitalizations. We did not estimate the number of deaths directly from our model, but among reports of laboratory-confirmed cases though July 23, the ratio of deaths to hospitalizations was 6%. When applying this fraction to the number of hospitalizations calculated from the model – that is, by assuming that deaths and hospitalizations are underreported to the same extent – we obtain a median estimate of 800 deaths (90% range 550–1,300) during this same period. Because this assumption has several limitations (5), more sophisticated models are also being developed to better understand the severity of the US epidemic in the spring of 2009, including intensive care unit admissions and deaths (6).

Our analysis involves several assumptions. Data for parameter estimates were collected in limited periods and areas and thus may not be fully representative of the entire United States. To account for some of this uncertainty, a range of values was included for each proportion. Additional data from surveys of health-seeking behavior, physician testing practices, and policies for confirmatory testing at public health laboratories could help refine the parameter estimates. In addition, parameters

were obtained from studies of persons with ILI, defined as fever with cough or sore throat. Persons with milder illness may be less likely to seek care or be tested, and thus may not be fully captured in these estimates. Likewise, in some heavily affected areas, the size of the outbreak quickly exceeded the capacity to ascertain and test case-patients. Thus, our results may reflect a conservative estimate of total cases.

As pandemic (H1N1) 2009 continues to spread through the United States and the world, laboratory -confirmed cases will continue to greatly underestimate the number of actual cases that occur. Surveillance for influenza does not traditionally rely on complete case ascertainment, which would be impractical, but on focused case ascertainment with well-characterized surveillance systems and special studies. Unfortunately, relying on laboratory-confirmed cases limits the ability to understand the full impact and severity of the epidemic, especially when severe cases are more likely to be recognized (5).

This model provides a relatively quick and simple approach to estimate the human health impact of the epidemic in advance of more rigorous analysis of surveillance and health care data that will be available over the next few years. Health systems and infrastructure may be unprepared in the short-term if plans are based on a number of confirmed cases that substantially underestimates the impact of the epidemic. We estimate that the total number of pandemic (H1N1) 2009 cases in the United States during April–July 2009 may have been up to 140× greater than the reported number of laboratory confirmed cases.

A spreadsheet version of the model has been developed and is available online (www.cdc.gov/h1n1flu/tools). Using this tool, health officials and policy makers could adjust the model parameters to represent their local experience, which may provide useful estimates of the prevalence of pandemic (H1N1) 2009 in their areas and help plan for a subsequent wave of the epidemic in the fall and winter months of 2009–2010.

Rokotusinfo ry

Correspondence with WHO on conflict of interest

Rokotos Info, December 2009
http://www.rokotusinfo.fi/yhd/kirjeenvaihtoa/who_0912_html

Update! See http://www.rokotusinfo.fi/en/memo_100119_html - 2010-01-19: Comments of Rokotusinfo in relation to Dr Eskola, THL, WHO's SAGE group and undeclared conflicts of interest.

For contact info, see Rokotusinfo ry at http://www.rokotusinfo.fi (in English) and World Health Organization at http://www.who.int

Correspondence with WHO, December 2009 is enclosed below. For some news coverage on the conflict of interest issue on WHO's pandemic declaration and vaccine expert groups, see Dagbladet Information (Denmark), Svenska Dagbladet (Sweden) and Kauppalehti (Finland). For WHO instructions on what experts are required to report, see quote below. For exact financial information from money transactions from GlaxoSmithKline to professor Eskola's employer THL (Finnish National Institute for Health and Welfare), see http://www.rokotusinfo.fi/tiedostot/thl-laskutus-091207_html.

***To assure the highest integrity**, and hence public confidence, in its activities, WHO policies require that all experts serving in an advisory role agree to disclose any circumstances which could give rise to a potential conflict of interest (i.e., any interest which may affect, or may reasonably be perceived to affect, the expert's objectivity and independence). Since you have been selected as a WHO expert in the activity described below, you are requested to disclose in this Declaration of Interest (DoI) form any financial, professional or other interest relevant to the subject of the work or meeting in which you will be involved and any interest that could be significantly affected by the outcome of the meeting or work. You are also asked to declare relevant interests of others who may, or may be perceived to, unduly influence your judgment (such as immediate family members, employers, close professional associates or any others with whom you have a substantial common personal, financial or professional interest.)*

Source: WHO, http://www.who.int/entity/immunization/sage/SAGE_TORs_Full_21_11_08.pdf

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To WHO:

Dear WHO staff,

I was very surprised to see at that professor Juhani Eskola, a SAGE member, has not disclosed the conflict of interest resulting from GlaxoSmithKlines funding of an estimated 6 million euros at year 2009. see at: http://www.who.int/immunization/sage/Final_LOP_DOI_16_Nov_09.pdf

The funding of 6 million euros (estimated by National Institute for Health and Welfare, Dr Terhi Kilpi, working under professor Eskola) is awarded to the National Institute for Health and Welfare, Eskola's employer. The conflict of interest resulting from the 6 million euros of funding and ordering of the GlaxoSmithKline Pandemrix vaccine by National Institute for Health and Welfare for 37 million euros has received quite a lot of publicity in Finland. Even the Minister of Health has decided that things have to be changed because of the conflicts of interest have become untolerable, see for example http://www.mtv3.fi/uutiset/sika/index.shtml/arkistot/kotimaa/2009/11/1003417

I trust you will take approriate action as you tell to the public in
http://www.who.int/csr/disease/swineflu/notes/briefing_20091203/en/index.html

< signature & contact info removed >

From WHO:

...

Thank you for your important message. The responsible officer for the SAGE Committee is Dr Phillip Duclos, who I have copied on this message, for further action. I have also copied Drs Okwobele and Kieny who have senior line management responsibilities for the Committee.

Please be assured that WHO takes the issue of conflicts of interest very seriously, and we will revert to you as soon as possible on the issue you have highlighted.

Regards ... < signature & contact info removed >

To WHO:

...

Judging from the Danish newspaper Information (original at http://www.information.dk/218247 apparently machine translated below to English so it might have errors), it seems WHO may have incorrect or misleading information on the nature of the GlaxoSmithKline pneumococcal trial which is contracted to professor Eskola's employer. The trial is one required for marketing authorization by the European medicines authority EMEA, i.e. is part of GlaxoSmithKline's product development.

It may be pertinent for WHO to also know professor Eskola's involvment in National Institute of Health and Welfare's research policies as the second-in-charge of the Institute. The National Institute of Health and Welfare has been repeatedly reprimanded by the Finnish oversight officials due to failures in upholding the Finnish law and informed consent in clinical trials; recently on a trial funded by GlaxoSmithKline. A few years back the institute was reprimanded for failures in proper procedures in a trial funded by an infant formula manufacturer and done on Finnish newborns (the FinDia trial, see for example:

http://en.wikinews.org/wiki/Finnish_parliamentary_ombudsman_faults_infant_formula_study).

The Institute's apparent response has been, instead of mending their procedures, to campaign for a law which would take away the parental consent requirement altogether, in direct contradiction of medical research ethical principles and the EU directive.

In the infant formula study, the institute did not tell infant's parents that the primary funding came from an infant formula company; thus the parents were not able to give informed consent. Professor Eskola was involved in correspondence regarding publication of an article partly based on the Findia trial's results. Professor Eskola's answer to the editor of the journal claimed there were no issues with the trial, in direct contradiction to the Parliamentary Ombudsman's findings described in the abovementioned news article. The Institute was reprimanded in 2006 also for not getting permission from both parents as required by Finnish law.

In the marketing authorization -related vaccine trial funded by GlaxoSmithKline, the trial staff did not seek permission from both parents, despite the Finnish law and the earlier reprimand. Thus they got a new reprimand in 2009, in which it was also found that the information given to participants was insufficient to result in an informed consent. We have contacted the European medicines agency EMEA and provided them with information on the trial.

You can find more information on the recent (2009) reprimand at
http://www.rokotusinfo.fi/en/draft_091211_html
Thank you for taking the issue seriously,
with kind regards ... < signature & contact info removed >

"Men i en mail skriver talsmand Gregory Härtl følgende:
»WHO har for nylig erfaret, at det finske Nationale Institut for Sundhed og Velfærd har en forskerkontrakt med GSK. Kontrakten drejer sig om et forskningsprojekt om pneumokokvaccine i det finske vaccinationsprogram. WHO vil træffe passende foranstaltninger i forhold til alt, hvad der måtte opfattes som interessekonflikter i denne sag.«"

"But in an e-mail, spokesman Gregory Hartl writes the following:

WHO has recently discovered that the Finnish National Institute of Health and Welfare has a research contract with GSK. The contract is a research project on pneumococcal vaccine within the Finnish vaccination programme. WHO will take appropriate action in relation to anything that might be perceived as conflicts of interest in this matter. "

Update: According to a Swedish business news site Ment.se, professor Eskola belongs to the secret WHO expert group with a key role in declaring a swine influenza pandemic. It is not clear from the news article what Ment.se is basing the claim on.

Update! See http://www.rokotusinfo.fi/en/memo_100119_html - 2010-01-19: Comments of Rokotusinfo in relation to Dr Eskola, THL, WHO's SAGE group and undeclared conflicts of interest.

Source of this document: http://www.rokotusinfo.fi/yhd/kirjeenvaihtoa/who_0912_html

Swine flu toll in isolated Gaza 'reaches 10'

AFP, 13 December 2009, 01:12 pm
https://web.archive.org/web/20091216145934/http://uk.news.yahoo.com/18/20091213/twl-swine-flu-toll-in-isolated-gaza-reac-3cd7efd.html

Two more people died of swine flu in the besieged Gaza Strip on Sunday, bringing to 10 the total number of Gazans who have been killed by the disease, according to the Hamas-run health ministry.

"Two more cases died today, a 25-year-old woman and a 35-year-old man, bringing the total number of deaths from A(H1N1) to 10," said Hassan Khalaf, a ministry spokesman.

He added that another 67 people have been stricken with the disease, including "a number of serious cases."

Gaza, which has been under strict Israli closure since the Islamist Hamas movement seized power in June 2007, was among the last places in the world to see cases of the virus, the first of which were reported a week ago.

The ministry has demanded 300,000 vaccines for the impoverished territory of 1.5 million people, including some 13,000 vaccines for government and public and private health workers.

Israel has already allowed in 10,000 doses of swine flu vaccine in a bid to prevent the latest outbreak from spreading to the Jewish state, which has lost 67 people to the virus.

Israel said last week it will allow in 30,000 to 40,000 more vaccines supplied by the World Health Organisation, but the transfer has not yet taken place, according to a military spokeswoman.

The Hamas-run government has meanwhile started examining foreigners entering the territory through the Erez crossing with Israel for signs of the disease, including by taking their temperature.

la Repubblica.it

Angelo Aquaro

E se il virus fosse solo un raffreddore?
La Repubblica Reports on Pharma's Bumper Profits Thanks to Mild Swine Flu "Pandemic"

Le Repubblica, 14 December 2009
https://www.repubblica.it/2009/11/sezioni/cronaca/nuova-influenza-7/virus-raffreddore/virus-raffreddore.html

Poche Vittime - per fortuna - e molti affari. Il virus H1N1 si avvia a festeggiare il suo primo anno di vita con un bilancio pieno di sorprese: un tasso di mortalitï¿½ di gran lunga inferiore al previsto (lo 0,018%, meno dell'influenza stagionale), un deciso calo dei ricoveri negli Stati Uniti e in Europa (eccetto la Francia) proprio nei giorni in cui si temeva il picco della malattia e tante polemiche sulle vaccinazioni - in Italia si ï¿½ immunizzato solo il 14% degli operatori sanitari - e sul ruolo dei colossi farmaceutici e delle autoritï¿½ di controllo. Big Pharma, malgrado la mitezza della pandemia, ha giï¿½ incassato in sei mesi un jackpot da 20 miliardi di euro di entrate straordinarie. Mentre l'Organizzazione mondiale della sanitï¿½ (Oms) - accusata da qualcuno di eccesso d'allarmismo - ï¿½ stata costretta ad aprire un'inchiesta interna per verificare i possibili conflitti di interessi dei suoi consulenti scientifici. Accusati di essere pure a libro paga dell'industria. Per fare il punto della situazione, Repubblica ha sintetizzato in questo dossier il risultato di interviste, indagini e incontri con medici, case farmaceutiche, scienziati e politici raccolti negli ultimi giorni. Ecco il risultato.

Un virus (per ora) spuntato. Nessuno, naturalmente, discute la pericolositï¿½ dell'H1N1: la sua diffusione - complice un mondo sempre piï¿½ globale - ï¿½ stata rapidissima. Gli effetti perï¿½ sono stati meno gravi del previsto. Secondo l'Oms, il virus ï¿½ arrivato in 208 Paesi. Le vittime riconducibili a H1N1 perï¿½ sono "solo" - si fa per dire - 9.596 (800 nell'ultima settimana), una cifra di gran lunga inferiore alle 500mila causate ogni anno dall'influenza stagionale. "ï¿½ la pandemia piï¿½ lieve della storia", si spinge a dire Marc Lippsitch, epidemiologo di Harvard. In Italia siamo a quota 142, come dire un morto ogni 25mila casi di infezione (in totale da noi sono state colpite dall'influenza A 3.650.000 persone). Ma per la maggior parte il virus ï¿½ una concausa. Il Center for Disease Control americano ha calcolato il tasso di mortalitï¿½ nello 0,018%, contro il 2% della spagnola e lo 0,2% dell'influenza tradizionale. L'aviaria, per dire, ha avuto effetti letali sul 60% delle persone colpite. La task force di esperti della Casa Bianca pochi mesi fa prevedeva tra i 30 e i 90mila morti negli Usa (contro i 36mila della stagionale). Le stime reali parlano oggi di 10mila vittime statunitensi su 50 milioni di malati.

Non solo. Il peggio, almeno per la prima ondata pandemica, sembra alle spalle. Negli Stati Uniti e in Canada il numero dei ricoveri ï¿½ in calo da cinque settimane. In Italia, dopo tre settimane consecutive di flessioni, ha registrato un rialzo solo marginale negli ultimi sette giorni. A metï¿½ novembre ogni mille assistiti in ospedale si verificavano 11,2 casi di H1N1, ora siamo a quota 6,6. "Il picco ï¿½ passato - ammette Giovanni Rezza, direttore malattie infettive dell'Istituto superiore di sanitï¿½ - . Anche se, naturalmente, non bisogna abbassare la guardia". Il motivo? Il rischio di recrudescenze. "La spagnola - ricorda Maurizio De Martino, direttore di pediatria dell'ospedale Mayer di Firenze - ha avuto tre ondate in tre anni diversi". Oggi perï¿½ la pandemia ï¿½ sparita dalle prime pagine dei giornali e l'allarme sociale ï¿½ calato. "Le persone che ci chiamano per avere informazioni sono sempre meno - ammette Giacomo Milillo, segretario della Federazioni medici di medicina generale - . Certo, c'ï¿½ sempre il timore della mutazione, ma senza piï¿½ l'ansia delle scorse settimane".

Il milione di geni del virus, naturalmente, muta e continua a mutare. ï¿½ giï¿½ successo quando il micidiale H1N1, nato nel corpo di un volatile e migrato poi nei suini, ï¿½ riuscito ad aggredire nel 2009 in Messico - truccando il suo patrimonio genetico - le mucose respiratorie di Edgar Hernandez, il paziente-zero, un bambino di 5 anni (poi sopravvissuto) di La Gloria, Stato di Veracruz. "ï¿½ accaduto di nuovo poco dopo in Brasile", assicura Rino Rappuoli, numero uno della ricerca di Novartis. Ma tutte queste trasformazioni (come quella in Norvegia che porta all'attacco delle vie respiratorie profonde) si sono dimostrate - almeno per ora e incrociando le dita - meno pericolose e meno contagiose del previsto. "Siamo di fronte a variazioni minime che non cambiano le proprietï¿½ dell'H1N1" assicura Rappuoli. "Una mutazione fuori dallo spettro di copertura del vaccino ï¿½ sempre possibile - aggiunge Pietro Corvari, professore all'Universitï¿½ di Genova e tra i fondatori del centro anti-influenza - . Ma per ora siamo lontani da questa ipotesi e la presenza di adiuvanti rende la copertura piï¿½ estesa".

Un'influenza d'oro. Il virus killer, dunque, ï¿½ meno killer di quanto si pensasse. Corre veloce, ï¿½ riuscito persino a violare l'embargo strettissimo imposto alla striscia di Gaza (dieci morti). Ma, allo stato, pare - patologicamente parlando - piï¿½ debole del previsto. Dove invece non ha tradito le attese ï¿½ stato sul fronte finanziario: il business dell'H1N1 scoppia di salute. La Virus Spa, un sapiente mix di vaccini e di indotto figlio dell'ansia "preventiva", ha giï¿½ iniziato a macinare miliardi.

I primi beneficiari di questo inatteso (forse non troppo, dicono i maliziosi) Eldorado sono, come ovvio, i professionisti della pandemia: i produttori di vaccini. Fino a pochi anni fa parevano una specie sull'orlo dell'estinzione: le malattie virali piï¿½ gravi erano state sradicate dai Paesi ricchi. Le nazioni piï¿½ povere, dove queste patologie trovano ancora terreno fertile, non avevano i soldi necessari per acquistarle. Oggi ï¿½ cambiato tutto: l'aviaria e la minaccia di bioterrorismo hanno fatto ripartire alla grande gli investimenti. E l'influenza A ï¿½ stata la ciliegina sulla torta, una miniera d'oro che finora ha garantito ai big del settore un bonus da 12 miliardi. A settembre - con l'allarme H1N1 all'apice - la domanda di dosi era doppia rispetto alla capacitï¿½ produttiva mondiale. E i governi (Italia compresa) hanno firmato contratti in bianco, pagando in anticipo vaccini non ancora approvati pur di farne scorta adeguata. L'inglese Gsk ha piazzato in pochi giorni 440 milioni di dosi (al prezzo di 5 sterline l'una) di Pandemrix a 22 Paesi differenti con un incasso "straordinario" di quasi 3 miliardi di euro. Non solo: le vendite del suo Relenza, un anti-virale efficace in fase preventiva, sono decollate a 600 milioni di euro nei primi nove mesi 2009.

Il Tamiflu della Roche, un altro anti-virale giï¿½ sul mercato, ha decuplicato le vendite a 2 miliardi nel 2009 e secondo le stime del colosso svizzero ne macinerï¿½ altri 400 l'anno prossimo. La Novartis prevede di ricavare dal suo vaccino Focetria un miliardo in sei mesi. Piï¿½ o meno quanto incasserï¿½ grazie ai suoi nuovi prodotti la francese Sanofi. Centinaia di milioni entreranno pure nella casse dell'americana Baxter (titolare del vaccino Celvapan) e dell'inglese Astra Zeneca. Contratti una-tantum, d'accordo, ma in grado di generare a fine pandemia, secondo l'Oms, ricavi extra vicini ai 20 miliardi.

L'overdose di vaccini. Oggi, a contratti miliardari firmati, il mercato s'ï¿½ girato. La pandemia non morde. La gente - ridimensionata la percezione del rischio - non si vaccina. E milioni di dosi (scadenza media un anno) rimangono stoccate nei frigoriferi degli ospedali. L'Olanda ha giï¿½ deciso di mettere in saldo il 50% delle sue scorte, svendendo 17 milioni di dosi, con Macedonia e Malta pronte all'acquisto. Lo stesso sta pensando di fare la Gran Bretagna. E presto anche Francia (94 milioni di dosi ordinate) e Usa (85 milioni giï¿½ disponibili) - dove l'influenza A pare in decisa regressione - rischiano di dover affrontare lo stesso problema. A tre mesi dal lancio, insomma, siamo giï¿½ ai saldi di stagione. Di cui tra l'altro potrebbero beneficiare i Paesi piï¿½ poveri. Italia e Francia, per amor del vero prima della creazione del surplus, avevano giï¿½ destinato il 10% del loro stock proprio alle nazioni emergenti. E l'Oms si ï¿½ giï¿½ garantito la disponibilitï¿½ di 200 milioni di dosi per 95 Paesi a basso reddito. Quelli tra l'altro dove il virus, proprio per la mancanza di presidi, ï¿½ piï¿½ a rischio di mutazione anche perchï¿½ potrebbe incrociarsi con gli ultimi focolai di aviaria. Un'ipotesi che per gli scienziati mondiali ï¿½ a oggi un vero incubo.

I vaccini perï¿½ sono soltanto uno dei tanti rami del ricchissimo business della Virus Spa. Basta entrare in questi giorni in una farmacia per rendersi conto di come la sindrome H1N1 abbia contagiato pure i prodotti da banco. I gel disinfettanti per le mani (+50% di vendite ad ottobre in Italia secondo la Nielsen) tirano piï¿½ dell'aspirina. Gli americani, calcola l'istituto di ricerca Minter, spenderanno quest'anno 3,6 milioni di dollari in piï¿½ per difendersi dall'influenza A con una originale e personalissima forma di prevenzione fai-da-te. Gli oggetti del desiderio sono in particolare le mascherine per la protezione di naso e bocca (la 3M in tre mesi ne ha vendute per 100 milioni, facendo lavorare i suoi impianti 24 ore al giorno per 7 giorni alla settimana), gli sciroppi per prevenire tosse e raffreddore e i disinfettanti in tutte le loro declinazioni: le vendite di Clorox, l'amuchina a stelle e strisce, sono decollate facendo volare gli utili del gruppo.

Pandemia all'italiana. L'Italia, sul fronte del business della pandemia, finora ha solo pagato. La spesa "viva" a oggi - al di lï¿½ dei costi necessari per pagare Topo Gigio e di quelli strutturali per la task force del viceministro Ferruccio Fazio - ï¿½ rappresentata dal costo dei vaccini: 184,8 milioni. Sette euro (iva esclusa) a dose per ognuno dei 24 milioni di dosi di Focetria acquistate dalla Novartis con un contratto secretato dal Governo, malgrado le richieste di trasparenza della Corte dei conti.

L'accordo, siglato il 21 agosto, a farmaco non ancora approvato, ha alcune clausole molto particolari. Un codicillo a pagina 10, ad esempio, sgrava l'azienda svizzera di tutti i rischi pecuniari derivanti da eventuali effetti collaterali del prodotto. Caricandoli, in sostanza, sulle spalle dei cittadini italiani. "Il ministero - recita l'intesa - ï¿½ tenuto a indennizzare, manlevare e tenere indenne Novartis da qualsiasi perdita che Novartis sia tenuta a risarcire in conseguenza di danni a persone e/o cose causati dal prodotto". Salvo, deo gratias, "quelli di fabbricazione".

Sono tanti o poche 24 milioni di dosi? "L'Italia ha scorte piï¿½ che sufficienti - dice Rappuoli - . Il nostro vaccino scade in un anno ma forse potrï¿½ durare di piï¿½, vedremo. Di sicuro grazie agli adiuvanti ha uno spettro di copertura molto ampio e le ricerche che abbiamo fatto su un campione di 3mila bambini dai 3 mesi in su hanno dato risultati molto rassicuranti sulla tollerabilitï¿½". Francia e Gran Bretagna sono state piï¿½ prudenti di noi ordinando quantitativi che consentono di "coprire il 70-80% della popolazione con due dosi", come calcola Rezza, convinto perï¿½ che il Belpaese, grazie anche alla clemenza di questo primo picco di H1N1, "ha comprato il giusto, senza esagerare". "In fondo - conclude - quando un virus non ï¿½ ben conosciuto e ha un enorme potenziale infettivo bisogna prendere precauzioni adeguate".

Il nodo delle vaccinazioni. Comprati i vaccini, perï¿½, il problema ï¿½ vaccinare chi ne ha bisogno. E su questo fronte l'Italia fatica a carburare. All'8 dicembre, su 7 milioni e 432mila dosi distribuite, solo 689mila erano state inoculate. In Svezia ï¿½ stato giï¿½ immunizzato un terzo delle persone. In Gran Bretagna siamo giï¿½ ben oltre i 2,3 milioni. Il virus debole, per ora, annacqua le conseguenze dei nostri ritardi. Ma con un tasso di mortalitï¿½ piï¿½ alto, il Belpaese sarebbe nei guai. "Se finora le cose sono andate meglio del previsto, il merito non ï¿½ certo della vaccinazione che ha raggiunto un numero molto limitato di persone" sostiene Mauro Moroni, direttore malattie infettive dell'ospedale Sacco di Milano. La colpa del flop, dice De Martino, "ricade anche su chi non l'ha fatta a sï¿½, e parlo dei miei colleghi medici, e ai cittadini".

Gli ultimi dati del ministero (al 5 dicembre) certificano che solo 146mila operatori sanitari (il 14,1% del totale) hanno deciso di immunizzarsi e che la campagna di vaccinazione ha finora coperto il 10% delle donne gravide e il 14,3% delle persone a rischio. L'Istituto superiore di sanitï¿½ ha rivalutato le sequenze di 100 ceppi virali a caccia di eventuali mutazioni. Trovate solo in un paziente con polmonite, caso risolto dopo terapia intensiva e "non in fase di diffusione". Certo ï¿½ che se l'influenza A andasse scemando e la campagna di vaccinazioni continuasse ai ritmi da moviola con cui sta procedendo ora, anche l'Italia rischierebbe di trovarsi sul gobbo un bel po' di dosi di Focetria prossime alla scadenza. Ma, al momento, sarebbe il minore dei mali.

Le polemiche sull'Oms. La trincea della lotta all'influenza A ï¿½ un laboratorio nel sottosuolo del palazzo bianco dell'Organizzazione mondiale della Sanitï¿½ a Ginevra. L'unitï¿½ di crisi dove da dodici mesi lavora a ritmi forzati il Center for Strategic Health Operation, in codice Shoc. Un'equipe di scienziati un po' spiazzata dal decorso meno drammatico del previsto dell'inflazione. "C'ï¿½ stata una differenza tra quello che ci si aspettava e quello che si ï¿½ prodotto nella realtï¿½" ammette Nykia Alexander, consigliere speciale del direttore generale Chan. "La percezione di un virus molto meno letale del previsto - aggiunge - ha creato qualche problema". I responsabili dell'Oms smentiscono di aver peccato d'allarmismo. "Abbiamo sempre valutato in modo moderato gli effetti dell'attuale pandemia, dicendo che la maggioranza dei pazienti manifesta una sindrome influenzale benigna e guarisce completamente in una settimana, anche senza nessuna terapia".

Alcuni scienziati accusano l'Oms di aver modificato appositamente la definizione ufficiale di pandemia per poter dichiarare il livello massimo di allerta. A inizio 2009 la conditio sine qua non per lo stato d'emergenza (il livello 6) era quella di trovarsi di fronte a "un enorme numero di morti". Dizione sparita nei primi mesi dell'anno dal prontuario di Ginevra. "La confusione ï¿½ dovuta a una vecchia definizione sbagliata sul nostro sito che ï¿½ stata in effetti aggiornata", si giustifica Gregory Hartl, portavoce dell'organizzazione. Piï¿½ difficile replicare alle rivelazioni sui presunti conflitti di interesse di alcuni esperti scientifici degli advisory groups, i gruppi di consulenza dell'Oms sull'H1N1. Il medico olandese Albert Osterhaus, del comitato "Sage" incaricato delle linee guida per la prescrizione di vaccini contro il virus, avrebbe partecipazioni economiche in diverse societï¿½ farmaceutiche. Anche Frederick Hayden e Arnold Monto, altri due consulenti dell'Oms per la campagna di vaccinazione, sono stati accusati di collaborare stabilmente con Roche e Gsk. Su questo punto, la risposta dell'Oms ï¿½ stata una mezza ammissione. "Collaboriamo con l'industria farmaceutica per ragioni legittime. I laboratori farmaceutici - spiega Hartl - svolgono un ruolo essenziale per raggiungere gli obiettivi di salute pubblica". Per regole interne, i consulenti scientifici dell'Oms devono perï¿½ dichiarare ogni potenziale conflitto d'interesse. "Le accuse sono figlie della percezione di un virus meno letale del previsto - conclude il portavoce dell'organizzazione -. Ma sono preoccupazioni ingiustificate". Eppure da pochi giorni sul sito compare un comunicato di precisazione sugli advisory groups ed ï¿½ stata avviata un'inchiesta per verificare l'effettiva indipendenza dei comitati di consulenza a cui ï¿½ stata affidata la regia della prima pandemia globale.

"La realtï¿½ ï¿½ che da questa crisi abbiamo imparato due lezioni - conclude Rezza -. La prima ï¿½ che gli opposti estremismi, allarmismo e negazionismo, sono controproducenti. La seconda ï¿½ che dobbiamo imparare a produrre i vaccini piï¿½ rapidamente per prevenire situazioni piï¿½ gravi". Sperando, naturalmente, di non averne bisogno.

La Repubblica Reports on Pharma's Bumper Profits Thanks to Mild Swine Flu "Pandemic"

Le Repubblica, 14 December 2009

https://web.archive.org/web/20100102045622/http://theflucase.com/index.php?option=com_content&view=article&id=2315%3Ala-repubblica-reports-on-pharmas-bumper-profits-thanks-to-mild-swine-flu-qpandemicq&catid=1%3Alatest-news&Itemid=64&lang=en

According to the Italian newspaper "La Repubblica" WHO has started to conduct an internal investigation into the financial links between ist experts and the pharmaceutical industry as it comes under increasing criticism for declaring a pandemic level 6 and a mass swine flu vaccination campaign when the swine flu virus is mild.

"Only a few deaths and yet many companies will be celebrating the first year of H1N1 with a budget full of suprises because millions of extras were paid out to share holders after only six months in spite of the mildness of the pandemic. The role of the pharma giants, the supervisory boards and of scientists in this pandemic business seems in part very doubtful. That aside, a clever mix of vaccine material and induced fear has already begun to produce billions in a "preventative attack," writes Repubblica.

Just how thorough any internal inquiry by WHO will be remains to be seen.

PreventDISEASE.com
Aiming Towards Better Health

Facts about Viruses that will shock you

Prevent Disease, 14 December 2009
https://web.archive.org/web/20100102175914/http://preventdisease.com/news/09/121409_two_facts_about_viruses_will_surprise_you.shtml

Most people consider viruses as living things the can reproduce on their own to spread and infect their hosts. The fact is, viruses are neither alive nor can they reproduce like other living organisms.

Anyone with a cold or the flu virus feels as if they are under attack by some organism. However, a virus does not belong to the kingdom of living things. Just because a virus seems alive doesn't mean it is alive. After all, it's not even a single-cell organism.

A virus is little more than a strand of DNA or RNA covered by a protein coating. Viruses are a thousand times smaller than bacteria and come in a wide range of shapes. Some look like weird, tall spiders whereas others look like prickly porcupine-like soccer balls.

One thing is for sure; viruses are very much a part of life on Earth and the human experience. Viruses infect animals, plants, and even bacteria. There are millions of different types of viruses found in almost every ecosystem on Earth and these minute structures are the most abundant type of biological entity. When considering that not only is viral presence on this planet all encompassing, but every sequenced organism to date has a major component of its genome that is viral in origin, it becomes apparent that viruses are integral players in the evolution of what we presently consider life.

Humans are in a constant battle with viruses. HIV (the virus that causes AIDS), the Ebola virus, and the West Nile virus continue to make headlines and take millions of lives. Recently, the H1N1 strain has made headlines as a pandemic virus as declared by the World Health Organization.

The probably multiple origins of viruses are lost in a sea of conjecture and speculation, which results mostly from their nature: no-one has ever detected a fossil virus as a particle; they are too small and probably too fragile to have withstood the kinds of processes that led to fossilisation, or even to preservation of short stretches of nucleic acid sequences in leaf tissues or insects in amber.

Are Viruses Alive?

Even though there is no precise definition of what separates the living from the non-living, there are a few common characteristics which many biologists consider requirements of life. Some nonliving things may have one or more of the characteristics but not all of them. For a virus then to be classified as alive it must:

* Reproduce
* Obtain and use energy
* Grow, develop, and die
* Respond to the environment

Viruses cannot use their genetic material by themselves

Viruses do have DNA or RNA, and DNA is the code for life. Having genetic material is an important step towards being classified as alive. DNA controls the evolution of the cell and the organism. Like living things, viruses evolve through time and thus can adapt to their environment.

But unlike cells, viruses cannot use their genetic material by themselves. Living matter reproduces and passes on genetic material as a blueprint for growth and subsequent reproduction. However, viruses need a living cell in order to function and reproduce; otherwise they are playing dead.

Viruses cannot divide or reproduce themselves without a host cell

Because viruses are not cells, they can't divide by binary fission like bacteria. Yet they do reproduce themselves in an extraordinary way. Their structure enables viruses to attack a plant or animal cell called a host cell. The protein shell protecting the virus' DNA is covered with spikelike protrusions. These spikes allow the virus to latch onto the cells they infect. Once hooked on, the virus injects its genetic material into the host cell.

The virus' DNA takes control of the cell once it's within the cytoplasm and begins to make the cell produce virus DNA and other parts of viruses. The host cell is forced to expend all of its energy and resources to help the virus replicate and make hundreds more viruses. The poor, weak cell usually bursts like an overinflated balloon from all the viruses and is destroyed in the process. Then, the replicated virus attaches itself to a new, unaffected host cell, and the viral infection continues.

Viruses do not produce or utilize their own energy

Living things do more than just reproduce. They also must obtain food to fuel the cell's metabolic activity. Some organisms, such as animals, eat other living things for energy. Other organisms, such as plants, harness the Sun's energy to make their own food. Because viruses aren't cells and have no activity within it, it has no need for food. However, the virus-controlled host cell needs material and energy to reproduce the viruses.

Viruses do not grow

All other living things also grow or get bigger. A virus does nothing inside its protein coat; therefore it does not grow.

Viruses cannot move themselves

Plants and animals react to the environment. All living things have ways of sensing the world around them and can respond to changes in their environment. Homeostasis is the property of an open system, especially living organisms, to regulate its internal environment so as to maintain a stable condition. Do viruses react? Viruses cannot move themselves, viruses can react to some changes in their environment but they have a very minimalistic internal environment.

Remember, the virus' DNA or RNA can evolve over time, thereby increasing its chances for survival and adapting to the environment. Like bacteria, they adapt through genetic mutations caused by rapid reproduction. That is why it is so hard to cure viral diseases. Viruses keep changing their DNA and protein coat to further their "life form" and keep ahead of the game.

Therefore, since a virus does not meet most of the requirements considered to be a living thing, a virus is not alive.

=> *Questions*: Phil Segrave. **How can viruses that are not alive be weakened?**

If 'dead viruses' can not really be attenuated before vaccination and they still possess the ability to replicate and mutate, is not the host's body being subjected to infection by an organism that is potentially reproductive and virulent, especially among people who have suppressed immune systems and other pre-existing conditions that restrict the development of 'anti-bodies', thus increasing the risk of epidemic rather than increasing 'herd immunity' within a given population?

If virus strains can be attenuated, how can the logistics of correctly weakening tons of material for millions of doses be possible? Phil Segrave.

THE FLU CASE

Phil Segrave

Scientists Make Breakthrough in Bird Flu Genetic Code

The Flu Case, 14 December 2009, 14:14
https://web.archive.org/web/20100102030924/http://theflucase.com/index.php?option=com_content&view=article&id=2285%3Ascientists-make-breakthrough-in-bird-flu-genetic-code&catid=1%3Alatest-news&Itemid=64&lang=en

ref. to

January 26, 2006
Washington – Scientists who have made a big leap in unraveling the genetic code of bird flu viruses along the way found a new clue that may help explain why the notorious H5N1 strain is so deadly.

St. Jude Children's Research Hospital in Memphis, Tenn., is home to a remarkable viral library, samples of about 11,000 influenza viruses that Dr. Robert Webster has gathered from around the world since 1976. They're not just flu viruses that have infected people over the years, but ones from pigs and other animals including about 7,000 bird flu viruses, gathered from poultry, ducks, gulls and other flocks.
https://web.archive.org/web/20100102030924/http://theflucase.com/index.php?option=com_content&view=article&id=2285%3Ascientists-make-breakthrough-in-bird-flu-genetic-code&catid=1%3Alatest-news&Itemid=64&lang=en

Thursday, St. Jude researchers reported in the journal Science that they have completed the first large genetic analysis of more than 300 of these bird flu viruses. They identified 2,196 bird flu genes and 160 complete genomes, doubling the amount of genetic information available for scientists to study how these viruses evolve and spread over time.

Simply having that new trove of gene information – posted in a public genetic database so that any scientist can mine it – in itself is a huge step, said Dr. Maria Giovanni of the National Institutes of Health, which has launched a major project to map influenza genomes and helped to fund the St. Jude's work. So far, most of the complete influenza genomes available are from human viruses.
=> https://web.archive.org/web/20100601150247/http://www.foxnews.com/story/0,2933,182913,00.html

World Health Organization

Transcript of virtual press conference with

Dr Keiji Fukuda, Special Adviser to the Director-General on Pandemic Influenza

Geneva, WHO, 17 December 2009

https://web.archive.org/web/20100107164631/http://www.who.int/mediacentre/vpc_transcript_17_december_09_fukuda.pdf

Nyka Alexander: Good afternoon. We welcome you to WHO's weekly virtual press briefing from WHO today on December 17th, 2009. My name is Nyka Alexander and with us is Dr Keiji Fukuda, Special Adviser to the Director-General on Pandemic Influenza. He will begin by giving a situation update, and will then take your questions. Dr Fukuda, over to you now.

Dr Fukuda: Thank you Nyka. Welcome everybody, as the year draws to a close, we want to welcome you to this virtual press conference. As usual what I will do is try to highlight a couple of main points and then will throw it open to questions. Now one of the first points reflecting questions coming to WHO is that it really probably remains too early to call the pandemic over. I will go into a little bit more detail about this. But the second point that I also want to make, and an important one, is that given the current situation, WHO continues to provide all possible support to especially vulnerable countries in dealing with the current pandemic situation.

Now let me bring our attention back to the pandemic, and where we see things right now. Now we are now about 8 months into the pandemic and one of the common questions coming to us is, that *is the pandemic over*, is it time to call it, and really the answer is, that it *is still too early to make such a call*. And there are couple of main reasons for this.

In the first place, again I want to point out that the pandemic is a global event, it is really the worldwide spread of the virus and it is not a simply a regional event in which we see some activity going on in some parts of the world. Because of this WHO continues to monitor this situation, in all parts of the world, both in the northern hemisphere and the southern hemisphere. Based on this we see that activity or infections continue at quite high levels, in several different counties. For example, we see that activity continues to be at high levels in parts of Europe such as France and Switzerland, in the Czech Republic. We see that activity continues to be high in parts of central Asia such as Kazakhstan and Kyrgyzstan and we also see that activity continues to be high in some very large countries such as Russia. These were examples of countries around the world in which we continues to see high levels of activity.

Now the second reason is that it is clear in some parts of the world, such as North America and in some parts of Europe, we have seen that the pandemic activity for now, has clearly peaked and is on the way down. But one of the points about this is that the peaking has occurred extraordinarily early for influenza and we still have several months for winter to go and one of the big questions which is still before us is whether we expect to see yet another wave of activity occur or perhaps at late winter or in the early spring months and the answer right now is that we simply are not able to answer this questions right now. We are continuing to assess and monitor activities but right now we cannot predict whether we will see another upsurge and significant activity in the earlier parts of 2010.

Based on this assessment, based on the fact that we continue to see high levels of activity in many countries and we remain uncertain about what we might see in the earlier parts of 2010, WHO is very much continuing to provide support to countries which are particularly vulnerable in the face of pandemic infection. Now from the onset of the pandemic, this has really been the primary focus of WHO's efforts, which is to provide support to the countries, to be able to be ready to respond to the spread of this infection, and disease. As part of this effort, just one part of it, *one of the things that we have given particular attention to, is vaccines*.

Early on as the pandemic developed, WHO began identifying those countries that would have little or no access to vaccines. As you remember, both the Secretary General of the UN and the Director General of the WHO made appeals to both to the manufacturers, and also to the countries to help provide vaccines and

support to those countries, that have little access no access to pandemic influenza vaccines. In response to this request in the situation, 6 manufacturers and 12 countries so far have pledged approximately 180 million doses of vaccines to be distributed to approximately 95 countries.

There are other countries who are negotiating with WHO about donations, but right now we can say that there are 6 manufacturers and 12 countries which have made pledges. Now one of the important things about the vaccines which are being donated to WHO is that they are both adjuvanted and non adjuvanted vaccines, and there are negotiations about live attenuated vaccines. But before any of the vaccines are sent out to the countries, they will all be prequalified by WHO, that is we will go over and we will make sure, that they are manufactured according to standards, and that they pass regulatory procedures, so that they are safe and effective for the countries that they are given to.

Now one of the things that we are doing is moving as quickly as possible, with these many partners to make vaccines available to the countries. Now to receive the donated vaccines, we are asking the recipient countries to do three things: the first is simply to make a formal request to WHO so that we know that the country would like to have the vaccines; the second is to work with WHO to agree to some term and conditions, so we are both clear about how the vaccines will be provided, how they will be handled and so on; and the third step is for the recipient country to develop, the national plan, with WHO, to make sure that the vaccine once its provided, and is received in the country, is handled properly, so that it goes to the right people.

So three basic steps for the vaccines. Now because this is an unusual process this is very large and complicated operation and not one that anybody engages in a regular basis, WHO has provided as much help as possible to these recipient countries. So for example we have held 9 workshops in all regions of the world and these workshops are designed to help provide support on developing plans to answer questions and so on. So a lot of this work is going on in the past few months. So at this point we hope to begin deploying the vaccine in the next few weeks. And to get it to the first countries, a lot of this work in the distribution of the vaccines will be done with partners, one of the key partners is the United Nations Operations Group known as UNOPS. They are the group that we are working with to help actually get the vaccines physically to the different countries.

So again I want to point out that at this time, we believe that it is *too early to say that the pandemic is over*. We are monitoring the situation carefully but at this point it is premature and that again, because of this, WHO is continuing to work very hard in terms of providing as much support to countries as possible. So let me end there with the opening part of this virtual press conference and let's throw it open to questions. Thank you. ...

THE FLU CASE

WHO Plans to keep Extraordinary Powers assigned to it under a Pandemic for years

The Flu Case, 18 December 2009

https://web.archive.org/web/20100102021639/http://theflucase.com/index.php?option=com_content&view=article&id=2329%3Awho-plans-to-keep-extraordinary-powers-assigned-to-it-under-a-pandemic-for-years&catid=1%3Alatest-news&Itemid=64&lang=en

WHO officials said in a press conference yesterday that it was "too early to call the pandemic over" and suggested that the organisation *intends to retain the pandemic level 6 emergency designation for a "number" of years*.

Under a pandemic level 6 declaration, WHO is assigned a leading role under the pretext of protecting the globe against a dangerous disease.

WHO is allowed control not only of health services but also of the police and military of the 193 member states that signed the International Health Regulations 2005. *WHO can issue instructions to miltiary to force vaccinate and quarantine people*.

The powers of WHO are coming under increasing scrutiny as key members of WHO pushing for a pandemic level 6 declaration and mass vaccination are embroiled in controversies over financial links with pharmaceutical companies.

WHO maintains the swine flu virus will continue circulating for "a number" of years and vaccination campaigns are needed in spite of the evidence that the virus is mild and the vaccines are untested and dangerous.

LeVillage
Hébergement web pour tous

Roselyne Bachelot assignée en référé le 4 janvier 2009 au TGI de Paris

Écrit par Flash-info-WLS, 17 Décembre 2009
https://web.archive.org/web/20091226035507/http://www.webtelelibre.levillage.org/index.php?option=com_content&task=view&id=2096&Itemid=40

Madame Roselyne Bachelot, Ministre de la Santé, a reçu vendredi dernier une assignation à comparaître en référé devant le Tribunal de Grande Instance de Paris le lundi 4 janvier prochain à 9 h, aux fins de mettre un terme dans les plus brefs délais à la campagne de vaccination contre la grippe H1N1.

Cette procédure judiciaire a été engagé, devant le « danger imminent » encouru par la population, par l'Association Cri-Vie (Coordination de Recherche et d'Informations Indépendantes en matière de Santé), présidée par le Dr Marc Vercoutère (Pau, Pyrénées-Atlantiques) et le parti politique d'extrême-centre Politique de Vie, présidé par Christian Cotten (St-Aubin, Essonne), psychosociologue, ont engagé.

Dans un climat de psychose entretenue par certains experts avec la dramatisation de «quelques morts spectaculaires» (selon le Pr Daniel Floret), les français subissent la promotion commerciale du Tamiflu – source de résistances et de détresse respiratoire aiguë – et celle des vaccins pandémiques hautement toxiques dont l'autorisation de mise sur le marché a été accordée trop rapidement malgré la notion de plusieurs hépatites auto-immunes sur les 400 enfants testés et de nombreuses maladies auto-immunes chez l'adulte en rapport avec le squalène (rapports de la FDA, février 2009 et de l'Agence européenne du médicament: EMEA). Malgré une sous-notification importante, le premier bilan de l'EMEA du 17 novembre fait d'ailleurs état de 55 décès après la vaccination de 5,7 millions de personnes, alors que les autorités s'attendaient à 5,75 décès pour 10 millions de vaccinés. Ce rapport bénéfice/risques déjà défavorable – à court terme – le sera beaucoup plus avec le déclenchement à moyen et à long terme de troubles neuropsychiques (Autisme, hyperactivité…) et «de dizaines de milliers de pathologies auto-immunes, imputées ou non au vaccin, comme les scléroses en plaques (SEP) avec le vaccin hépatite B» (Pr Marchou, CHU Toulouse). Entre 1994 et 2008, la fréquence des seules SEP était passée de 20 000 à 83 000 cas.

Alors qu'elle n'était intervenue que plusieurs années après la survenue des scandales passés, la justice française a l'opportunité de suspendre cette vaccination inefficace ainsi que l'utilisation des antiviraux avant qu'un collège d'experts indépendants n'évalue les réels effets du Tamiflu et de ces vaccins et ne propose des moyens simples et sains de prévention et d'accompagnement de la grippe.

Notre justice ne peut davantage ignorer que l'OMS, les officiels de Santé Publique et les compagnies pharmaceutiques ont construit une machine mondiale de propagande au sujet de pandémies imminentes. Mme Chan, directrice de l'OMS, a ainsi déclaré l'alerte pandémique de niveau 6 en suivant les conseils éclairés d'experts inféodés aux lobbies pharmaceutiques. C'est le cas des Prs Bruno Lina, président en France du GEIG, financé à 100% par les fabricants de vaccins contre la grippe et Osterhaus, conseiller en chef pour les questions de virus pour le gouvernement Britannique et Hollandais,expert-clé du SAGE (Strategic Advisory Group of Experts Président du European Scientific Working group on Influenza (ESWI) financé exclusivement par les géants pharmaceutiques, fabricants de vaccins.

Tandis que la Pologne a refusé de commander de tels vaccins, Igor Barinov, Président de la Duma a, de son côté, interpellé l'ambassadeur russe auprès de l'OMS à Genève pour qu'une enquête officielle soit lancée concernant les témoignages et preuves de corruption massive au sein de l'OMS. Il a demandé qu'une investigation fasse la lumière sur les liens financiers entre les experts de l'OMS en charge de la pandémie grippale et les firmes pharmaceutiques. Si la corruption est établie, la Russie envisage de se retirer de l'OMS. «Il est urgent qu'une commission internationale d'enquête puisse être mise sur pied, a-t-il déclaré. (Der Spiegel, 12/12/09)

Les auteurs de l'assignation et leurs avocats Maîtres Malika Ouarti (Barreau de Paris) et Jean-Pierre Joseph (Barreau de Grenoble) invitent journalistes et citoyens à assister en nombre à cette audience publique de référé qui se tiendra le lundi 4 janvier à 9 h du matin, au TGI de Paris, 4 bd du Palais (75001 PARIS), au cabinet du vice-président Emmanuel Binoche, avec les avocats des parties.

=> an English version

THE FLU CASE

French Health Minister receives court summons over mass Swine Flu Vaccinations

The Flu Case, 18 December 2009, 13:08
https://web.archive.org/web/20100102010134/http://theflucase.com/index.php?option=com_content&view=article&id=2337%3Afrench-health-minister-receives-court-summons-over-mass-swine-flu-vacinnations&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Roselyne Bachelot, the French Minister of Health was summoned on Friday last week to attend a hearing at the Superior Court in January as part of legal action to put an end the swine flu mass vaccination campaign launched by lawyers Malika Ouarti (Barreau de Paris) and Jean-Pierre Joseph (Barreau de Grenoble), according to local media reports.

The hearing will take place on Monday, January 4 at 9 am at the Tribunal de Grande Instance of Paris.

Bachelot, who worked for at least 12 years in the pharmaceutical industry, has played a key role in planning and executing the mass swine flu vaccination campaign in France.

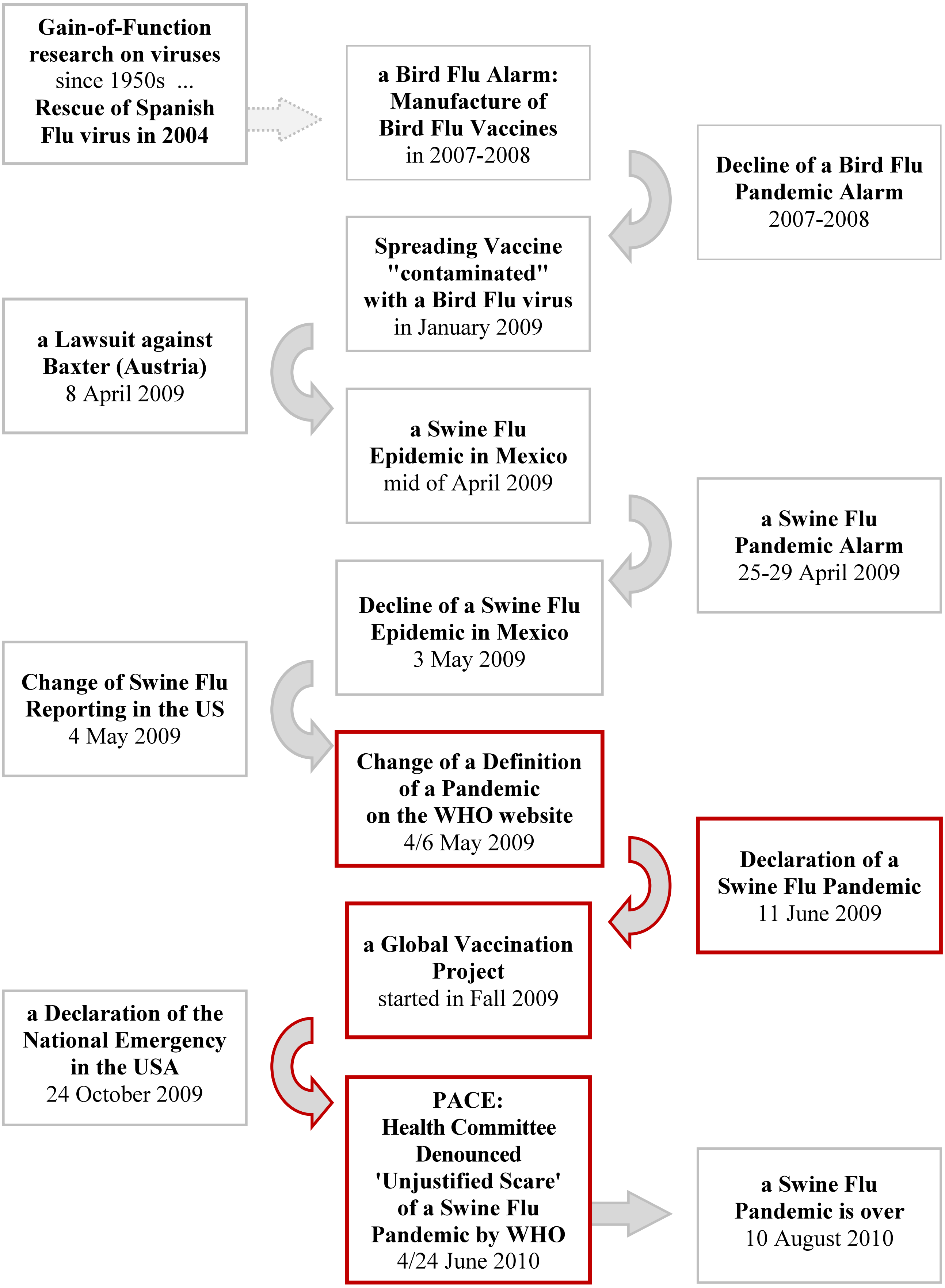
Specifically, Bachelot was involved in the detailed planning to set up 1,100 special vaccination centers around the country, excluding GPs, for the vaccination of the entire population by the end of January 2010.

Also, she sanctioned a secret contract with pharmaceutical companies, giving them blanket immunity from any legal action in the event of their untested jabs causing death or damage.

Chapter 16

PACE
Health Committee investigated the False Pandemic declared by
WHO

Roadmap
of the Swine Flu Pandemic



DER TAGESSPIEGEL | International

Von Rainer Woratschka

Schweinerei mit der Grippe

Der Tagesspiegelza, 16 Dezember 2009, 00:00 Uhr
https://web.archive.org/web/20091217191003/www.tagesspiegel.de/politik/international/Schweinegrippe-Europarat;art123,2976433

Berlin – Vorgesehen sind eine Dringlichkeitsdebatte in der Parlamentarischen Versammlung und ein Untersuchungsausschuss.

Gesundheitsgefahr durch gefälschte Pandemien – unter diesem Motto beschäftigt sich der Europarat im Januar mit dem Einfluss der Pharmaindustrie auf die weltweiten Kampagnen gegen die Vogel- und Schweinegrippe. Vorgesehen sind eine Dringlichkeitsdebatte in der Parlamentarischen Versammlung und ein Untersuchungsausschuss.

Initiiert wurde beides von dem ehemaligen deutschen Bundestagsabgeordneten Wolfgang Wodarg (SPD), der in der Parlamentarischen Versammlung des Europarates noch als Chef des Unterausschusses für Gesundheit amtiert. Wodarg ist Arzt und Epidemiologe, er hält den Umgang mit der Schweinegrippe für "einen der größten Medizinskandale des Jahrhunderts". In seinem vom Ausschuss einstimmig beschlossenen Antrag kritisiert er die Beeinflussung von Wissenschaftlern und Behörden durch geschäftstüchtige Pharmaunternehmer. Dies habe dazu geführt, dass "unnötigerweise Millionen gesunder Menschen dem Risiko mangelhaft getesteter Impfstoffe ausgesetzt" worden seien – bei einer Infektionskrankheit, die "erheblich harmloser" sei als alle Grippewellen der Vorjahre und "nicht einmal ein Zehntel der hierbei üblichen Todesfälle" verursacht habe.

Schlimmer noch als die Tatsache, dass die Impfstoffhersteller mit ihrer Panikmache auf Kosten der Steuerzahler so prächtig verdient hätten, findet Wodarg, "dass man dafür auch Körperverletzung in Kauf genommen hat". Die in den Impfstoffen steckenden Wirkungsverstärker seien kaum erprobt worden, sagte der SPD-Politiker dem Tagesspiegel. Und auftretende Nebenwirkungen bis hin zu gefährlichen Nervenlähmungen würden nach wie vor nur lückenhaft registriert.

Beschäftigen müssten sich Europarat und Berichterstatter laut Wodarg insbesondere mit der Rolle der UN-Weltgesundheitsorganisation (WHO), die im Juni für die Schweinegrippe die höchste Pandemiestufe ausgerufen hat. Erstmals sei das Kriterium für die Höherstufung hierbei nicht mehr das tatsächliche Krankheitsrisiko gewesen, sondern die Zahl der Krankheitsfälle. Damit galt die Infektion als weltweite Seuche, die Staaten wurden zum Handeln gedrängt. Der hundertmillionenfache Kauf kaum getesteter Impfstoffe und Medikamente weltweit sei die Reaktion gewesen – trotz der Zurückhaltung einiger weniger skeptischer Staaten wie Polen, Luxemburg oder der Schweiz.

Weil die WHO nicht parlamentarisch kontrolliert werde, müssten dort nun die Regierungen Konsequenzen verlangen, fordert Wodarg. Es könne nicht sein, dass man die Pandemie-Definition einer Organisation überlasse, die offensichtlich dem Einfluss von Pharmaverkäufern unterliege. Viele der Entscheidungsträger dort kämen aus der Industrie und gingen wieder dahin zurück, sagte Wodarg. Zu untersuchen sei zudem die Rolle von und die Einflussnahme auf Paul-Ehrlich- und Robert-Koch-Institut, die in Deutschland entscheidenden Stellen.

In der Vergangenheit hat schon einmal eine Europaratsuntersuchung Staub aufgewirbelt. Im Jahr 2005 wurde der Schweizer Politiker Dick Marty beauftragt, den vermuteten geheimen Gefangenentransporten und Gefangenenlagern der CIA in Europa nachzuspüren. Seine Berichte belegten die Existenz von CIA-Geheimgefängnissen in Polen und Rumänien und das Mitwissen mehrerer europäischer Länder um die illegalen Aktivitäten.

=> the same: Von Rainer Woratschka. **Schweinerei mit der Grippe** – Zeit OnLine, 16. Dezember 2009,
https://web.archive.org/web/20091221080929/www.zeit.de/politik/2009-12/schweinegrippe-europa
https://web.archive.org/web/20091221080929/www.zeit.de/politik/2009-12/schweinegrippe-europa?page=2

ZEIT ONLINE

Rainer Woratschka

Schweinerei mit der Grippe

Zeit.de, 16 December 2009, 11:54 Uhr
https://web.archive.org/web/20091218020311/http://www.zeit.de/politik/2009-12/schweinegrippe-europa
https://web.archive.org/web/20091221070833/http://www.zeit.de/politik/2009-12/schweinegrippe-europa?page=2

SPD-Politiker Wolfgang Wodarg hält die Maßnahmen gegen H1N1 für "einen der größten Medizinskandale des Jahrhunderts" und macht die Schweinegrippe zum Thema im Europarat.

Gesundheitsgefahr durch gefälschte Pandemien – unter diesem Motto beschäftigt sich der Europarat im Januar mit dem Einfluss der Pharmaindustrie auf die weltweiten Kampagnen gegen die Vogel- und Schweinegrippe. Vorgesehen sind eine Dringlichkeitsdebatte in der Parlamentarischen Versammlung und ein Untersuchungsausschuss.

Initiiert wurde beides von dem ehemaligen deutschen Bundestagsabgeordneten Wolfgang Wodarg (SPD), der in der Parlamentarischen Versammlung des Europarates noch als Chef des Unterausschusses für Gesundheit amtiert. https://web.archive.org/web/20090918071642/http://www.wodarg.de/ Wodarg ist Arzt und Epidemiologe, er hält den Umgang mit der Schweinegrippe für "einen der größten Medizinskandale des Jahrhunderts".

In seinem vom Ausschuss einstimmig beschlossenen Antrag kritisiert er die Beeinflussung von Wissenschaftlern und Behörden durch geschäftstüchtige Pharmaunternehmer. Dies habe dazu geführt, dass "unnötigerweise Millionen gesunder Menschen dem Risiko mangelhaft getesteter Impfstoffe ausgesetzt" worden seien – bei einer Infektionskrankheit, die "erheblich harmloser" sei als alle Grippewellen der Vorjahre und "nicht einmal ein Zehntel der hierbei üblichen Todesfälle" verursacht habe.

Schlimmer noch als die Tatsache, dass die Impfstoffhersteller mit ihrer Panikmache auf Kosten der Steuerzahler so prächtig verdient hätten, findet Wodarg, "dass man dafür auch Körperverletzung in Kauf genommen hat". => Marlies Uken. Big Business mit der Impfspritze. – Zeit, 2 September 2009, 13:42 Uhr
https://web.archive.org/web/20091223053501/http://www.zeit.de/online/2009/34/schweinegrippe-geschaeft
Stockrahm S. Kein Grund zur Panik. – Zeit, 24 Juli 2009, 17:33 Uhr
https://web.archive.org/web/20091214212443/http://www.zeit.de/online/2009/28/schweinegrippe-infektionszahlen

Die in den Impfstoffen steckenden Wirkungsverstärker seien kaum erprobt worden, sagte der SPD-Politiker dem Tagesspiegel. Und auftretende Nebenwirkungen bis hin zu gefährlichen Nervenlähmungen würden nach wie vor nur lückenhaft registriert. => Erstklassig geschützt. – Zeit, 23 Oktober 2009; https://web.archive.org/web/20091225125833/http://www.zeit.de/2009/44/01-Impfung-Schweinegrippe

Beschäftigen müssten sich Europarat und Berichterstatter laut Wodarg insbesondere mit der Rolle der UN-Weltgesundheitsorganisation (WHO), die im Juni für die Schweinegrippe die höchste Pandemiestufe ausgerufen hat. Erstmals sei das Kriterium für die Höherstufung hierbei nicht mehr das tatsächliche Krankheitsrisiko gewesen, sondern die Zahl der Krankheitsfälle.
https://web.archive.org/web/20100104010315/http://www.zeit.de/online/2009/25/amerikagrippe-who-pandemiefall

Damit galt die Infektion als weltweite Seuche, die Staaten wurden zum Handeln gedrängt. Der hundertmillionenfache Kauf kaum getesteter Impfstoffe und Medikamente weltweit sei die Reaktion gewesen – trotz der Zurückhaltung einiger weniger skeptischer Staaten wie Polen, Luxemburg oder der Schweiz. Bundesländer einigen sich auf Impfstrategie. – Zeit, 15 July 2009
=>https://web.archive.org/web/20100104074608/http://www.zeit.de/online/2009/29/schweinegrippe-bundeslaender-impfstrategie

Weil die WHO nicht parlamentarisch kontrolliert werde, müssten dort nun die Regierungen Konsequenzen verlangen, fordert Wodarg. Es könne nicht sein, dass man die Pandemie-Definition einer Organisation überlasse, die offensichtlich dem Einfluss von Pharmaverkäufern unterliege. Viele der Entscheidungsträger dort kämen aus der Industrie und gingen wieder dahin zurück, sagte Wodarg. Zu untersuchen sei zudem die Rolle von und die Einflussnahme auf Paul-Ehrlich- und Robert-Koch-Institut, die in Deutschland entscheidenden Stellen.
https://web.archive.org/web/20091112101239/http://www.rki.de/cln_171/nn_196658/DE/Content/InfAZ/I/Influenza/IPV/IPV__Node.html?__nnn=true

In der Vergangenheit hat schon einmal eine Europaratsuntersuchung Staub aufgewirbelt. Im Jahr 2005 wurde der Schweizer Politiker Dick Marty beauftragt, den vermuteten geheimen Gefangenentransporten und Gefangenenlagern der CIA in Europa nachzuspüren. Rotes Kreuz wirft Medizinern Folter vor. – Zeit.de, 8 April 2009; => https://web.archive.org/web/20100105213619/http://www.zeit.de/online/2009/16/mediziner-cia-folter
https://web.archive.org/web/20091228083439/http://www.zeit.de/online/2009/16/mediziner-cia-folter?page=2

Seine Berichte belegten die Existenz von CIA-Geheimgefängnissen in Polen und Rumänien und das Mitwissen mehrerer europäischer Länder um die illegalen Aktivitäten.

Council of Europe will investigate and debate on "Faked Pandemic"
Wodarg fordert Untersuchung des Schweinegrippe-Skandals durch den Europarat

Dr. Wodarg / Parlamentary Assembly, 18 December 2009

https://web.archive.org/web/20100110091137/http://www.wodarg.de/presse/2948122.html

Council of Europe will investigate and debate on "Faked Pandemic"/Wodarg fordert Untersuchung des Schweinegrippe-Skandals durch den Europarat

12.12.2009: Hier ein Antrag in englischer Sprache, den ich am 11.Dezember 2009 in Paris beim zuständigen Sozial und Gesundheitsausschuss als Vorsitzender des Unterausschusses für Gesundheit in den Geschäftsgang der Parlamentarischen Versammlung des Europarats eingebracht habe. Der Europarat soll sich in einer Dringlichkeitsdebatte mit der von der WHO und weiterer Institute zugunsten einiger Pharma-Konzerne inszenierten "Schweinegrippe-Pan(ik)demie" beschäftigen und einen Untersuchungsausschuss hierzu etablieren.

Motion for a Resolution and a Recommendation
Faked Pandemics - a threat for health

In order to promote their patented drugs and vaccines against flu, pharmaceutical companies influenced scientists and official agencies, responsible for public health standards to alarm governments worldwide and make them squander tight health resources for inefficient vaccine strategies and needlessly expose millions of healthy people to the risk of an unknown amount of side-effects of insufficiently tested vaccines.

The "birds-flu"-campaign (2005/06) combined with the "swine-flu"-campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health-budgets, but to the credibility and accountability of important international health-agencies.

The Council of Europe and its member-states should ask for immediate investigations and consequences on their national levels as well as on the international level.

The definition of an alarming pandemic must not be under the influence of drug-sellers.

Explanatory remarks

When in April 2009 some hundred normal influenza cases in Mexico City were rashly announced to be the beginning of a threatening new pandemic, there was little scientific evidence for this judgement. Nevertheless a large and immediate word-wide agenda setting process started and was eagerly spread by alarmist media and formally legitimized by pandemic-defining WHO, the agency, which is our global epidemiological watchdog and task-force.

Besides this, vaccination programs against influenza are already established in most of the exposed countries as an annual routine. They are regularly taking into account all expected varieties of flu-viruses to bundle their antigen fragments in a well-adjusted polyvalent vaccine.

But around the Mexican outbreak, WHO in cooperation with some big pharmaceutical companies and their scientists re-defined pandemics and lowered the alarm-threshold. Those new standards forced politicians in most states to react immediately and sign marketing commitments for additional and new vaccines against "swine-flu" and spend billions of dollars to catch up with the alarming scenario that Big Pharma, media and WHO were spreading.

From the beginning in April 2009 it was clear, that a newly combined flu-virus was on its way - as many flu-virus-variations have been almost every year before. From the first cases in Mexico it was also evident, that this new subtype was doing less harm to infected humans than others in former years. Nevertheless the "swine-flu-campaign" was increasingly threatening people, filling television programs, newspapers, health-agendas, ambulances and hospitals.

Never before the search for traces of a virus was carried out so broadly and intensively. Besides, many cases of death, that happened to coincide with seropositive H1N1 lab-findings, were simply attributed to "swine-flu" and used to foster fear.

Additionally it has been proven, that at least one third of the population older than 60 had already positive test results because of flu contacts in the second half of the last century. In contrast to this "agenda setting process" it has to be stated, that the annual worldwide spreading ("pandemic") of 2009- influenza was a relief for global health, compared with the suffering, influenza waves used to originate most of the years before.

The Australian flu-season, which has already passed by with the Australian winter, has even given evidence, that the infection with "swine-flu" brings some protection against other, more dangerous virus-types. Nevertheless we have to observe, that a faked "swine-flu"- pandemic is still used for marketing risky vaccines.

The victims among millions of needlessly vaccinated people must be protected by their states and independent scientific clarification should provide evidence and transparency for national and -if necessary- European courts.

Tabled by
Dr. Wolfgang Wodarg (Soc. Germany)
(already signed and supported by a sufficient number of menbers of the Parliamentary Assembly of the Council of Europe)

https://web.archive.org/web/20100215081131mp_/http://www2.wodarg.de/uploads/pic_2948146_2_full.jpg

Parliamentary Assembly
Assemblée parlementaire

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Faked Pandemics - a threat for health
Motion for a recommendation Doc. 12110

PACE, 18 December 2009,
https://web.archive.org/web/20100130094504/http://assembly.coe.int/Documents/WorkingDocs/Doc09/eDOC12110.pdf
http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=12720&lang=en

This motion has not been discussed in the Assembly and commits only those who have signed it.

In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide. They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines.

The "birds-flu"-campaign (2005/06) combined with the "swine-flu"-campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health budgets, but also to the credibility and accountability of important international health agencies. The definition of an alarming pandemic must not be under the influence of drug-sellers.

The member states of the Council of Europe should ask for immediate investigations on the consequences at national as well as European level.

Signatories:
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Parliamentary Assembly
Assemblée parlementaire
http://assembly.coe.int
60 YEARS ANS 2009
COUNCIL OF EUROPE CONSEIL DE L'EUROPE

Doc. 12110
18 December 2009

Faked Pandemics - a threat for health

Motion for a recommendation
presented by Mr Wodarg and others

> This motion has not been discussed in the Assembly and commits only the members who have signed it

In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide. They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines.

The "birds-flu"-campaign (2005/06) combined with the "swine-flu"-campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health budgets, but also to the credibility and accountability of important international health agencies. The definition of an alarming pandemic must not be under the influence of drug-sellers.

The member states of the Council of Europe should ask for immediate investigations on the consequences at national as well as European level.

Signed [1]:

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[1] EPP/CD: Group of the European People's Party
SOC: Socialist Group
ALDE: Alliance of Liberals and Democrats for Europe
EDG: European Democratic Group
UEL: Group of the Unified European Left
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https://web.archive.org/web/20110129183514/http://www2.wodarg.de/uploads/edoc12110.pdf

THE FLU CASE

European Parliament to Investigate WHO in January 2010

The Flu Case, 20 December 2009, 11:10

https://web.archive.org/web/20100102042527/http://theflucase.com/index.php?option=com_content&view=article&id=2350%3Aeuropean-parliament-to-investigate-who-in-january-2010&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Council of Europe member states are to launch an inquiry in January 2010 on the influence of the pharmaceutical companies on the global swine flu campaign, focussing especially on extent of the pharma‘s industry’s influence on WHO, according to reports in the German media.

https://web.archive.org/web/20091218020311/www.zeit.de/politik/2009-12/schweinegrippe-europa
https://web.archive.org/web/20091217191003/www.tagesspiegel.de/politik/international/Schweinegrippe-Europarat;art123,2976433

Wolfgang Wodarg , former SPD member of parliament, and chairman of the European parliament’s health committee, initiated the inquiry. The motion was passed unanimously by his colleagues in the European parliament‘s health committee.

Wodarg has criticised the measures taken against the swine flu as "one of the biggest medical scandals of the century."

He said the influence of the the pharamaceutical industry on scientists and government officials has resulted in "millions of healthy people being exposed unnecessarily to the risks of an inadequately tested vaccine."

That even though, the swine flu virus is "much less harmful" than last year’s seasonal flu causing "not even a tenth of the usual deaths associated with flu."

Wodarg has also criticised the way pharemceutical companies have made gigantic profits at the expense of tax payers.

He accused vaccine manufacturers of being willing even to inflict bodily harm" in their pursuit of profits, noting that the adjuvants in the swine flu jab have hardly been tested.

In addtion, the vaccine‘s side effects including dangerous paralysis have not been adequately recorded.

Wodarg has said that the role of the WHO and its the pandemic emergency declaration in June needs to be the especial focus of a European parliamtary inquiry. For the first time the criteria for a pandemic was made not the actual risk of a diseases but the number of cases of the disease.

By classifying the swine flu as pandemic, nations were compelled to implement pandemic plans and also the purchase swine flu vaccines.

Because WHO is not subject to any parliamentary control, Wodarg argued it is necessary for governments to insist on accountability.

What is a pandemic should not be allowed to be defined by an organisation that is clearly under the influence of the pharmaceutical companies that profit from the sales of vaccines accompanying such a pandemic. Many of the decision-makers in WHO have worked for the pharma industry and go back to work in the pharma industry.

The inquiry is also to look at the role of the Paul-Ehrlich and the Robert-KochInstitute in Germany.

N BIOU

L'OMS est-elle soumise aux industries pharmaceutiques?

NBiou, 22 December 2009
https://web.archive.org/web/20100101223802/http://www.nbiou.com/science-et-sante/loms-est-elle-soumise-aux-industries-pharmaceutiques/

Les Etats membres du Conseil de l'Europe ont décidé de lancer une enquête en janvier 2010. En effet, les questions qui se posent sont: *«Quelle influence auraient pu avoir les compagnies pharmaceutiques sur la campagne de la grippe porcine?»*, ou encore *«Dans quelle mesure l'industrie pharmaceutique influence l'OMS?»*

Le Dr Wolfgang Wodarg, ancien parlementaire SPD et président du comité européen de la Santé a lancé une enquête adoptée à l'unanimité par le comité du Parlement Européen à la Santé. Il aurait vivement critiqué les mesures prises pour lutter contre la grippe porcine, les qualifiant comme étant *«un des plus grands scandales médicaux du siècle»* et rappelant les conséquences de l'influence de l'industrie pharmaceutique sur les politiques et les scientifiques: *«des millions de gens en bonne santé ont été exposés inutilement aux risques d'un vaccin insuffisamment testé»*.

Le président du comité européen de la Santé a ainsi pointé du doigt les risques pris avec la vaccination de masse, l'insuffisance de tests effectués, les effets secondaires incorrectement rapportés.

Wolfgang Wodarg n'en est pas resté là et n'a pas oublié de mentionner les profits colossaux que les firmes pharmaceutiques ont réalisé auprès du contribuable. Ainsi il a aussi précisé que le rôle joué par l'OMS, de même que sa déclaration d'urgence pandémique en juin devrait faire l'objet d'un minutieux examen. Les conséquences de cette déclaration de «pandémie» sont énormes et contraignent les pays a une certaine politique de santé.

L'OMS n'est sujette à aucun contrôle parlementaire. Elle définie ce qu'est une pandémie. Choisie lorsqu'il y a pandémie. Beaucoup de décideurs de l'OMS ont travaillé pour l'industrie pharmaceutique ou continuent de travailler pour cette industrie. Tout ceci sans aucun contrôle, sans aucun contre-pouvoir. En découle l'ensemble des mesures, investissements et profits, auxquels nous avons assisté.

Alors même que les firmes pharmaceutiques se sont défaussées légalement et au préalable de toute responsabilité, le Dr Wodarg a justement souligné l'importance de celle-ci.

Cette enquête devrait permettre d'éclairer toutes ces zones brumeuses nauséabondes.

Information

Louise Voller, Kristian Villesen

H1N1-Pandemien er en af århundredets største medicinalskandaler'
This "Pandemic" is one of the greatest medical scandals of the century"

Information, 28. december 2009
https://www.information.dk/udland/2009/12/h1n1-pandemien-aarhundredets-stoerste-medicinalskandaler

Medicinalindustrien skal ikke længere diktere, hvor meget vaccine der skal sælges under en pandemi, siger formand for Europarådets sundhedskomité, Wolfgang Wodarg. Komiteen kulegraver i januar medicinalindustriens indflydelse på WHO.

(Photo): *Egyptiske børn bærer maske for at undgå at blive smittet med H1N1-influenza. Da WHO i juni udråbte H1N1 til en pandemi, udløste det panik verden over, og selv om det har vist sig blot at være en mild influenza, har landene købt styrtende ind med H1N1-vaccine, og det har forgyldt medicinalindustrien.*

»Vi har haft en mild influenza - og en falsk pandemi, «siger Wolfgang Wodarg, der er formand for Europarådets sundhedskomite. Den tyske parlamentariker er også epidemiolog og tidligere sundhedsdirektør i Flensborg, og derfor har han fulgt H1N1-pandemien nøje fra den 11. juni og indtil i dag. Han kalder pandemien for »en af århundredets største medicinalskandaler«, og derfor har han taget sagen op i Europarådet:

»Til januar afholder vi en nøddebat om medicinalindustriens indflydelse på WHO, hvor 47 parlamenter rundt om i Europa bliver informeret. Herefter begynder vi en kontrolundersøgelse og høringer af de ansvarlige for pandemiberedskabet,« siger Wolfgang Wodarg.

»Målet er, at ingen medicinalvirksomheder under nogen omstændigheder må få indflydelse på pandemiberedskaberne,« siger han og tilføjer, at der også skal kigges på patentreglerne:

»Vacciner er også et etisk emne. Et præparat, der er så vigtigt for vores samfund, bør medicinalindustrien ikke kunne få patent på at udvikle.«

Definition på en pandemi

Allerede i 2004, under fugleinfluenzaen, opsøgte Wolfgang Wodarg (der dengang var tysk parlamentariker for SPD) WHO for at bede om beviser for nødvendigheden af et pandemisk beredskab:

»Fugleinfluenzaen var farligere end H1N1, men langt mindre smitsom, og derfor var argumenterne for en kommende pandemi mildest talt tynde. Men fugleinfluenzaen var med til at skabe en panikstemning og har påvirket mange lande til at lave et beredskab. Tyskland, Danmark og mange andre lande købte desuden store lagre af Tamiflu, selv om det ikke var testet ordentligt,« siger han og kritiserer også de vaccine-kontrakter, som mange lande indgik i tiden efter fugleinfluenzaen:

»Staterne indgår nogle kontrakter med vaccineproducenterne, hvori de på forhånd afgiver bestillinger og påtager sig stort set hele ansvaret. På den måde er vaccineproducenterne sikret enorme indtægter uden at løbe nogen økonomisk risiko. Så venter de bare på, at WHO siger 'pandemi' og dermed aktiverer kontrakterne.«

Derfor finder Wolfgang Wodarg det også mystisk, at WHO ændrede sin pandemidefinition på hjemmesiden i slutningen af maj i år:

»Fra juni 2009 er det ikke længere nødvendigt, at 'et enormt antal mennesker er smittede eller døde' - der skal blot være tale om en virus, der spreder sig på tværs af landegrænser, og som mennesker ikke er immune overfor,« siger han.

Patenterne vinder

Hvert år opstår en ny influenza - og hvert år blander man derfor den eksisterende vaccine med den nye virus for på den måde at kunne vaccinere befolkningen imod den nye sæsoninfluenza. Wolfgang Wodarg mener, at man kunne have benyttet samme metode til at vaccinere befolkningen meget billigere imod svineinfluenza:

»Hvis man blot havde tilført H1N1-virus til de influenzavacciner, som vi allerede har, så havde der ikke været behov for et pandemiberedskab - men nogle af tilsætningsstofferne i vaccinen er patenterede, og derfor er der ingen fra industrien, der er interesserede i at blande den gamle vaccine med den nye,« siger han og tilføjer:

»Producenterne anbefalede desuden, at man vaccinerer to gange, hvilket heller ikke er normalt. Det siger sig selv, at de tjener flere penge på den måde. Derfor var der flere ting, der gjorde mig mistænksom.«

Ingen kontrol med WHO

Wolfgang Wodarg valgte at konsultere resten af Europarådet, fordi der reelt ikke findes kontrol med WHO. Kun regeringerne kan få indflydelse via WHO's årlige samling. I dag er der flertal i Europarådets sundhedsudvalg for en uvildig undersøgelse af medicinalindustriens indflydelse på WHO.

- I Rusland har en russisk parlamentariker foreslået et boykot af WHO, indtil der kommer styr på gennemsigtigheden. Hvad mener du om det?

»Enhver, der har epidemiologisk viden, bør have sat spørgsmålstegn ved WHO's håndtering af sagen fra begyndelsen.«

- Hvem skal sikre, at vi har teknisk viden om vacciner, hvis industrien ikke må deltage?

»Det skal uafhængige institutter, som kontrolleres af medlemslandenes parlamenter, og som har fuld åbenhed, så offentligheden kan kigge med. De skal sætte standarden for, hvor mange penge der bliver brugt på vacciner. Alene i Tyskland har vi brugt 700 mio. euro på pandemiberedskabet, og i Europa er det omkring to mia. euro. Det er enorme summer. Men derudover er vacciner også et etisk emne. Der bør ikke være patenter på en vaccine, der er så vigtig. Alle, der rent teknisk kan, skal producere vacciner så hurtigt som muligt, når der opstår en nødsituation. På den måde kan vi redde flere liv, når der reelt kommer en pandemi.«

- Er det realistisk at fjerne industrien helt fra WHO-regi?

»Nej, og derfor skal vi insistere på gennemsigtighed. Derudover skal de ikke sidde med i de udvalg, der reelt beslutter, hvornår vi har en pandemi, og hvem der skal vaccineres. De skal bare svare på, hvor hurtigt de kan levere vacciner. Og kun når de bliver spurgt,« siger Wolfgang Wodarg.

- WHO giver 180 millioner doser til tredjeverdenslande, som de har fået fra medlems-landenes overskudslagre. Hvad mener du om det?

»Jeg mener, at det er komplet meningsløst, og hvis vi ikke opretholder kontrollen med de utestede tilsætningsstoffer, så kan det gøre mere skade end gavn.«

Information

Louise Voller, Kristian Villesen

This "Pandemic" is one of the greatest medical scandals of the century"
H1N1-Pandemien er en af århundredets største medicinalskandaler'
(translation was taken from the website of Jane Burgermeister – The Flu Case)

Information, 28 December 2009
https://web.archive.org/web/20100102020202/http://theflucase.com/index.php?option=com_content&view=article&id=2425%3Abig-pharmas-influence-on-who-must-end-says-european-parliament-investigator-reports-information&catid=41%3Ahighlighted-news&Itemid=105&lang=en
https://www.information.dk/udland/2009/12/h1n1-pandemien-aarhundredets-stoerste-medicinalskandaler

The pandemic is one of the greatest medical scandals of the century. The pharmaceutical industry is no longer to dictate how much vaccine is going to be sold during a pandemic, says head of the Health Committee in the European Council, Wolfgang Wodarg. In January the Committee will take an in depth look into the influence of the pharmaceutical industry on WHO.

By Louise Voller, Kristian Villesen

"We have had a mild flu – and a false pandemic," says Wolfgang Wodarg, the chair of the Health Committee in The European Council. The German parliamentarian is also an epidemiologist and former health director in Flensburg. For that reason he has followed the H1N1-pandemic closely since June 11 and up to the present. He calls the pandemic "one of the greatest medical scandals of the century", and for that reason he has decided to take the case to the European Council:

"In January, we will arrange an emergency debate about the influence of the pharmaceutical industry on the WHO, and 47 parliaments all over Europe are going to be informed. Following this, we will initiate an investigation and hearings involving those responsible for the pandemic emergency," says Wolfgang Wodarg.

"The aim is that none of the pharmaceutical companies under any circumstances must be allowed to make their influence felt on pandemic emergencies," he says and adds that rules for patenting also will be checked:

"Vaccines are also an ethical issue. The pharmaceutical industry should not be allowed to get a patent to develop a preparation which is so important for our society."

Definition of a Pandemic

As early as 2004, during the avian flu, Wolfgang Wodarg (at that time a German parliamentarian for the SPD) went to see WHO to ask for proof that a pandemic emergency was required:

"The avian flu was more dangerous than the H1N1, but far less contagious, and accordingly the arguments for a coming pandemic were thin to put it mildly. But the avian flu helped create an atmosphere of panic, and it influenced many countries to create a pandemic emergency plan. Furthermore Germany, Denmark and many other countries have bought large stocks of Tamiflu, even though it has not been sufficiently tested," he says, and criticises also the vaccine contracts that many countries entered into in the period after the avian flu:

"The governments have sealed contracts with vaccine producers where they secure orders in advance and take upon themselves almost all the responsibility. In this way the producers of vaccines

are sure of enormous gains without having any financial risks. So they just wait, until WHO says "pandemic" and activate the contracts."

For that reason, Wolfgang Wodarg also finds it suspicious that WHO changed it's definition of a pandemic on it's homepage at the end of May this year:

"From June 2009 it is no longer necessary, that "an enormous amount of people have contracted the illness or died" – there simply have to be a virus, spreading beyond borders, and one that people have no immunity towards," he says.

The patent holders are the winners

Every year a new flu comes into existence – and every year you accordingly mix existing vaccine with the new virus in order to inoculate the population against the new seasonal flu.

Wolfgang Wodarg holds the opinion, that you could have used the same method to vaccinate the population against swine flu in a much cheaper fashion.

"If you simply had added H1N1 virus to the flu vaccines we already have in stocks, then there would have been no need for at pandemic emergency – but some of the additives in the vaccines are patented, and therefore nobody from the industry is interested in mixing the old vaccine with the new one," he says and adds:

"Furthermore the producers recommended, that you inoculate twice, which is not normal. It is self evident that they earn more money in that way. Therefore several things made me suspicious."

No control over WHO

Wolfgang Wodarg chose to consult all the other members of the European Council because at the end of the day there is no control with the WHO. Only governments can exercise influence through the annual assembly in WHO. Today, a majority of the Health Committee in the European Council agree on an independent investigation of the influence of the pharmaceutical industry on WHO.

• In Russia a Russian parliamentarian has suggested a boycot of the WHO until transparency is established. What do you think about that idea?

"Everybody who knows about epidemiology should have questioned the way WHO handled this case from the beginning."

• How will we ensure we have technical knowledge about vaccines, if the industry is not allowed to participate?

"Independent institutes which are controlled by the parliaments of the member countries, and which maintain complete transparency so that the public can follow what is going on. They will have to set the standard for how much money is going to be used on vaccines. In Germany alone, we have spend 700 millions euros on pandemic emergency and in Europe it is around two billions euros. It is emormous amount of money. But furthermore vaccines are an ethical topic. A vaccine which is that important should not be patented. Everyone, who technically is capable of doing so should produce vaccines as quickly as possible when an emergency arises. In that way we can save more lives when a true pandemic arrives."

• Is it realistic to remove the industry totally from the WHO?

"No, and therefore we have to insist on transparency. Furthermore they don't have to participate in the committees, which in reality decide when we have a pandemic, and who is going to be inoculated. They just have to answer how quickly they can deliver vaccines. And only when asked," says Wolfgang Wodarg.

WHO gives 180 million doses to third world countries, which they have got from the member countries surplus stocks. What do you thing about that?

"I find it completely senseless, and if we don't maintain the control with untested additives then it may cause more harm than good.

Information

Louise Voller, Kristian Villesen

«Пандемия H1N1» - один из крупнейших фармацевтических скандалов века
H1N1-Pandemien er en af århundredets største medicinalskandaler'

Information, 28 December 2009
https://www.information.dk/udland/2009/12/h1n1-pandemien-aarhundredets-stoerste-medicinalskandaler

Google перевод:

Фармацевтическая промышленность больше не должна диктовать, сколько вакцины следует продавать во время пандемии, заявил председатель комитета Совета Европы по здравоохранению Вольфганг Водарг. В январе комитет исследует влияние фармацевтической промышленности на ВОЗ.

(Фото): египетские дети носят маски, чтобы не заразиться гриппом H1N1. Когда в июне ВОЗ объявила H1N1 пандемией, это вызвало панику во всем мире, и хотя это оказалось всего лишь легким гриппом, страны поспешили купить вакцину против H1N1, и это озолотило фармацевтическую промышленность.

«У нас был легкий грипп – и фальшивая пандемия», – говорит Вольфганг Водарг, председатель комитета Совета Европы по здравоохранению. Немецкий парламентарий также является эпидемиологом и бывшим директором здравоохранения во Фленсбурге, поэтому он внимательно следил за пандемией H1N1 с 11 июня по сегодняшний день. Он называет пандемию «одним из самых громких фармацевтических скандалов века», и именно поэтому поднял этот вопрос в Совете Европы:

«В январе мы проведем экстренные дебаты о влиянии фармацевтической промышленности на ВОЗ, о чем будут проинформированы 47 парламентов Европы. Затем мы начнем контрольное расследование и заслушаем лиц, ответственных за готовность к пандемии», – говорит Вольфганг Водарг.

«Цель состоит в том, чтобы ни одна фармацевтическая компания ни при каких обстоятельствах не могла влиять на готовность к пандемии», – говорит он, добавляя, что необходимо также учитывать положения о патентах:

«Вакцины – это еще и этический вопрос. Препарат, который так важен для нашего общества, что фармацевтическая промышленность не сможет получить патент на его разработку».

Определение пандемии

Уже в 2004 году, во время птичьего гриппа, Вольфганг Водарг (бывший тогда немецким парламентарием от СДПГ) обратился в ВОЗ с просьбой предоставить доказательства необходимости готовности к пандемии:

«Птичий грипп был более опасен, чем H1N1, но гораздо менее заразен, и поэтому аргументы в пользу будущей пандемии были, мягко говоря, слабыми. Но птичий грипп помог создать панику и заставил многие страны подготовиться. Германия, Дания и многие другие страны также закупили большие запасы Тамифлю, хотя он и не был должным образом протестирован», – говорит он, а также критикует контракты на вакцины, которые многие страны заключали в период после птичьего гриппа:

«Государства заключают какие-то контракты с производителями вакцин, по которым заранее размещают заказы и берут на себя практически всю ответственность. Таким образом,

производителям вакцин гарантируется огромный доход без какого-либо финансового риска. Затем они просто ждут, когда ВОЗ скажет «пандемия», и тем самым активируют контракты».

Поэтому Вольфганг Водарг также считает загадочным, что ВОЗ изменила свое определение пандемии на веб-сайте в конце мая этого года:

«С июня 2009 года больше не обязательно, чтобы «огромное количество людей было инфицировано или умерло» – это просто должен быть вирус, который распространяется через национальные границы и к которому у людей нет иммунитета», – говорит он.

Патенты выигрывают

Каждый год появляется новый грипп, поэтому каждый год существующая вакцина смешивается с новым вирусом, чтобы иметь возможность вакцинировать население от нового сезонного гриппа. Вольфганг Водарг считает, что тот же метод можно было бы использовать для гораздо более дешевой вакцинации населения от свиного гриппа:

«Если бы вы просто добавили вирус H1N1 в вакцины против гриппа, которые у нас уже есть, не было бы необходимости в подготовке к пандемии, но некоторые добавки в вакцине запатентованы, и поэтому никто из отрасли не заинтересован в смешивании старую вакцину с новой», – говорит он и добавляет:

«Производители также рекомендовали делать прививки дважды, что тоже ненормально. Само собой разумеется, что они зарабатывают больше денег таким образом. Вот почему некоторые вещи вызвали у меня подозрения.

Нет контроля со стороны ВОЗ

Вольфганг Водарг решил проконсультироваться с остальными членами Совета Европы, потому что ВОЗ действительно не контролирует ситуацию. Только правительства могут иметь влияние через ежегодное собрание ВОЗ. Сегодня в комитете по здравоохранению Совета Европы есть большинство, выступающее за беспристрастное расследование влияния фармацевтической промышленности на ВОЗ.

- В России российский парламентарий предложил бойкотировать ВОЗ до тех пор, пока не будет обеспечена прозрачность. Что ты об этом думаешь?

«Любой, кто обладает эпидемиологическими знаниями, должен был с самого начала усомниться в том, как ВОЗ занимается этим вопросом».

- Кто будет гарантировать, что у нас есть технические знания о вакцинах, если промышленность не будет допущена к участию?

«Это должны быть независимые институты, которые контролируются парламентами государств-членов и которые полностью прозрачны, чтобы общественность могла посмотреть. Они должны установить стандарт того, сколько денег тратится на вакцины. Только в Германии мы потратили 700 миллионов датских крон. евро на подготовку к пандемии, а в Европе – около двух миллиардов. Евро. Это огромные суммы. Но кроме того, вакцины – это еще и этический вопрос. Не должно быть патентов на такую важную вакцину. Любой, у кого есть технические возможности, должен производить вакцины как можно быстрее, когда возникает чрезвычайная ситуация. Таким образом мы сможем спасти больше жизней, когда пандемия действительно произойдет».

- Реально ли полностью вывести отрасль из-под эгиды ВОЗ?

«Нет, и именно поэтому мы должны настаивать на прозрачности. Кроме того, они не должны заседать в комитетах, которые фактически решают, когда у нас будет пандемия и кого следует вакцинировать. Они просто должны ответить, как быстро они могут доставить вакцины. И только тогда, когда их об этом попросят», – говорит Вольфганг Водарг.

- ВОЗ передает 180 миллионов доз странам третьего мира, которые они получили из избыточных запасов стран-членов. Что ты об этом думаешь?

«Я думаю, что это совершенно бессмысленно, и если мы не будем контролировать непроверенные добавки, это может принести больше вреда, чем пользы».

Jim O'Neill

Europe to Investigate the UN Over "Pandemic" Scam

Canada Free Press, 2 January 2010

https://web.archive.org/web/20100206042353/http://www.canadafreepress.com/index.php/article/18527
https://canadafreepress.com/article/europe-to-investigate-the-un-over-pandemic-scam

"UN report says pandemic may result in anarchy – 'could kill millions' – unless western world pays for antiviral drugs and vaccines!" – From "The Guardian" September 20, 2009; =>

Syal R. Swine flu 'could kill millions unless rich nations give £900m'. – The Guardian, 20 September 2009; https://web.archive.org/web/20090923165312/http://www.guardian.co.uk/world/2009/sep/20/swine-flu-costs-un-report

Washington – President Barack Obama has declared the swine flu outbreak a national emergency, giving his health chief the power to let hospitals move emergency rooms offsite to speed treatment and protect non-infected patients. – *Associated Press* – October 25, 2009

https://web.archive.org/web/20091026045602/http://www.msnbc.msn.com/id/33459423/

In addition to the "global warming" rip-off, you can add another huge international racketeering operation – the H1N1 "pandemic" of 2009.

Both of these ploys were designed to fleece the western nations of billions, possibly trillions, of dollars. In the case of the H1N1 scam, the western governments have already coughed up billions of dollars for vaccines to prevent a bogus "pandemic." That means that we, the taxpayers, have been ripped-off yet again.

If class action lawsuits aren't on the way, then they darn well should be. The European nations have apparently not been paid off to the extent of the U.S. Congress, and have decided to look into things.

According to a report filed by F. William Engdahl, the Council of Europe Parliament has unanimously proposed to start an investigation this month into "the influence of the pharmaceutical companies on the global swine flu campaign." => Engdahl FW. European Parliament to Investigate WHO and "Pandemic" Scandal. – Healthcare-in-Europe, 26 January 2010
https://web.archive.org/web/20100103095855/http://www.globalresearch.ca/index.php?context=va&aid=16667

The purpose of the inquiry is to investigate collusion between the "Golden Triangle" of the UN's WHO (World Health Organization), certain pharmaceutical companies, and academic scientists.

That scenario should sound familiar, as it's similar to "global warming's" collusion between the UN's IPCC (Intergovernmental Panel on Climate Change), "green energy" corporations, and academic scientists.

Both scams were intended to "redistribute the wealth" globally, while making the Global Elite, very, very rich. They get to wipe out the middle-class, destroy capitalism, install a UN-run global regime, and get exceedingly wealthy, all at the same time. It's a win/win situation all around, for Progressives at least.

The resolution just passed by the Council of Europe Parliament includes the charge that, "In order to promote their patented drugs and vaccines…pharmaceutical companies influenced scientists and

official agencies…to alarm governments worldwide and make them squander tight health resources for inefficient vaccine strategies and needlessly expose millions of healthy people to the risk of an unknown amount of side-effects of insufficiently tested vaccines.” Council of Europe will investigate and debate on "Faked Pandemic". – Dr. Wodarg, 18 December 2009

https://web.archive.org/web/20100206042353/http://www.wodarg.de/english/2948146.html

The motion was introduced by Dr. Wolfgang Wodarg, Chairman of the European Parliament Health Committee. He stated that millions of healthy people were unnecessarily “exposed to the risk of poorly tested vaccines,” for no other reason than the purported threat of a flu strain that is “vastly less harmful” then previous flu strains.

Dr. Wodarg’s talking about the Swine Flu, or H1N1, or “novel H1N1,” or “2009 H1N1,” or whatever they’re trying to pass it off as these days. You remember – the national emergency?

You ought to remember – after all, you helped to pay for the billions spent on vaccines. Big Pharma thanks you, and so do their stockholders. Speaking of which, do you think some of those stockholders just might be Global Elitists? Just asking.

Moore R. Mass H1N1 vaccination program could cost $18 billion. Lake Land Times, 28 August 2009.

https://web.archive.org/web/20160418114548/http://www.lakelandtimes.com/main.asp?SectionID=9&SubSectionID=9&ArticleID=10046

Dr. Wodarg suggested that, “The Council of Europe and its member-states should ask for immediate investigations and consequences, on their national levels, as well as on the international level.” Consequences – hmmm, good suggestion.

Why isn’t the U.S. doing the same? Too many bribes, too many “donations” made to too many politicians, too many deals made with Big Pharma to get Obama-Care passed? That would be my guess.

Our renowned “people’s watchdog,” the Lame Stream Media, remains ever-vigilantly silent on the subject. Although I must admit that CBS did, almost, nearly look into malfeasance on the part of the CDC (Center for Disease Control) regarding the Swine Flu scam.

Attkisson S. Swine Flu cases overestimated? – CBS News, 21 October 2009

https://web.archive.org/web/20100131030427/http://www.cbsnews.com/stories/2009/10/21/cbsnews_investigates/main5404829.shtml

I guess, once again, it’s up to “we the people” to straighten things out. Anybody know some good class action lawsuit lawyers?

Laus Deo => {*praise* (*be*) *to God*}

The New American

Alex Newman

Europe to Investigate WHO 'False Pandemic' Scandal

The New American, 5 January 2010
https://thenewamerican.com/world-news/europe/europe-to-investigate-who-false-pandemic-scandal/

The Council of Europe is set to investigate the World Health Organization's swine flu campaign this month over allegations of improper influence from pharmaceutical companies in declaring the H1N1 "pandemic" and the promotion of "inefficient" and potentially dangerous vaccination strategies.

The resolution to launch the emergency inquiry was approved by the Parliamentary Assembly of the Council of Europe (PACE) and passed through the health committee unanimously.

Faked Pandemics – a threat for health. – Parlamentary Assembly, 18 December 2009.
https://web.archive.org/web/20110129183514/http://www2.wodarg.de/uploads/edoc12110.pdf

It states in part that "in order to promote their patented drugs and vaccines against flu, pharmaceutical companies influenced scientists and official agencies responsible for public health standards to alarm governments worldwide and make them squander tight health resources for inefficient vaccine strategies, and needlessly expose millions of healthy people to the risk of an unknown amount of side-effects of insufficiently tested vaccines."

"The 'birds-flu'-campaign (2005/06) combined with the 'swine-flu'-campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health-budgets, but to the credibility and accountability of important international health-agencies," noted the resolution. "The Council of Europe and its member-states should ask for immediate investigations and consequences on their national levels as well as on the international level. The definition of an alarming pandemic must not be under the influence of drug-sellers."

Leading the charge for the probe is German epidemiologist Dr. Wolfgang Wodarg, the chairman of the PACE health committee and a medical doctor specializing in lung disease. "The victims among millions of needlessly vaccinated people must be protected by their states and independent scientific clarification should provide evidence and transparency for national and – if necessary – European courts," Wodarg said in a statement.

Council of Europe will investigate and debate on "Faked Pandemic". – Dr. Wodarg, 18 December 2009
https://web.archive.org/web/20100206042353/http://www.wodarg.de/english/2948146.html

Wodarg called the "false pandemic" one of the greatest medical scandals of the last century and said that pharmaceutical companies influenced the whole process and needed to be held accountable. They were willing to "inflict bodily harm in their pursuit of profits," he said. Articles in the European press, starting in Denmark and spreading, have repeatedly called into question the myriad ties between vaccine manufacturers and decision makers in the United Nations' global health body.

Voller L, Villesen K. Stærk lobbyisme bag WHO-beslutning om massevaccination. – Information, 16 november 2009. http://www.information.dk/215355

Earlier this year the WHO redefined the term pandemic, lowering the threshold for an emergency declaration by removing the requirement of an "enormous" number of deaths. The WHO estimated that by the end of 2009, around 10,000 people had died from swine flu-linked complications. Seasonal influenza kills between 250,000 and 500,000 per year on average, according to the organization.

News reports earlier this year, citing the UN, warned of millions of deaths around the world unless nations promptly proceeded with the controversial vaccination schemes being promoted by the WHO – along with forking over billions of dollars.

Syal R. Swine flu 'could kill millions unless rich nations give £900m'. – The Guardian, 20 September 2009; https://web.archive.org/web/20090923165312/http://www.guardian.co.uk/world/2009/sep/20/swine-flu-costs-un-report

Since then, the disease has proved relatively mild despite the wild fearmongering campaigns waged by governments, such as the President's Council of Advisors on Science and Technology that warned that 90,000 Americans could die from the H1N1 virus.

=> Newman A. Swine Flu Recedes, Vaccine Supply Grows. – The New American, 2 December 2009. https://web.archive.org/web/20130207005202/http://www.thenewamerican.com/usnews/health-care/item/1689-swine-flu-recedes-vaccine-supply-grows

=> Alex Newman. Dire Swine Flu Warnings from White House. . – The New American, 25 August 2009 https://thenewamerican.com/us/healthcare/dire-swine-flu-warnings-from-white-house/

The incident has reminded people of the avian flu scare. In September of 2005, the chief of the UN's bird flu preparations estimated that the epidemic could cause up to 150 million human deaths. So far, the WHO has confirmed slightly more than 250. The bird flu propaganda campaign will also be investigated by the "urgent" inquiry.

National governments should be ashamed of themselves for squandering billions of taxpayer dollars on an untested, unpopular vaccine for a virus that so far has been extremely mild compared to even the seasonal influenza. Governments are currently trying to get rid of the vaccine supplies. Global health authorities must be held accountable, though it's unfortunate that the charge is being led by a European supranational body instead of national legislatures.

The United States should get involved as well – starting with a complete withdrawal from the UN and its subsidiary bodies. Obama's declaration of a national emergency over swine flu is looking increasingly preposterous. Of course, Congress should also be held accountable for allowing this all to happen in America in the first place, despite the lack of constitutional authority to purchase or promote vaccines. But on the bright side of this whole scandal, citizens may start realizing that government is not a reliable resource for honest and accurate information. *The New American* has been reporting about these issues for months.

Newman A. Swine Flu Recedes, Vaccine Supply Grows. – The New American, 2 December 2009. https://web.archive.org/web/20130207005202/http://www.thenewamerican.com/usnews/health-care/item/1689-swine-flu-recedes-vaccine-supply-grows

NETTAVISEN

Dette er en av århundrets største medisinske skandaler

Nettavisen, 6 January 2010, 17:52
https://www.nettavisen.no/artikkel/dette-er-en-av-arhundrets-storste-medisinske-skandaler/s/12-95-2794492

Har lederen for Europarådets helsekomite, den tyske legen Wolfgang Wodarg, rett når han kaller Verdens helseorganisasjons (WHO) pandemierklæring og vaksinasjonsprogram «en av de største medisinske skandalene i vårt århundre»?
Nå vil Laila Dåvøy i KrF vite om det var legemiddelindustrien som framskyndet WHOs pandemierklæring.

Møter WHO-sjefen
Stortingsrepresentant Laila Dåvøy fra KrF ber helseminister Anne Grete Strøm-Erichsen ta opp dette spørsmålet når hun denne uken møter mektige Margaret Chan, generaldirektør i Verdens helseorganisasjon.

- Det er kommet fram at flere av de som ga råd til WHO i forbindelse med svineinfluensaen hadde økonomiske interesser i legemiddelindustrien. Det er absolutt betimelig at dette spørsmålet blir tatt opp med generalsekretæren. Vi ser nå at frykten for svineinfluensaen var overdrevet, og Norge og andre land sitter med store overskuddslagre av medisin, sier Dåvøy til Nettavisen.

Handlet vaksine for 650 mill. kr
Kristelig Folkepartis helsepolitiske talskvinne peker på at Norge kjøpte inn 9,4 millioner doser med vaksine mot svineinfluensa. Prislappen var på 650 millioner kroner. Nå må Norge og andre land i samme situasjon ta stilling til hva de skal gjøre med overskuddslageret. Dåvøy mener Norge kan gi vaksinen de selv ikke trenger til fattige land, gjennom WHO.

- Kan WHOs håndtering av svineinfluensaen ha vært påvirket av økonomisk interesser?
- Det er det vi ikke vet, og jeg mener det bør granskes. WHO er tryggheten vår, og vi må kunne stole på dem. Jeg har selv ledet et utvalg i WHO-regi og har hatt stor tillit til organisasjonen. Skulle det vise seg at det er andre interesser enn de faglige som styrer beslutningene i WHO, er det desto større grunn til å bli skuffet, sier Dåvøy.

Frankrike kansellerer halvparten
Norge er slett ikke alene om å sitte igjen med store, ubrukte lagre av vaksine. Mandag erklærte Frankrike at de vil vil kansellere 50 millioner av de 94 millioner vaksinedosene landet bestilte. Går flere land til slike skritt, kan det komme til å påvirke inntjeningen til legemiddelprodusentene, sier analytikere ifølge swissinfo.ch.

Den franske regjeringen har fattet sin beslutning etter intens kritikk fra politikere og forskere. Opposisjonen i det franske sosialistpartiet har beskrevet landets pandemihåndtering som en «ekstravagant fiasko» og krevd en gransking i regi av nasjonalforsamlingen.

Medisinsk skandale
Europarådets helsekomite har 25. januar «pandemikampanjen» på dagsorden. Legen Wolfgang Wodarg, som er leder for komiteen, har altså kalt WHOs svineinfluensahåndtering «en av de største medisinske skandalene i vårt århundre».
- Det handler om svært mye penger. Derfor må Strøm-Erichsen ta opp dette på sitt møte med generaldirektør Chan i WHO, sier Dåvøy.

NETTAVISEN

Norwegian MP demands answers from WHO's Dr Chan

Nettavisen // The Flu Case, 7 January 2010
https://web.archive.org/web/20100409094648/http://www.theflucase.com/index.php?option=com_content&view=article&id=2509%3Anorwegian-mp-demands-answers-from-whos-dr-chan-&catid=1%3Alatest-news&Itemid=64&lang=en

"The century's biggest medical scandal"

Is leader of the Council's health committee, the German doctor Wolfgang Wodarg, right when he calls the World Health Organization (WHO) pandemic declaration and vaccination program "one of the biggest medical scandals in this century"?

Meets the WHO Chief

Parliamentary member Laila Daavoey of the Christian Democratic Party has asked Health Minister Anne Grete Stroem-Erichsen to take up this question when she meets the mighty Margaret Chan, Director General of the World Health Organization, this week.

"It is obvious that many of those who gave advice to WHO in connection with the swine flu had economic interests in the pharmaceutical industry. It is certainly timely that this issue is taken up with the Secretary General. We see now that the fears of swine flu were exaggerated, and Norway and other countries are holding large surplus stocks of medicine, " Daavoey told Nettavisen.

Norway is not the only country to be left with large, unused stocks of vaccine. France announced on Monday that it will cancel 50 million of the 94 million vaccine doses ordered for the country. In view of the fact that several countriesare taking such action, it may come to affect earnings at drug makers, said analysts, according swissinfo.ch.

The French government has made its decision after intense criticism from politicians and scientists. The opposition in the French Socialist Party has described the country's pandemic management as an "extravagant failure" and demanded an investigation under the auspices of the National Assembly.

Medical scandal

The Council's health committee has on 25 January the "pandemic campaign" on the agenda. Dr Wolfgang Wodarg, who heads the committee looking into the WHO has called swine flu handling "one of the biggest medical scandals in this century."

- It's about a lot of money. Therefore, Strøm-Erichsen address this at their meeting with the CEO Chan at WHO, said Daavoey.

l'Humanité

[Entretien réalisé par Bruno Odent]

Grippe A. L'implacable réquisitoire du député Wodarg

L'Humanité. 7 January 2010.
https://web.archive.org/web/20100114193203/http://www.humanite.fr/2010-01-07_Societe_Grippe-A-L-implacable-requisitoire-du-depute-Wodarg

Président de la commission santé du Conseil de l'Europe, l'allemand Wolfgang Wodarg a obtenu le lancement d'une enquête de cette instance sur le rôle joué par les laboratoires dans la campagne de panique autour du virus.

Ex-membre du SPD, Wolfgang Wodarg est médecin et épidémiologiste. Il a obtenu à l'unanimité des membres de la commisionn santé du Conseil de l'Europe une commision d'enquête sur le rôle des firmes pharmaceutiques dans la gestion de la grippe A par l'OMS et les états..

Qu'est ce qui a attiré vos soupçons dans la prise d'influence des laboratoires sur les décisions prises à l'égard de la grippe A ?

Wolfgang Wodarg. Nous sommes confrontés à un échec des grandes institutions nationales, chargées d'alerter sur les risques et d'y répondre au cas où une pandémie survient. En avril quand la première alarme est venue de Mexico j'ai été très surpris des chiffres qu'avançait l'Organisation Mondiale de la Santé (OMS) pour justifier de la proclamation d'une pandémie. J'ai eu tout de suite des soupçons: les chiffres étaient très faibles et le niveau d'alarme très élevé. On en était à même pas mille malades que l'on parlait déjà de pandémie du siècle. Et l'alerte extrême décrétée était fondée sur le fait que le virus était nouveau. Mais la caractéristique des maladies grippales, c'est de se développer très vite avec des virus qui prennent à chaque fois de nouvelles formes, en s'installant chez de nouveaux hôtes, l'animal, l'homme etc. Il n'y avait rien de nouveau en soi à cela. Chaque année apparaît un nouveau virus de ce type « grippal ».

En réalité rien ne justifiait de sonner l'alerte à ce niveau. Cela n'a été possible que parce que l'OMS a changé début mai sa définition de la pandémie. Avant cette date il fallait non seulement que la maladie éclate dans plusieurs pays à la fois mais aussi qu'elle ait des conséquences très graves avec un nombre de cas mortels au dessus des moyennes habituelles. On a rayé cet aspect dans la nouvelle définition pour ne retenir que le critère du rythme de diffusion de la maladie. Et on a prétendu que le virus était dangereux car les populations n'avaient pas pu développer de défense immunitaires contre lui. Ce qui était faux pour ce virus. Car on a pu observer que des gens âgés de plus de 60 ans avaient déjà des anticorps. C'est-à-dire qu'ils avaient déjà été en contact avec des virus analogues. C'est la raison pour laquelle d'ailleurs il n'y a pratiquement pas eu de personnes âgées de plus de 60 ans qui aient développé la maladie. C'est pourtant à celles là qu'on a recommandé de se faire vacciner rapidement.

Dans les choses qui ont suscité mes soupçons il y a donc eu d'un côté cette volonté de sonner l'alerte. Et de l'autre des faits très curieux. Comme par exemple la recommandation par l'OMS de procéder à deux injections pour les vaccins. Ça n'avait jamais été le cas auparavant. Il n'y avait aucune justification scientifique à cela. Il y a eu aussi cette recommandation de n'utiliser que des vaccins brevetés particuliers. Il n'existait pourtant aucune raison à ce que l'on n'ajoute pas, comme on

le fait chaque années, des particules antivirales spécifiques de ce nouveau virus H1N1, «complétant» les vaccins servant à la grippe saisonnière. On ne l'a pas fait car on a préféré utiliser des matériaux vaccinales brevetés que les grands laboratoires avaient élaborées et fabriqué pour se tenir prêts en cas de développement d'une pandémie. Et en procédant de cette façon on n'a pas hésité à mettre en danger les personnes vaccinées

Quel danger ?

Wolfgang Wodarg. Pour aller vite dans la mise à disposition des produits on a utilisé des adjuvants dans certains vaccins, dont les effets n'ont pas été suffisamment testés. Autrement dit : on a voulu absolument utiliser ces produits brevetés nouveaux au lieu de mettre au point des vaccins selon des méthodes de fabrication traditionnelles bien plus simples, fiables et moins coûteuses. Il n'y avait aucune raison médicale à cela.Uniquement des raisons de marketing.

Comment a-t-on pu justifier de cela ?

Wolfgang Wodarg.. Pour comprendre il faut en revenir à l'épisode de la grippe aviaire de 2005 - 2006. C'est à cette occasion là qu'ont été définis les nouveaux plans internationaux destinés à faire face à une alarme pandémique. Ces plans ont été élaborés officiellement pour garantir une fabrication rapide de vaccins en cas d'alerte. Cela a donné lieu à une négociation entre les firmes pharmaceutiques et les Etats. D'un côté les labos s'engageaient à se ternir prêts à élaborer les préparations, de l'autre les Etats leur assuraient qu'ils leur achèteraient bien tout cela. Au terme de ce drôle de marché l'industrie pharmaceutique ne prenait aucun risque économique en s'engageant dans les nouvelles fabrications. Et elle était assurée de toucher le jack pot en cas de déclenchement d'une pandémie.

Vous contestez les diagnostics établis et la gravité, même potentielle, de la grippe A ?

Wolfgang Wodarg. Oui, c'est une grippe tout ce qu'il y a de plus normal. Elle ne provoque qu'un dixième des décés occasionnés par la grippe saisonnière classique. Tout ce qui importait et tout ce qui a conduit à la formidable campagne de panique à laquelle on a assisté, c'est qu'elle constituait une occasion en or pour les représentants des labos qui savaient qu'ils toucheraient le gros lot en cas de proclamation de pandémie.

Ce sont de très graves accusations que vous portez là. Comment un tel processus a-t-il été rendu possible au sein de l'OMS ?

Wolfgang Wodarg. Un groupe de personnes à l'OMS est associé de manière très étroite à l'industrie pharmaceutique.

L'enquête du conseil de l'Europe va travailler aussi dans cette direction ?

Wolfgang Wodarg. Nous voulons faire la lumière sur tout ce qui a pu rendre cette formidable opération d'intox. Nous voulons savoir qui a décidé, sur la base de quelles preuves scientifiques, et comment s'est exercé précisément l'influence de l'industrie pharmaceutique dans la prise de décision. Et nous devons enfin présenter des revendications aux gouvernements. L'objectif de la commission d'enquête est qu'il n'y ait plus à l'avenir de fausses alertes de ce genre. Que la population puisse se reposer sur l'analyse, l'expertise des instituions publiques nationales et internationales. Celles ci sont aujourd'hui discréditées car des millions de personnes ont été vaccinés avec des produits présentant d'éventuelles risques pour leur santé. Cela n'était pas nécessaire. Tout cela a débouché aussi sur une gabegie d'argent public considérable.

Avez-vous des chiffres concrets sur l'ampleur de cette gabegie ?

Wolfgang Wodarg. En Allemagne ce sont 700 millions d'euros. Mais il est très difficile de connaître les chiffres précis car on parle maintenant d'un côté de reventes de vaccins à des pays étrangers et surtout les firmes ne communiquent pas, au nom du principe du respect du « secret des affaires » les chiffres des contrats passés avec les Etats et les éventuelles clauses de dédommagements qui y figurent.

Le travail de « lobying » des labos sur les instituts de santé nationaux sera-t-il aussi traité par l'enquête du conseil de l'Europe ?

Wolfgang Wodarg. Oui nous nous pencherons sur l'attitude des instituts comme le Robert Koch en Allemagne ou Pasteur en France qui aurait dû en réalité conseiller leurs gouvernements de façon critique. Dans certains pays des institutions l'ont fait. En Finlande ou en Pologne, par exemple, des voix critiques se sont élevées pour dire : « nous n'avons pas besoin de cela ».

La formidable opération d'intox planétaire n'a-t-elle pas été possible aussi parce que l'industrie pharmaceutique avait «ses représentants» jusque dans les gouvernements des pays les plus puissants?

Wolfgang Wodarg. Dans les ministères cela me paraît évident. Je ne peux pas m'expliquer comment des spécialistes , des gens très intelligents qui connaissent par coeur la problématique des maladies grippales, n'aient pas remarqué ce qui était en train de se produire.

Que s'est-il passé alors ?

Wolfgang Wodarg. Sans aller jusqu'à la corruption directe qui j'en suis certain existe, il y a eu mille manières pour les labos d'exercer leur influence sur les décisions. J'ai pu constater très concrètement par exemple comment Klaus Stöhr qui était le chef du département épidémiologique de l'OMS à l'époque de la grippe aviaire, et qui donc a préparé les plans destinés à faire face à une pandémie que j'évoquais plus haut, était devenu entre temps un haut cadre de la société Novartis. Et des liens semblables existent entre Glaxo ou Baxter (etc) et des membres influents de l'OMS. Ces grandes firmes ont « leurs gens » dans les appareils et se débrouillent ensuite pour que les bonnes décisions politiques soient prises. C'est à dire celles qui leur permettent de pomper le maximum d'argent des contribuables.

Mais si votre enquête aboutit, ne sera-t-elle pas un appui pour les citoyens d'exiger de leurs gouvernements qu'ils demandent des comptes à ces grands groupes ?

Wolfgang Wodarg. Oui, vous avez raison, c'est l'un des grands enjeux lié à cette enquête. Les états pourraient en effet se saisir de cela pour contester des contrats passés dans des conditions, disons, pas très propres. S'il peut être prouvé que c'est la prise d'influence des firmes qui a conduit au déclenchement du processus alors ils faudra les pousser à ce qu'ils demandent à être remboursés. Mais ça c'est uniquement le côté financier, il y a aussi le côté humain, celui des personnes qui ont été vaccinés avec des produits qui ont été insuffisamment testés.

Quel type de risque ont donc pris, sans qu'ils le sachent, ces gens en bonne santé en se faisant vacciner ?

Wolfgang Wodarg.

je le répète les vaccins ont été élaborés trop rapidement, certains adjuvants insuffisamment testés. Mais il y a plus grave. Le vaccin élaboré par la société Novartis a été produit dans un bioréacteur à partir de cellules cancéreuses. Une technique qui n'avait jamais été utilisée jusqu'à aujourd'hui.

Pourquoi, je ne suis évidemment pas un spécialiste, mais comment peut-on prétendre faire un vaccin à partir de cellules malades ?

Wolfgang Wodarg. Normalement on utilise des œufs de poules sur lesquels les virus sont cultivés. On a besoin en effet de travailler sur des cellules vivantes. Car les virus ne peuvent se multiplier que de cette manière et donc, par définition, les préparations antivirus qui vont avec. Mais ce procédé présente un gros défaut, il est lent, il faut beaucoup d'œufs. Et il est long et complexe sur le plan technique. Une autre technique au potentiel remarquable consiste à cultiver les virus sur des cellules vivantes dans des bio-réacteurs. Pour cela il faut des cellules qui croissent et se divisent très vite. C'est un peu le procédé que l'on utilise pour la culture du yaourt que l'on réalise d'ailleurs aussi dans un bio-réacteur. mais dans ce contexte la cellule a été tellement bouleversée dans son environnement et sa croissance qu'elle croit comme une cellule cancéreuse.

Et c'est sur ces cellules au rendement très élevé que l'on cultive les virus. Seulement pour fabriquer le vaccin il faut extraire à nouveau les virus de ces cellules sur lesquelles ils ont été implantés. Et il

peut donc se produire que durant le processus de fabrication du vaccin des restes de cellule cancéreuse demeurent dans la préparation. Comme cela se produit dans la fabrication classique avec les oeufs. On sait ainsi que dans le cas d'une vaccination de la grippe classique des effets secondaires peuvent apparaître chez les personnes qui sont allergiques à l'ovalbumine que l'on trouve dans le blanc d'oeuf. Il ne peut donc pas être exclu que des protéïnes, restes d'une cellule cancéreuse présentes dans un vaccin fabriqué par bio-réacteur, n'engendre une tumeur sur la personne vaccinée. Selon un vrai principe de précaution il faudrait donc, avant qu'un tel produit ne soit autorisé sur le marché, avoir la certitude à 100% que de tels effets sont réellement exclus.

Et cela n'a pas été fait ?

Wolfgang Wodarg. On ne l'a pas fait. L'AME (Agence Européenne du Médicament), une institution sous la responsabilité du commissaire européen à l'économie, basée à Londres, qui donne les autorisations de mise sur le marché des vaccins en Europe, a donné son feu vert à la commercialisation de ce produit en arguant, en l'occurrence, que ce mode de fabrication ne constituait pas un risque « significatif ». Cela a été très différemment apprécié par de nombreux spécialistes ici en Allemagne et une institution indépendante sur le médicament, qui ont au contraire alerté et fait part de leurs objections. J'ai pris ces avertissements au sérieux. J'ai étudié le dossier et suis intervenu dans le cadre de la commission santé du Bundestag dont j'étais alors membre pour que le vaccin ne soit pas utilisé en Allemagne. J'ai fait savoir que je n'étais certainement pas opposé à l'élaboration de vaccins avec cette technique. Mais qu'il fallait d'abord avoir une garantie totale d'innocuité. Le produit n'a donc pas été utilisé en Allemagne où le gouvernement a résilié le contrat avec novartis.

Quel est le nom de ce vaccin ?

Wolfgang Wodarg. Obta flu.

Mais cela veut dire que dans d'autres pays européens comme la France le produit peut être commercialisé sans problème ?

Wolfgang Wodarg. Oui , il a obtenu l'autorisation de l'AME et peut donc être utilisé partout dans l'Union Européenne.

Quelle alternative entendez vous faire avancer pour que l'on échappe à de nouveaux scandales de ce type ?

Wolfgang Wodarg. Il faudrait que l'OMS soit plus transparente, que l'on sache clairement qui décide et quelle type de relation existe entre les participants dans l'organisation. Il conviendrait aussi qu'elle soit au moins flanquée d'une chambre d'élue, capable de réagir de façon très critique où chacun puisse s'exprimer. Ce renforcement du contrôle par le public est indispensable.

N'est ce pas la question d'un autre système capable de traiter une question qui relève en fait d'un bien commun aux citoyens de toute la planète qui affleure ?

Wolfgang Wodarg. Pouvons nous encore laisser la production de vaccins et la conduite de ces productions à des organisations dont l'objectif est de gagner le plus possible d'argent ? Ou bien la production de vaccins n'est-elle pas quelque chose du domaine par excellence , que les Etats doivent contrôler et mettre en œuvre eux même ? C'est la raison pour laquelle je pense qu'il faut abandonner le système des brevets sur les vaccins. C'est à dire la possibilité d'une monopolisation de la production de vaccin par un rand groupe. Car cette possibilité suppose que l'on sacrifie des milliers de vies humaines, simplement au nom du respect de ces droits monopolistiques. Vous avez raison , cette revendication là a pris en tout cas pour moi l'aspect de l'évidence.

l'Humanité

Influenza A - "They Organized the Psychosis"
English translation of the L´Humanité-article

L´Humanité, 7/10 January 2010
https://web.archive.org/web/20110210060355/http://www.wodarg.de/presse/pressespiegel/3022454.html

Exposé: the president of the Council of Europe's Health Commission, German Wolfgang Wodarg, accuses pharmaceutical lobbies and governments. He has obtained the launch of an investigation by the official body he heads on the role played by laboratories in the campaign of panic around the virus. A no-holds-barred interview.

Former member of the German Socialist Party, Wolfgang Wodarg is a physician and epidemiologist. He garnered the Council of Europe's Health Commission members' unanimous consent for a commission of inquiry into the role of pharmaceutical firms in the management of H1N1 flu by the WHO and by governments ...

Bruno Odet for L'Humanité:

What attracted your suspicions about laboratories' undue influence on the decisions taken with respect to influenza A?

Wolfgang Wodarg: We are faced with a failure of the great national institutions charged with alerting us to the risks and responding to them should a pandemic arise. In April, when the first alarm came from Mexico, I was very surprised by the figures the World Health Organization (WHO) was advancing to justify the proclamation of a pandemic. I had suspicions immediately: the figures were quite weak and the level of alarm very elevated. There weren't even a thousand sick people before there was already talk of the pandemic of the century. And the extreme alert decreed was based on the fact that the virus was new. But the characteristic of flu-type illnesses is to develop very fast with viruses that take on new forms each time by moving in on new hosts - animals, people etc. There's nothing new in that. A new "flu" virus of that kind appears every year. In reality, nothing justified sounding the alarm at that level. That was only possible because the WHO changed its definition of pandemic at the beginning of May. Before that date, it was not only necessary that the illness break out in several countries at once, but also that it have very serious consequences, with a number of mortalities in excess of the usual averages. That aspect was erased from the new definition, while the only criterion retained was that of the rate of the illness's diffusion. And it was alleged that the virus was dangerous because populations had not been able to develop immune defenses against it. Which was false for this virus, since we had been able to observe that people over 60 already had antibodies, which is to say that they had already been in contact with analogous viruses. That's why there were practically no people over 60 who developed the illness. Yet, they were the people it was recommended to have be rapidly vaccinated.

Among the things that aroused my suspicions then, there was on the one hand, that desire to sound the alarm - and on the other, very curious facts. Such as, for example, the WHO's recommendation to perform two injections for the vaccinations. That had never been the case before. There was no scientific justification for it. There was also this recommendation to use only specific patented vaccines. Yet, no reason existed for not adding - as is done every year - specific anti-viral particles

of this new H1N1 virus, thus "completing" seasonal flu vaccines. That wasn't done because it was preferred to use patented vaccine material that the big laboratories had elaborated and manufactured to hold in readiness should a pandemic develop. And by proceeding in this fashion, they did not hesitate to put vaccinated persons in danger.

What danger?
Wolfgang Wodarg: To make products quickly available, additives were used in some vaccines the effects of which had not be adequately tested. In other words: people absolutely wanted to use these new patented products instead of perfecting vaccines according to much simpler, more trustworthy and less costly traditional methods of manufacture. There was no medical reason for that - solely marketing reasons.

How were they able to justify that?
Wolfgang Wodarg: In order to understand, we must go back to the avian flu episode of 2005 - 2006. It was on that occasion that the new international plans designed to confront a pandemic alert were mapped out. Officially, those plans were elaborated to guarantee rapid manufacture of vaccine in the event of an alert. That gave rise to negotiations between the pharmaceutical firms and governments. On the one hand, the laboratories committed to hold themselves ready to develop preparations; on the other hand, governments assured the companies that they would really buy all that from them. Pursuant to this phony deal, the pharmaceutical industry took no economic risk by committing to new manufactures. And it was assured of hitting the jackpot should a pandemic break out.

You contest the established diagnoses and the seriousness, even the potential seriousness, of influenza A?
Wolfgang Wodarg: Yes, it's an altogether normal flu. It occasions only a tenth of the deaths caused by classic seasonal flu. All that mattered and all that led to the extraordinary campaign of panic we have witnessed is that it constituted a golden opportunity for lab reps who knew they'd make a mint should a pandemic be proclaimed.

These are very serious accusations you're making. How was such a process within the heart of the World Health Organization made possible?
Wolfgang Wodarg: A group of people at the WHO is very tightly associated with the pharmaceutical industry.

The Council of Europe's inquiry will also work in this direction?
Wolfgang Wodarg: We want to shed light on everything that could have yielded this incredible propaganda campaign. We want to know who decided on the basis of what scientific evidence and exactly how the pharmaceutical industry's influence was exerted in the decision making. And we must ultimately present our claims to the governments. The objective of the commission of inquiry is to assure there be no more false alarms of this type in the future, to assure that the population may rely on the analysis and the expertise of national and international public institutions. Today, those institutions are discredited because millions of people have been vaccinated with products that present possible risks to their health. That was not necessary. Also, that all led to a significant waste of public money.

Do you have concrete numbers on the scope of that waste?
Wolfgang Wodarg: In Germany, it was 700 million euros. But it's very difficult to know the precise figures because on the one hand people are talking about the resale of vaccines to foreign countries and especially because - in the name of the principle of respect for "business secrets" - companies do not communicate the amounts in contracts signed with governments and the possible compensation clauses that figure within them.

Will the Council of Europe investigation also deal with the labs' lobbying of the national institutes of health?

Wolfgang Wodarg: Yes, we shall study the attitude of the institutes, such as the Robert Koch in Germany, or the Pasteur in France, that really should have advised their governments in a critical manner. In some countries, the institutes did just that. In Finland or Poland, for example, critical voices were raised to say: "We don't need that."

Wasn't the incredible planetary propaganda operation possible also because the pharmaceutical industry had "its representative" right inside the governments of the most powerful countries?

Wolfgang Wodarg: In the ministries, that seems obvious to me. I cannot fathom how specialists, highly intelligent people who know the problem of influenza illnesses by heart, didn't notice what was going on.

What happened, then?

Wolfgang Wodarg: Without going so far as direct corruption, which I am certain does exist, there were a thousand ways for the labs to exert their influence over decisions. I have been able to establish very concretely, for example, how Klaus Stöhr, who was head of the epidemiological department at the WHO during the era of the avian flu, and who, therefore, prepared the plans designed to confront a pandemic that I mentioned earlier, became, in the meantime, a senior executive at Novartis. And similar connections exist between Glaxo, Baxter etc. and influential members of the WHO. These big firms had "their people" in the system and managed things afterwards so that the "right" political decisions were made, that is, the decisions that allowed them to pump the maximum amount of money out of the taxpayers.

But if your investigation succeeds, won't it be a prop for citizens to require that their governments demand an accounting from these big groups?

Wolfgang Wodarg: Yes, you are right; it's one of the big issues connected with this investigation. Governments could, in fact, refer to the investigation to contest contracts signed under, let us say, not very clean conditions. If it can be proved that it was the firms' undue influence that led to the onset of the process, then we must push governments until they demand to be reimbursed. But that's solely on the financial side; there's also the human side - that of people vaccinated with inadequately tested products.

What sort of risk did they unknowingly take then, these people in good health who had themselves vaccinated?

Wolfgang Wodarg: I repeat that the vaccines were developed too quickly, some additives inadequately tested. But there are more serious problems. The vaccine developed by Novartis was produced in a bioreactor from cancerous cells, a technique never used before now.

Obviously, I'm not a specialist, but how can someone make a vaccine from sick cells?

Wolfgang Wodarg: Normally, chicken eggs are used as the medium in which the viruses are grown. It's necessary, in fact, to work with live cells, since the virus can multiply in that way only and consequently, by definition, the anti-viral preparations that go with them. But that procedure presents a major flaw; it's slow; it requires many eggs. And it is long and complex on a technical level. Another technique with remarkable potential consists of growing the viruses on living cells in bioreactors. Cells that grow and divide very quickly are required for that. That's approximately the procedure that is used to culture yogurt, which is also made in bioreactors, but in this context the cell has been so disrupted in its environment and its growth that it grows like a cancerous cell. And it's on those high-yield cells that the virus is cultivated. Only to manufacture the vaccine, it is necessary to extract the viruses from those cells into which they have been implanted. And. consequently, it may happen that during the process of manufacturing the vaccine, residues from the cancerous cell remain in the preparation, as happens in the classic manufacture with eggs. So, we know that in the case of a vaccination against classic flu, secondary effects may appear in people allergic to the egg

albumin found in egg whites. Therefore, it cannot be ruled out that protein remains of a cancerous cell present in a vaccine manufactured in a bioreactor give rise to a tumor in the vaccinated person. According to the true precautionary principle, therefore, it should have been necessary before such a product be authorized for commercial use to be 100 percent certain that such effects are actually out of the question.

And that wasn't done?

Wolfgang Wodarg: That was not done. The EMA (European Medicines Agency), an institution based in London under the responsibility of the European Commissioner for the Economy, which gives the authorizations for putting vaccines on the market in Europe, gave its green light for the commercialization of this product, arguing, that, in this case, this manufacturing method did not constitute a "significant" risk. That was evaluated quite differently by numerous specialists here in Germany and by an independent medicine institution: they, on the contrary, raised the alarm and communicated their objections. I took those warnings seriously. I studied the file and intervened within the framework of the Bundestag Health Committee, to which I then belonged, so that the vaccine not be used in Germany. I made it known that I was certainly not opposed to the development of vaccines using that technique, but that it was first of all necessary to guarantee total harmlessness. So, the product was not used in Germany where the government rescinded the contract with Novartis.

What is the name of this vaccine?

Wolfgang Wodarg: Obta flu.

But that means that in other European countries such as France the product may be sold without any problem?

Wolfgang Wodarg: Yes, it obtained EMA authorization and may consequently be used throughout the European Union.

What alternative do you intend to promote so that we escape new scandals of this kind?

Wolfgang Wodarg: The WHO should have to be more transparent so that we clearly know who decides and what kind of relationship exists between the participants in the organization. It would also be appropriate that the WHO at least be supported by an elected chamber, able to react very critically and in which everyone is free to express themselves. This strengthening of public control is indispensable.

But isn't the issue one of another system able to handle a question that in fact relates to the common welfare of all citizens of the planet?

Wolfgang Wodarg: Can we continue to leave the production of vaccines and the conduct of that production to organizations, the objective of which is to earn the most money possible? Or is not the production of vaccines a public domain issue par excellence that governments must control and implement themselves? That's why I think we must abandon the system of patents for vaccines, that is to say, the possibility of some big group monopolizing vaccine production. For that possibility presupposes the sacrifice of thousands of human lives, simply in the name of respect for those monopolistic rights. You are right, that particular demand has taken on - for me, in any case - the aspect of an obvious fact.

Die Starken für die Schwachen
Dr. Wolfgang Wodarg

Jean-Emmanuel Ducoin

Influenza A - "They Organized the Psychosis"

English translation of the L´Humanité-article

L´Humanité, 7/10 January 2010

https://web.archive.org/web/20110210060355/http://www.wodarg.de/presse/pressespiegel/3022454.html

And what if financial waste were to become a scandal of state ... and of many states? By dint of retracing the trail of the anti-influenza A shots, the debate over public policies during a pandemic is being utterly transformed into a vast denunciation of the collusion between laboratories and governments. We hardly doubt that, secretly, while laying low in the shadows, lobbyists did whatever necessary to convince decision makers to buy their vaccinations in massive quantities. Did these servants of the great trusts direct, and in consequence, manipulate the conditions of purchase? The troubling facts that we are publishing [see below] contain that which should arouse our most intense scrutiny. Our questions, moreover, are now shared ... and not by just anybody! The Council of Europe's Health Commission, no less, has, in fact, just voted for an official investigation to evaluate the influence of pharmaceutical groups on governments' and even the World Health Organization's choices .

France is on the front line. And for good reason. Since she's been in office, [French Minster of Health] Mrs. Bachelot and the members of her office, frequently accused of collusion with business circles, have rarely been short of any zeal in rolling out the red carpet for the medicine men listed on the stock exchange. Favoring "complete-vaccination," a variant of Sarkozyist "complete-security," France consequently purchased - without any transparency - far more doses of vaccine than did comparable countries. Moreover, since the summer, the government has been lying to us: the official cost, 869 million euros, is nothing but the tip of the iceberg, to which must be added the purchase of masks, publicity costs and also the exorbitant amount of expenses contributed by local governments, hospitals etc.: probably over 2 billion euros in all! Even the independence of the Groupe d'expertise et d'information sur la grippe [Group for Flu Appraisal and Information] (Geig), an official body of the Ministry of Health, arouses indignation: it is 100 percent financed by five laboratories ...

Ninety-four million doses for five million people who chose to be vaccinated: cherchez the blooper! After having conducted the matter like a Napoleonic battle, the government beats a retreat to the point of negotiating (on what conditions?) the cancellation of half the order for vaccines ... At the hour of reckoning, a wind of panic blows through the Palace. For who will have benefited from this collective hysteria? The laboratories, obviously: spending 870 millions euros on four of them was no longer a precautionary principle, but a veritable financing plan!

The main beneficiaries? GlaxoSmithKline (GSK), Novartis et Sanofi-Aventis: over a billion euros of additional revenues in the fourth quarter for the GSK, between 350 and 500 millions for the two others ... Not only did the organized psychosis fill their coffers, but governments, transformed into super-sales-reps, are taking responsibility for assuring their products' resale! In a global market estimated at 600 billion dollars (it has doubled in ten years), everyone will have understood that for the laboratories the stakes resemble a trade war in which anything is allowed. Who will still dare to say that public control over these private mastodons is not an absolute necessity? The French Parliament would do well to provide itself with a commission of inquiry. And soon.

PharmTech.com

Stephanie Sutton

Pandemic puts pharma under scrutiny

PharmTech, 7 January 2010 [The Flu Case, 8 January 2010]
https://web.archive.org/web/20100220012231/http://www.theflucase.com/index.php?option=com_content&view=article&id=2508%3Apandemic-puts-pharma-under-scrutiny-by-pharmtech&catid=1%3Alatest-news&Itemid=64&lang=en

Pharma companies have been accused by a member of the Council of Europe's Parliamentary Assembly of creating a false pandemic with regards to the H1N1 virus or "swine flu".

Wolfgang Wodarg, Chair of the Health Committee of the European Parliament, and other members of the Parliamentary Assembly have made a motion for a recommendation to the Committee of Ministers of the Council of Europe's Parliamentary Assembly that says member states should ask for "immediate" investigations into the consequences at national and European levels regarding "faked pandemics".

The recommendation states: "In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide. They have made them squander tight healthcare resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines."

Ouch. It's a strong attack on pharma companies, particularly those involved in vaccine manufacture. According to the recommendation, the H1N5 campaign in 2005/2006 combined with the H1N1 campaign in 2009/2010 "seem to have caused a great deal of damage not only to some vaccinated patients and to public health budgets, but also to the credibility and accountability of important national health agencies."

The issue is hammered even harder on Wodarg's website, which includes an interview between Wodarg and Denmark's Information newspaper. In the interview, Wodarg said: "In January, we will arrange an emergency debate about the influence of the pharmaceutical industry on the WHO, and 47 parliaments all over Europe are going to be informed. Following this, we will initiate an investigation and hearings involving those responsible for the pandemic emergency."

The ultimate aim, according to the interview, is that: "none of the pharmaceutical companies under any circumstances must be allowed to make their influence felt on pandemic emergencies."

The motion has not yet been discussed in the Assembly and commits only the members who have signed it. It will now be referred to committees for report and possibly to other committees for opinion.

As of 27 December 2009, the World Health Organization reported that H1N1 cases had occurred in more than 208 countries with at least 12220 deaths.

aerzteblatt.de

Debatte über Schweinegrippe-Impfung erreicht Europarat Quelle

Aerzteblatt, 7 Januar 2010

https://web.archive.org/web/20100212165135/www.aerzteblatt.de/v4/news/news.asp?id=39570
www.aerzteblatt.de/v4/news/news.asp?id=39570

Straßburg – Die Kontroverse um die Impfungen gegen Schweinegrippe erreicht nun auch den Europarat. Wie ein Sprecher am Donnerstag bestätigte, wollen Mitglieder der Parlamentarierversammlung Ende Januar Vertreter der Weltgesundheitsbehörde (WHO) und der Pharma-Industrie anhören. Der Unterausschuss Gesundheit hat außerdem eine Dringlichkeitsdebatte zu dem Thema beantragt.

Ziel sei es, eine Untersuchung zu den Hintergründen der von Deutschland und anderen Ländern beschlossenen Massenimpfungen zu erreichen, sagte der Vorsitzende des Unterausschusses, der ehemalige SPD-Bundestagsabgeordnete Wolfgang Wodarg, am Donnerstag.

Wodarg bekräftigte seine Überzeugung, dass Pharmakonzerne gezielt Wissenschaftler und die WHO beeinflusst haben, damit diese vor einer Pandemie warnten. Dies habe dazu geführt, dass viele Staaten Unsummen für überflüssige und zudem potenziell gefährliche, weil ungenügend getestete Impfungen ausgaben. Den Pharmaunternehmen habe die angebliche Pandemie einen "Jackpot" beschert.

Wodarg wirft der WHO zudem vor, nach dem Ausbruch der Vogelgrippe ihre Kriterien für die Ausrufung einer Pandemie geändert zu haben. Ausschlaggebend sei nun nicht mehr die Gefährlichkeit einer Erkrankung, sondern nur die Geschwindigkeit, mit der sich ein Virus ausbreitet. Dadurch sei Panik vor der Schweinegrippe geschürt worden, obwohl diese „erheblich harmloser ist als alle Grippewellen der Vorjahre“. Sie habe bisher „nicht einmal ein Zehntel“ der bei saisonalen Grippen üblichen Todesfälle verursacht.

Der SPD-Politiker möchte erreichen, dass die Parlamentarier-Versammlung einen Berichterstatter mit der Untersuchung beauftragt. Dieser könnte auch der Frage nachgehen, ob die Pharma-Industrie die WHO finanziell unterstützt.

Ob eine Dringlichkeitsdebatte auf die Tagesordnung gesetzt wird, entscheidet das Plenum zum Auftakt der fünftägigen Winter-Sitzung am 25. Januar. Die Anhörung im Ausschuss ist dagegen bereits beschlossen. Sie soll am 28. Januar stattfinden – vermutlich aber unter Ausschluss der Öffentlichkeit. Darauf bestehe die WHO, sagte Wodarg.

Deutschland, Frankreich und andere Länder haben weit mehr Impfdosen bestellt, als sie tatsächlich benötigen. Sie versuchen nun, Bestellungen zu stornieren oder Impfstoffe an andere Länder zu verkaufen. © afp/aerzteblatt.de

THE FLU CASE

Silence from Reuters and AP on upcoming Key Council of Europe Swine Flu Debate Only AFP Reports

The Flu Case, 8 January 2010

https://web.archive.org/web/20100220012225/http://www.theflucase.com/index.php?option=com_content&view=article&id=2507%3Asilence-from-reuters-and-ap-on-upcoming-key-council-of-europe-swine-flu-debate-only-afp-reports&catid=1%3Alatest-news&Itemid=64&lang=en

AFP in Germany is the only wires service so far to report on the upcoming investigation of WHO and pharma representatives over the swine flu vaccine in the parliamentary assembly of the Council of Europe on January 28th.

The session can be watched on the web.

The world's biggest wires service that feed news into countless newspapers and TV outlets, Reuters and AP, have remained silent on the subject.

Thomas Glocer, CEO of thomson Reuters, is also a director of the pharmaceutical company Merck and a member of the Council of Foreign Relations, the Rockefeller think tank from which the idea that a bird flu pandemic was inevitable largely orginated.

Rupert Murdoch's son, James Murdoch, chairman of New Corporation Europe, is a non executive director at GlaxoSmithKline.

see above:
Debatte über Schweinegrippe-Impfung erreicht Europarat
– AFP, Gestern, 15:59 Uhr,

Die Kontroverse um die Massen-Impfungen gegen Schweinegrippe erreicht nun auch den Europarat. Wie ein Sprecher am Donnerstag bestätigte, wollen Mitglieder der Parlamentarier-Versammlung Ende Januar Vertreter der Weltgesundheitsbehörde (WHO) und der Pharma-Industrie anhören. Der Unterausschuss Gesundheit hat außerdem eine Dringlichkeitsdebatte zu dem Thema beantragt.

l'Humanité
LE JOURNAL FONDÉ PAR JEAN JAURÈS

[Entretien réalisé par Bruno Odent]

Grippe A. L'implacable réquisitoire du député Wodarg

l'Humanité, 7 janvier 2010
https://web.archive.org/web/20100501235544/http://www.humanite.fr/2010-01-07_Societe_Grippe-A-L-implacable-requisitoire-du-depute-Wodarg

Grippe A. L'implacable réquisitoire du député Wodarg

Président de la commission santé du Conseil de l'Europe, l'allemand Wolfgang Wodarg a obtenu le lancement d'une enquête de cette instance sur le rôle joué par les laboratoires dans la campagne de panique autour du virus.

Ex-membre du SPD, Wolfgang Wodarg est médecin et épidémiologiste. Il a obtenu à l'unanimité des membres de la commisionn santé du Conseil de l'Europe une commision d'enquête sur le rôle des firmes pharmaceutiques dans la gestion de la grippe A par l'OMS et les états..

Qu'est ce qui a attiré vos soupçons dans la prise d'influence des laboratoires sur les décisions prises à l'égard de la grippe A ?

Wolfgang Wodarg. Nous sommes confrontés à un échec des grandes institutions nationales, chargées d'alerter sur les risques et d'y répondre au cas où une pandémie survient. En avril quand la première alarme est venue de Mexico j'ai été très surpris des chiffres qu'avançait l'Organisation Mondiale de la Santé (OMS) pour justifier de la proclamation d'une pandémie. J'ai eu tout de suite des soupçons : les chiffres étaient très faibles et le niveau d'alarme très élevé. On en était à même pas mille malades que l'on parlait déjà de pandémie du siècle. Et l'alerte extrême décrétée était fondée sur le fait que le virus était nouveau. Mais la caractéristique des maladies grippales, c'est de se développer très vite avec des virus qui prennent à chaque fois de nouvelles formes, en s'installant chez de nouveaux hôtes, l'animal, l'homme etc. Il n'y avait rien de nouveau en soi à cela. Chaque année apparaît un nouveau virus de ce type « grippal ». En réalité rien ne justifiait de sonner l'alerte à ce niveau. Cela n'a été possible que parce que l'OMS a changé début mai sa définition de la pandémie. Avant cette date il fallait non seulement que la maladie éclate dans plusieurs pays à la fois mais aussi qu'elle ait des conséquences très graves avec un nombre de cas mortels au dessus des moyennes habituelles. On a rayé cet aspect dans la nouvelle définition pour ne retenir que le critère du rythme de diffusion de la maladie. Et on a prétendu que le virus était dangereux car les populations n'avaient pas pu développer de défense immunitaires contre lui. Ce qui était faux pour ce virus. Car on a pu observer que des gens âgés de plus de 60 ans avaient déjà des anticorps. C'est-à-dire qu'ils avaient déjà été en contact avec des virus analogues. C'est la raison pour laquelle d'ailleurs il n'y a pratiquement pas eu de personnes âgées de plus de 60 ans qui aient développé la maladie. C'est pourtant à celles là qu'on a recommandé de se faire vacciner rapidement. Dans les choses qui ont suscité mes soupçons il y a donc eu d'un côté cette volonté de sonner l'alerte. Et de l'autre des faits très curieux. Comme par exemple la recommandation par l'OMS de procéder à deux injections pour les vaccins. Ça n'avait jamais été le cas auparavant. Il n'y avait aucune justification scientifique à cela. Il y a eu aussi cette recommandation de n'utiliser que des vaccins brevetés particuliers. Il n'existait pourtant aucune raison à ce que l'on n'ajoute pas, comme on le fait chaque années, des particules antivirales spécifiques de ce nouveau virus H1N1, «complétant» les vaccins servant à la grippe saisonnière. On ne l'a pas fait car on a préféré utiliser des matériaux

vaccinales brevetés que les grands laboratoires avaient élaborées et fabriqué pour se tenir prêts en cas de développement d'une pandémie. Et en procédant de cette façon on n'a pas hésité à mettre en danger les personnes vaccinées

Quel danger?

Wolfgang Wodarg. Pour aller vite dans la mise à disposition des produits on a utilisé des adjuvants dans certains vaccins, dont les effets n'ont pas été suffisamment testés. Autrement dit: on a voulu absolument utiliser ces produits brevetés nouveaux au lieu de mettre au point des vaccins selon des méthodes de fabrication traditionnelles bien plus simples, fiables et moins coûteuses. Il n'y avait aucune raison médicale à cela.Uniquement des raisons de marketing.

Comment a-t-on pu justifier de cela ?

Wolfgang Wodarg. Pour comprendre il faut en revenir à l'épisode de la grippe aviaire de 2005 - 2006. C'est à cette occasion là qu'ont été définis les nouveaux plans internationaux destinés à faire face à une alarme pandémique. Ces plans ont été élaborés officiellement pour garantir une fabrication rapide de vaccins en cas d'alerte. Cela a donné lieu à une négociation entre les firmes pharmaceutiques et les Etats. D'un côté les labos s'engageaient à se ternir prêts à élaborer les préparations, de l'autre les Etats leur assuraient qu'ils leur achèteraient bien tout cela. Au terme de ce drôle de marché l'industrie pharmaceutique ne prenait aucun risque économique en s'engageant dans les nouvelles fabrications. Et elle était assurée de toucher le jack pot en cas de déclenchement d'une pandémie.

Vous contestez les diagnostics établis et la gravité, même potentielle, de la grippe A ?

Wolfgang Wodarg. Oui, c'est une grippe tout ce qu'il y a de plus normal. Elle ne provoque qu'un dixième des décés occasionnés par la grippe saisonnière classique. Tout ce qui importait et tout ce qui a conduit à la formidable campagne de panique à laquelle on a assisté, c'est qu'elle constituait une occasion en or pour les représentants des labos qui savaient qu'ils toucheraient le gros lot en cas de proclamation de pandémie.

Ce sont de très graves accusations que vous portez là. Comment un tel processus a-t-il été rendu possible au sein de l'OMS ?

Wolfgang Wodarg. Un groupe de personnes à l'OMS est associé de manière très étroite à l'industrie pharmaceutique.

L'enquête du conseil de l'Europe va travailler aussi dans cette direction ?

Wolfgang Wodarg. Nous voulons faire la lumière sur tout ce qui a pu rendre cette formidable opération d'intox. Nous voulons savoir qui a décidé, sur la base de quelles preuves scientifiques, et comment s'est exercé précisément l'influence de l'industrie pharmaceutique dans la prise de décision. Et nous devons enfin présenter des revendications aux gouvernements. L'objectif de la commission d'enquête est qu'il n'y ait plus à l'avenir de fausses alertes de ce genre. Que la population puisse se reposer sur l'analyse, l'expertise des instituions publiques nationales et internationales. Celles ci sont aujourd'hui discréditées car des millions de personnes ont été vaccinés avec des produits présentant d'éventuelles risques pour leur santé. Cela n'était pas nécessaire. Tout cela a débouché aussi sur une gabegie d'argent public considérable.

Avez-vous des chiffres concrets sur l'ampleur de cette gabegie ?

Wolfgang Wodarg. En Allemagne ce sont 700 millions d'euros. Mais il est très difficile de connaître les chiffres précis car on parle maintenant d'un côté de reventes de vaccins à des pays étrangers et surtout les firmes ne communiquent pas, au nom du principe du respect du «secret des affaires» les chiffres des contrats passés avec les Etats et les éventuelles clauses de dédommagements qui y figurent.

Le travail de « lobying » des labos sur les instituts de santé nationaux sera-t-il aussi traité par l'enquête du conseil de l'Europe ?

Wolfgang Wodarg. Oui nous nous pencherons sur l'attitude des instituts comme le Robert Koch en Allemagne ou Pasteur en France qui aurait dû en réalité conseiller leurs gouvernements de façon critique. Dans certains pays des institutions l'ont fait. En Finlande ou en Pologne, par exemple, des voix critiques se sont élevées pour dire : « nous n'avons pas besoin de cela ».

La formidable opération d'intox planétaire n'a-t-elle pas été possible aussi parce que l'industrie pharmaceutique avait «ses représentants» jusque dans les gouvernements des pays les plus puissants?

Wolfgang Wodarg. Dans les ministères cela me paraît évident. Je ne peux pas m'expliquer comment des spécialistes , des gens très intelligents qui connaissent par coeur la problématique des maladies grippales, n'aient pas remarqué ce qui était en train de se produire.

Que s'est-il passé alors ?

Wolfgang Wodarg. Sans aller jusqu'à la corruption directe qui j'en suis certain existe, il y a eu mille manières pour les labos d'exercer leur influence sur les décisions. J'ai pu constater très concrètement par exemple comment Klaus Stöhr qui était le chef du département épidémiologique de l'OMS à l'époque de la grippe aviaire, et qui donc a préparé les plans destinés à faire face à une pandémie que j'évoquais plus haut, était devenu entre temps un haut cadre de la société Novartis. Et des liens semblables existent entre Glaxo ou Baxter (etc) et des membres influents de l'OMS. Ces grandes firmes ont « leurs gens » dans les appareils et se débrouillent ensuite pour que les bonnes décisions politiques soient prises. C'est à dire celles qui leur permettent de pomper le maximum d'argent des contribuables.

Mais si votre enquête aboutit, ne sera-t-elle pas un appui pour les citoyens d'exiger de leurs gouvernements qu'ils demandent des comptes à ces grands groupes ?

Wolfgang Wodarg. Oui, vous avez raison, c'est l'un des grands enjeux lié à cette enquête. Les états pourraient en effet se saisir de cela pour contester des contrats passés dans des conditions, disons, pas très propres. S'il peut être prouvé que c'est la prise d'influence des firmes qui a conduit au déclenchement du processus alors ils faudra les pousser à ce qu'ils demandent à être remboursés. Mais ça c'est uniquement le côté financier, il y a aussi le côté humain, celui des personnes qui ont été vaccinés avec des produits qui ont été insuffisamment testés.

Quel type de risque ont donc pris, sans qu'ils le sachent, ces gens en bonne santé en se faisant vacciner ?

Wolfgang Wodarg. Je le répète les vaccins ont été élaborés trop rapidement, certains adjuvants insuffisamment testés. Mais il y a plus grave. Le vaccin élaboré par la société Novartis a été produit dans un bioréacteur à partir de cellules cancéreuses. Une technique qui n'avait jamais été utilisée jusqu'à aujourd'hui.

Pourquoi, je ne suis évidemment pas un spécialiste, mais comment peut-on prétendre faire un vaccin à partir de cellules malades ?

Wolfgang Wodarg. Normalement on utilise des œufs de poules sur lesquels les virus sont cultivés. On a besoin en effet de travailler sur des cellules vivantes. Car les virus ne peuvent se multiplier que de cette manière et donc, par définition, les préparations antivirus qui vont avec. Mais ce procédé présente un gros défaut, il est lent, il faut beaucoup d'œufs. Et il est long et complexe sur le plan technique. Une autre technique au potentiel remarquable consiste à cultiver les virus sur des cellules vivantes dans des bio-réacteurs. Pour cela il faut des cellules qui croissent et se divisent très vite. C'est un peu le procédé que l'on utilise pour la culture du yaourt que l'on réalise

d'ailleurs aussi dans un bio-réacteur. mais dans ce contexte la cellule a été tellement bouleversée dans son environnement et sa croissance qu'elle croit comme une cellule cancéreuse.

Et c'est sur ces cellules au rendement très élevé que l'on cultive les virus. Seulement pour fabriquer le vaccin il faut extraire à nouveau les virus de ces cellules sur lesquelles ils ont été implantés. Et il peut donc se produire que durant le processus de fabrication du vaccin des restes de cellule cancéreuse demeurent dans la préparation. Comme cela se produit dans la fabrication classique avec les oeufs. On sait ainsi que dans le cas d'une vaccination de la grippe classique des effets secondaires peuvent apparaître chez les personnes qui sont allergiques à l'ovalbumine que l'on trouve dans le blanc d'oeuf. Il ne peut donc pas être exclu que des protéïnes, restes d'une cellule cancéreuse présentes dans un vaccin fabriqué par bio-réacteur, n'engendre une tumeur sur la personne vaccinée. Selon un vrai principe de précaution il faudrait donc, avant qu'un tel produit ne soit autorisé sur le marché, avoir la certitude à 100% que de tels effets sont réellement exclus.

Et cela n'a pas été fait ?

Wolfgang Wodarg. On ne l'a pas fait. L'AME (Agence Européenne du Médicament), une institution sous la responsabilité du commissaire européen à l'économie, basée à Londres, qui donne les autorisations de mise sur le marché des vaccins en Europe, a donné son feu vert à la commercia-lisation de ce produit en arguant, en l'occurrence, que ce mode de fabrication ne constituait pas un risque «significatif». Cela a été très différemment apprécié par de nombreux spécialistes ici en Allemagne et une institution indépendante sur le médicament, qui ont au contraire alerté et fait part de leurs objections. J'ai pris ces avertissements au sérieux. J'ai étudié le dossier et suis intervenu dans le cadre de la commission santé du Bundestag dont j'étais alors membre pour que le vaccin ne soit pas utilisé en Allemagne. J'ai fait savoir que je n'étais certainement pas opposé à l'élaboration de vaccins avec cette technique. Mais qu'il fallait d'abord avoir une garantie totale d'innocuité. Le produit n'a donc pas été utilisé en Allemagne où le gouvernement a résilié le contrat avec novartis.

Quel est le nom de ce vaccin ?

Wolfgang Wodarg. Obta flu.

Mais cela veut dire que dans d'autres pays européens comme la France le produit peut être commercialisé sans problème ?

Wolfgang Wodarg. Oui , il a obtenu l'autorisation de l'AME et peut donc être utilisé partout dans l'Union Européenne.

Quelle alternative entendez vous faire avancer pour que l'on échappe à de nouveaux scandales de ce type ?

Wolfgang Wodarg. Il faudrait que l'OMS soit plus transparente, que l'on sache clairement qui décide et quelle type de relation existe entre les participants dans l'organisation. Il conviendrait aussi qu'elle soit au moins flanquée d'une chambre d'élue, capable de réagir de façon très critique où chacun puisse s'exprimer. Ce renforcement du contrôle par le public est indispensable.

N'est ce pas la question d'un autre système capable de traiter une question qui relève en fait d'un bien commun aux citoyens de toute la planète qui affleure ?

Wolfgang Wodarg. Pouvons nous encore laisser la production de vaccins et la conduite de ces productions à des organisations dont l'objectif est de gagner le plus possible d'argent ? Ou bien la production de vaccins n'est-elle pas quelque chose du domaine par excellence , que les Etats doivent contrôler et mettre en œuvre eux même ? C'est la raison pour laquelle je pense qu'il faut abandonner le système des brevets sur les vaccins. C'est à dire la possibilité d'une monopolisation de la production de vaccin par un rand groupe. Car cette possibilité suppose que l'on sacrifie des milliers de vies humaines, simplement au nom du respect de ces droits monopolistiques. Vous avez raison , cette revendication là a pris en tout cas pour moi l'aspect de l'évidence.

THE FLU CASE

[Interview by Bruno Odent]

Wolfgang Wodarg's nterview in France's L'Humanite
translated into English by Carolyn Dunning

The Flu Case, 8 January 2010.
https://web.archive.org/web/20100113094139/http://www.theflucase.com/index.php?option=com_content&view=article&id=2506%3Ainterview-with-wolfgang-wodarg-in-lhumanite-in-english-translation&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Swine flu: "They organized the panic"

New Development: The German President of the Health Committee of the Council of Europe, Wolfgang Wodarg, is issuing accusations against the pharmaceutical lobbies and the governments. He has intitiated the start of an investigation by that body concerning the role played by the pharmaceutical in the campaign of panic about the virus.

A straight forward interview.
Ex-member of the SPD, Wolfgang Wodarg is a doctor and epidemiologist. His request for a commission of inquiry into the role of pharmaceutical companies in the management of swine flu outbreak by WHO and the nation states was granted unanimously by the members of the Health Committee of the Council of Europe…

What made you suspicious about the influence of pharmaceutical companies had on the decisions being taken in respect of swine flu?

Wolfgang Wodarg. We are facing a major failure of national institutions responsible for warning about risks and responding in case a pandemic occurs. In April when the first alarm came from Mexico I was very surprised at the figures furnished by the World Health Organization (WHO) to justify the declaration of a pandemic. I was immediately suspicious: the numbers were very low and the alarm level very high. There were not even in a thousand patients when there was already talk of the pandemic of the century. And the alert was decreed extreme based on the fact that the virus was new. But the characteristic of influenza disease is to develop very quickly with viruses which take on new forms each time, by dwelling in new hosts, animal, human etc.

There was nothing new in itself to that. Each year a new virus of this "flu"type appears. In reality there was no reason to sound the alarm at this level. This was only possible because in early May the WHO changed its definition of a pandemic. Before that date there had to be not only a disease which had broke out in several countries at once but also one that had very serious consequences with the number of deaths above the usual average. This aspect was removed from the new definition, to retain the rate of spread of disease as the only criteria. And they claimed that the virus was dangerous because people had not been able to develop immunity against it. Which was false for this virus. Because it was observed that people aged over 60 years already had antibodies. That is to say they had already been in contact with similar viruses. That is why also there are virtually no people aged over 60 who have developed the disease. Yet those were the people who were recommended to be vaccinated quickly.

Among the things that aroused my suspicions there was therefore on one side this determination to sound the alarm. And on the other side, some curious facts. Such as, for example, the recommendation

by WHO to carry out two injections for vaccines. That had never been done before. There was no scientific justification for this. There was also the recommendation to use only special patented vaccines. There was however no reason for not adding, as it is done every year, specific antiviral particles of this new H1N1 virus, "completing" the vaccine used for seasonal influenza. This was not done because they preferred to use patented vaccine materials that major laboratories had designed and manufactured to be ready in case of a pandemic developing. And by proceeding in this way they did not hesitate to endanger the persons vaccinated.

What danger?

Wolfgang Wodarg. To provide products rapidly, adjuvants were used in some vaccines, whose effects have not been adequately tested. In other words, they wanted absolutely to use these new patented products instead of developing vaccines according to traditional methods of production which are much simpler, more reliable and less costly. There was no medical reason for this. It was only for marketing purposes.

How could anyone justify that?

Wolfgang Wodarg. To understand we must return to the episode of avian influenza from 2005 to 2006. It was then that new international plans were defined for dealing with a pandemic alarm. These plans were officially developed to ensure rapid manufacturing of vaccines in case of an alert. This led to negotiations between pharmaceutical companies and governments. On the one hand the labs committed themselves to keep ready to develop the preparations, on the other hand, states assured them they would buy them all. After this strange deal the pharmaceutical industry took no economic risk by engaging in new fabrications. And it was sure to touch the jack pot in the case of a pandemic outbreak.

Do you disagree with the diagnoses and even the potential severity of influenza A?

Wolfgang Wodarg. Yes, it's just a normal kind of flu. It does not cause a tenth of deaths caused by the classic seasonal flu. All that mattered and that led to the great campaign of panic which we have seen was that it was a golden opportunity for representatives from labs who knew they would hit the jackpot in the case of a pandemic being declared.

Those are very serious accusations you're making. How was such a process made possible within the WHO?

Wolfgang Wodarg. A group of people in the WHO is associated very closely with the pharmaceutical industry.

Will the investigation by the Council of Europe also work in this direction?

Wolfgang Wodarg. We want to clarify everything that brought about this massive operation of disinformation. We want to know who made decisions, on the basis of what evidence and precisely how the influence of the pharmaceutical industry came to bear on the decision-making. And the time has come at last for us to make demands on governments. The purpose of the inquiry is so that there are no more false alarms of this type in the future. So that the people may rely on the analysis and the expertise of national and international public institutions. The latter are now discredited, because millions of people have been vaccinated with products with inherent possible health risks. This was not necessary. It has also led to a considerable mismanagement of public money.

Do you have any concrete figures on the extent of this mismanagement?

Wolfgang Wodarg. In Germany it comes to 700 million euros. But it is very difficult to know the exact figures because we are talking on one side about vaccines resold to foreign countries and most

firms do not communicate due to the principle of respect for "business secret" regarding the amounts in contracts concluded with States and any indemnification clauses contained therein.

Will the work of "lobbying" by pharma companies on the National Institutes of Health also be dealt with by the investigation of the Council of Europe?

Wolfgang Wodarg. Yes we will examine the attitude of institutions like the Robert Koch Institute in Germany or Pasteur in France who should in fact have advised their governments from a critical standpoint. In some countries certain institutions have done so. In Finland and Poland, for example, critical voices were raised to say: "we do not need that."

Has the tremendous global operation of disinformation also been possible because the pharmaceutical industry had "representatives" even within the governments of the most powerful countries?

Wolfgang Wodarg. As regards the ministries, that seems to me to be obvious. I can not explain how specialists, very smart people who know the problems of the influenza disease by heart, did not notice what was happening.

So what happened?

Wolfgang Wodarg. Without going as far as saying direct corruption, which I am certain does exist, there were many ways for labs to exercise their influence over decisions. A very concrete example, is how Klaus Stöhr, who was the head of the epidemiological department of the WHO at the time of bird flu, and who therefore prepared the plans to cope with a pandemic that I mentioned above, in the meantime had become a top executive of the company Novartis. And similar links between Glaxo and Baxter, etc. and influential members of the WHO. These large firms have "their people" in the cogs and then they pull strings so that the right policy decisions are taken. That is to say, the ones that will allow them to pump as much money from taxpayers.

But if your survey succeeds, will it not be a support for citizens to insist their governments demand accountability from these large groups?

Wolfgang Wodarg. Yes, you're right, this is one of the major issues related to this investigation. States could indeed take advantage of this to contest contracts drawn up in, let us say, improper conditions. If it can be shown that it was under the influence of firms that the process was initiated then they will have to be push to ask for reimbursement. But that's just the financial side, there is also the human side, persons who were vaccinated with products that were inadequately tested.

So what kind of risk have these healthy people unknowingly taken by getting vaccinated?

Wolfgang Wodarg. Again, the vaccines were developed too quickly, some adjuvants were insufficiently tested. But there is worse to come. The vaccine developed by Novartis was produced in a bioreactor from cancerous cells. A technique that had never been used until now.

Why, I'm obviously not an expert, but how can one claim to make a vaccine from diseased cells?

Wolfgang Wodarg. Normally one uses chicken eggs on which viruses are grown. We need in fact to work on living cells. Because viruses can only multiply in this way and so do, by definition, the virus preparations that go with it. But this process has a big flaw, it is slow and it takes a lot of eggs. And it is long and complex technically. Another potentially excellent technique is to grow the virus in living cells in bioreactors. This requires cells which grow and divide very quickly. It's a bit like the method used to culture yogurt, which is also produced in a bio-reactor. but in this context the cell was so upset in its environment and its growth that it grows like a cancer cell. And it is on these rapidly multiplying cells that they grow the virus. But to manufacture the vaccine the virus must be re-extracted from these cells on which they were implanted. And it can therefore happen that during

the manufacturing process of the vaccine, residue of cancerous cells remain in the preparation. In the same way as it happens in conventional manufacturing with eggs. Thus we know that in the case of a classic influenza vaccination, side effects can occur in people who are allergic to egg albumin found in egg white. It can not be excluded that proteins, remains of a cancer cell present in a vaccine produced by bio-reactor, may generate a tumour on the person vaccinated. According to a true principle of precaution, before such a product is allowed on the market, there should therefore be 100% certainty that such effects are actually excluded.

And wasn't this done?

Wolfgang Wodarg. It was not. The EMEA (European Medicines Agency), an institution under the responsibility of the European Commissioner for Economic Affairs, based in London, which gives permission to release vaccines on the market in Europe, gave the green light for commercializing this product arguing, namely, that this mode of manufacture was not a "significant" risk. This was very differently appreciated by many experts here in Germany and by an independent drug institution, which instead sounded the alert and voiced their objections. I took these warnings seriously. I studied the case and intervened in the context of the Bundestag health committee of which I was a member so that the vaccine would not be used in Germany. I made it known that I was certainly not opposed to the development of vaccines with this technique. But first it had to have a total guarantee of innocuousness. The product has therefore not been used in Germany where the government terminated the contract with Novartis.

What is the name of this vaccine?

Wolfgang Wodarg. Obta flu.

But that means that in other European countries like France the product can be marketed without any problem?

Wolfgang Wodarg. Yes, it obtained permission from EMEA and can be used anywhere in the EU.

What alternative do you intend to propose so that further scandals of this type are avoided?

Wolfgang Wodarg. The WHO should be more transparent, so we know clearly who decides and what type of relationship exists between participants in the organization. It should also be flanked by at least one elected chamber, which should be able to react very critically and where everyone can express themselves. This enhanced public scrutiny is essential.

Isn't the question of another system capable of handling a matter which is in fact a common good for citizens across the planet coming to the surface?

Wolfgang Wodarg. Can we go on allowing the production of vaccines and the conduct of these productions to organizations whose goal is to win as much money as possible? Or is the production of vaccines not something that States must absolutely monitor and implement themselves? That's why I think we should abandon the system of patents on vaccines. That is to say, the possibility of monopolization of vaccine production by a large group. For this option requires that we sacrifice thousands of lives, simply in the name of respect for these monopoly rights. You're right, that particular claim has become evident for me.

ALJAZEERA

Doubts cast on H1N1 scare

Al Jazeera, 11 January 2010, 19:11 Mecca time, 16:11 GMT
https://web.archive.org/web/20100112052428/http://english.aljazeera.net/news/europe/2010/01/20101111330498806.html

Drug firms made 'false H1N1 claims'
http://www.youtube.com/watch?v=hoQN1to3C2U&feature=player_embedded

The severity of the H1N1 outbreak was deliberately exaggerated by pharmaceutical companies that stood to make billions of dollars from a worldwide scare, a leading European health expert has claimed.

Wolfgang Wodarg, head of health at the Council of Europe, has accused the makers of vaccines for the virus of influencing the World Health Organisation's (WHO) decision to declare a pandemic. The council, a Strasbourg-based body responsible for the European Court of Human Rights, has decided to investigate Wodarg's claims in an emergency debate on the issue to be held later this month.

Wodarg said the crisis led to governments around the world ordering and stockpiling millions of doses of anti-flu drugs which were not needed.

'Inefficient work'

Speaking to Al Jazeera, Wodarg said: "There is a very inefficient work of our agencies. They made a big panic with the bird flu and they made big panic with the swine flu.

"The national governments spent billions of euros to buy their vaccines [for H1N1] so we have to investigate what was behind it, we cannot afford such agencies that spent the money for useless health measures."

In a statement to Al Jazeera, Aphaluck Bhatiasevi, a media officer for WHO, said: "Providing independent advice to member states is a very important function of WHO, we take this work very seriously and guard against the influence of any vested interests.

"We welcome any legitimate review process that can improve our work."

In response to Wodarg's comments, GlaxoSmithKline, one of the makers of H1N1 vaccines, said: "Allegations of undue influence are misguided and unfounded. The WHO declared that H1N1 swine flu met the criteria for a pandemic.

"Responding to it has required unprecedented collaboration. As WHO have stated, legal regulations and numerous safeguards are in place to manage possible conflicts of interest."

THE Sun

Chris Pollard

Swine flu 'false pandemic' claim

The Sun, 11 January 2010
https://web.archive.org/web/20101205211824/http://www.thesun.co.uk/sol/homepage/news/2803049/Swine-flu-false-pandemic-claim.html

A Leading health expert says the swine flu scare was a "false pandemic" led by drugs companies that stood to make billions from vaccines.

Scare ... British students were quarantined in Beijing, China

Wolfgang Wodarg, head of health at the Council of Europe, claims major firms organised a "campaign of panic" to put pressure on the World Health Organisation to declare a pandemic. He believes it is "one of the greatest medicine scandals of the century" – and has called for an inquiry.

An emergency debate on the issue will be held by the Council later this month.

Dr Wodarg said: "It's just a normal kind of flu. It does not cause a tenth of deaths caused by the classic seasonal flu."The great campaign of panic we have seen provided a golden opportunity for representatives from labs who knew they would hit the jackpot in the case of a pandemic being declared."We want to clarify everything that brought about this massive operation of disinformation. We want to know who made decisions, on the basis of what evidence, and precisely how the influence of the pharmaceutical industry came to bear on the decision-making." He added: "A group of people in the WHO is associated very closely with the pharmaceutical industry."

The WHO has recently reaffirmed its stance that the pandemic is not over. However, the number of swine flu deaths is dramatically lower than expected.

Last year, Dr Wodarg raised concerns about swine flu vaccines, saying they could cause dangerous allergic reactions.

In an interview with France's L'Humanite, he said:

"The vaccines were developed too quickly. Some ingredients (adjuvants) were insufficiently tested.

"But there is worse to come. The vaccine developed by Novartis was produced in a bioreactor from cancerous cells – a technique that had never been used until now.

"This was not necessary. It has also led to a considerable mismanagement of public money.

"The time has come at last for us to make demands on governments. The purpose of the inquiry is to prevent more false alarms of this type in the future.

"We must make sure people can rely on the analysis and the expertise of national and international public institutions. The latter are now discredited, because millions of people have been vaccinated with products with inherent possible health risks."

He added: "In Germany this has cost about 700million Euros. But it is very difficult to know the exact figures because we are talking about vaccines resold to foreign countries, and most firms do not communicate due to the principles of 'trade secrets'."

It is believed the British government is desperately trying to offload up to Ł1billion of swine flu vaccine, ordered at the height of the scare.

The Department of Health warned of 65,000 deaths and set up a special advice line and website.

Anti-flu drugs were given out without prescription, and local health authorities were told to prepare for a major outbreak.

Planners were ordered to get morgues ready for the sheer scale of deaths and there were warnings the Army could be called in to prevent riots as people fought to obtain drugs.

But fewer than 5,000 caught the bug last week, and just 251 have died from it overall.

H1N1 Flu Is a False Pandemic, Health Expert Claims

Fox News, 11 January 2010
https://web.archive.org/web/20100114051851/http://www.foxnews.com/story/0,2933,582749,00.html

A leading health expert said the swine flu scare was a "false pandemic" led by drug companies that stood to make billions from vaccines, The Sun reported Monday.

Wolfgang Wodarg, head of health at the Council of Europe, claimed major firms organized a "campaign of panic" to put pressure on the World Health Organization (WHO) to declare a pandemic.

He believes it is "one of the greatest medicine scandals of the century," and he has called for an inquiry.

An emergency debate on the issue will be held by the Council of Europe later this month.

The Council of Europe covers 47 European countries and seeks to develop common and democratic principles between the nations.

Wodarg said, "It's just a normal kind of flu. It does not cause a tenth of deaths caused by the classic seasonal flu.

"The great campaign of panic we have seen provided a golden opportunity for representatives from labs who knew they would hit the jackpot in the case of a pandemic being declared.

"We want to clarify everything that brought about this massive operation of disinformation. We want to know who made decisions, on the basis of what evidence, and precisely how the influence of the pharmaceutical industry came to bear on the decision-making."

He added: "A group of people in the WHO is associated very closely with the pharmaceutical industry."

The WHO recently reaffirmed its stance that the pandemic is not over. However, the number of swine flu deaths is dramatically lower than expected.

In an interview with France's L'Humanite Sunday, Wodarg also raised concerns about swine flu vaccines.

"The vaccines were developed too quickly. Some ingredients were insufficiently tested," he said.

"But there is worse to come. The vaccine developed by Novartis was produced in a bioreactor from cancerous cells, a technique that had never been used until now.

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"We must make sure people can rely on the analysis and the expertise of national and international public institutions. The latter are now discredited, because millions of people have been vaccinated with products with inherent possible health risks." => read: The Sun – above

Parliamentary Assembly
Assemblée parlementaire

PACE winter session: "Faked pandemics, a threat to health"

Is scheduled for Winter session: 25-29 January 2010

Parliamentary Assembly of the Council of Europ, 12 January 2010

https://pace.coe.int/en/news/2707/pace-winter-session-faked-pandemics-a-threat-to-health-

Strasbourg, 12.01.2010 – "Faked pandemics: a threat to health" will be one of the major themes of the next plenary session of the Parliamentary Assembly of the Council of Europe (PACE), to be held in Strasbourg from 25 to 29 January. The PACE Social Affairs Committee has proposed the holding of an urgent debate on this subject. If the Assembly agrees when it adopts its agenda on the opening day, the debate is likely to be held on the morning of Thursday 28 January.

The committee will be holding a closed hearing on the same subject on Tuesday 26 January at 8.30 am, attended by representatives of the World Health Organisation (WHO), the European pharmaceutical industry and experts on the subject.

Other highlights of the session will be the debates on discrimination on the basis of sexual orientation and gender identity, the situation in the Middle East and action against trafficking in human beings.

With Lluís Maria de Puig coming to the end of his term of office, the Assembly is also due to elect a new President. The only candidate to date is Mevlüt Çavusoglu (Turkey, EDG).

Prominent personalities due to address the Assembly include George A. Papandreou, Prime Minister of Greece, Franco Frattini, Minister for Foreign Affairs of Italy, Micheline Calmy-Rey, Head of the Federal Department of Foreign Affairs of Switzerland and Chairperson of the Committee of Ministers of the "47", and Thorbjørn Jagland, Secretary General of the Council of Europe.

The other topics on the agenda include, in particular, respect for media freedom, judicial corruption, the detention of asylum seekers and irregular migrants, and the functioning of democratic institutions in Albania and in Bosnia and Herzegovina.

* * *

Draft agenda

The final agenda is decided by the Assembly on the opening day of the session.

Monday 25 January 2010 (opening at 11.30am)

...

Thursday 28 January

- Possible urgent debate on 'Faked pandemics, a threat to health'
- Rethinking creative rights for the Internet age
- The detention of asylum seekers and irregular migrants in Europe
- Solving property issues of refugees and displaced persons, and statement by Ambassador Wolfgang Petritsch, Former High Representative for Bosnia and Herzegovina
- The functioning of democratic institutions in Albania

Press conferences:

...

A press conference in connection with the hearing on faked pandemics will take place on Tuesday 26 January at 10 am. Other press conferences will be announced on the spot.

Bloomberg Businessweek

Jason Gale

WHO to Study H1N1 Response Amid False Pandemic Debate

Bloomberg/Businessweek, 12 January 2010.
http://www.businessweek.com/news/2010-01-12/who-to-review-swine-flu-response-amid-false-pandemics-debate.html

The World Health Organization said it plans to conduct a review of its response to swine flu as policymakers in Europe prepare for an "urgent debate" on the influenza pandemic.

WHO hasn't yet decided when its response to the contagion will be examined because the pandemic is ongoing, said Christy Feig, a WHO spokeswoman in Geneva. Yesterday, the Parliamentary Assembly of the Council of Europe said "false pandemics, a threat to health" will be a major theme of its next plenary session, with a debate slated for Jan. 28.

Health authorities worldwide are assessing whether their response to swine flu is justified by its threat as cases retreat in the U.S. and Western Europe. The new H1N1 virus, which has targeted children and younger adults, has so far resulted in fewer deaths than attributed to seasonal strains, which kills mostly the frail elderly.

"WHO will certainly take a look at how things went and how things could be made better," Feig said in a telephone interview today. "It's not necessarily a reaction to criticism, it's just what you do after a big project."

The U.S., U.K. and Germany are among nations seeking to cut orders of pandemic vaccine from companies including London-based GlaxoSmithKline Plc, Paris-based Sanofi-Aventis SA and Basel, Switzerland-based Novartis AG because of overestimated demand.

'False Pandemic'

Council of Europe parliamentarian Wolfgang Wodarg said last week he and several colleagues had called for a commission of inquiry into a "false pandemic" and the way it was handled at national and European levels, claiming pressure from pharmaceutical firms, Agence France-Presse reported yesterday.

Criticism of those involved in the response to the pandemics isn't unexpected, said Peter Cordingley, a spokesman in Manila for the WHO's Western Pacific region.

"It can be good for public health if criticism highlights a failing of ours," Cordingley said in an e-mail today. "Or it can be harmful if unfounded assertions undermine good public health advice. We expect and indeed welcome criticism and the chance to discuss it."

The WHO moved to the top level of its six-step pandemic alert in June after the discovery of swine flu in Mexico and the U.S. in April. The virus has spread to more than 208 countries and overseas territories, the Geneva-based agency said Jan. 8.

WHO Director-General Margaret Chan is scheduled to brief the agency's executive board on actions taken in the response to the pandemic at a meeting in Geneva starting Jan. 18.

"Once the current pandemic is over, the secretariat will review the experience gained and continue its work to further strengthen the world's state of preparedness for the next pandemic," the WHO's secretariat said in a Dec. 3 report to be presented at next week's meeting.

Belfast Telegraph

Gail Walker

Swine flu caused madness

Belfast Telegraph, 12 January 2010.
https://web.archive.org/web/20100117042023/http://www.belfasttelegraph.co.uk/opinion/columnists/gail-walker/swine-flu-caused-madness-14632727.html#ixzz0cUywigdy

Well it seems we've all been suckered by the swine flu hysteria. Surprise, surprise!

Swine flu? Remember that? All those confident seemingly scientific scenarios of thousands upon thousands dead and everybody wearing a little mask?

The Government drawing up contingency plans for the Army to quell the rioting as law and order broke down? The morgues ordered to prepare for the pandemic? All round, the end of civilisation as we knew it.

Now Wolfgang Wodarg, head of health at the Council of Europe, has accused the makers of flu drugs and vaccines of hyping up the virus and influencing the World Health Organisation's decision to declare a pandemic.

Calling for an EU inquiry, he described the H1N1 outbreak as “one of the greatest medical scandals of the century. We have had a mild flu – and a false pandemic.”

Swine flu so far has taken the lives of 251 people in Britain. Yes, each death is sad but this is not what we were lead to believe would happen. Millions (billions?) have been wasted.

Money that could – should – have been spent saving lives. Even as the virus winds down, the Government is sitting on up to £1bn of vaccines it cannot get rid off.

The swine flu madness should be an object lesson in the true cost of paying heed to the hysteria merchants for whom the End of the World is always nigh.

TERRADAILY
NEWS ABOUT PLANET EARTH

Swine Flu Vaccine cut as WHO faces Questions

Terra Daily, 12 January 2010.
https://www.terradaily.com/reports/Swine_Flu_Vaccine_Cut_As_WHO_Faces_Questions_999.html

Geneva (AFP) The World Health Organisation said Tuesday that it was ready to hold an independent review of its response to swine flu, amid growing criticism of official handling of the pandemic.

However, WHO officials said such a review might not be set up until the pandemic is regarded as over, a period which could take months or even years.

"We expect and indeed welcome criticism and a chance to discuss it," WHO spokeswoman Fadela Chaib told journalists.

"In the future we will also do an evaluation of our work with outside experts, in order to assess the work of WHO in the management of the pandemic influenza H1N1," she added.

"Evaluation is necessary and we are open to recommendations that can improve our work, when this is over WHO will undoubtedly work with outside experts."

The UN health agency was still working out the details of such a process.

Council of Europe parliamentarian Wolfgang Wodarg last week said he and several colleagues had called for a commission of inquiry into a "false pandemic" and the way it was handled at national and European levels, claiming pressure from pharmaceutical firms.

Some European countries have been trying to sell off stocks of unused vaccine in recent weeks, after many had geared up to deliver two doses instead of what eventually turned out to be the required single dose.

Chaib denied that the WHO was in conflict with its member states.

WHO flu spokeswoman Nyka Alexander said it could take "several seasons" to determine that a pandemic was over.

"We can't say a pandemic is over until we have seen that it hasn't come back," she explained.

The WHO is also due to open its annual executive board meeting next Monday to a question and answer session from the 34 member states in the body on its management of the A(H1N1) pandemic.

The WHO declared a global pandemic last June, weeks after putting the world on an emergency footing over the sudden discovery and swift spread of the then unknown new swine flu virus in April 2009 in Mexico and the United States.

It now reaches into more than 200 countries having left at least 12,799 people dead, according to the agency's data.

PRAVDA.RU

Timothy Bancroft-Hinchey

H1N1, the False Pandemic

Pravda // Правда, 13 January 2010 13:21
http://english.pravda.ru/science/health/111631-falsepandemic-0
https://web.archive.org/web/20100116161823/http://english.pravda.ru/science/health/111631-falsepandemic-0

Wolfgang Wodarg, Head of Health at the Council of Europe, considers that the A H1N1 scare was a "campaign of panic", a "false pandemic", "one of the great medicine scandals of the century" and claims that the vaccines, based on cancerous cells, spell the chilling message "there is worse to come".

For Wolfgang Wodarg, the pandemic of A H1N1, which started as Mexican Flu, then Swine Flu, was no more and no less than a campaign to create a false notion of insecurity for the pharmaceutical companies to cash in. "The great campaign of panic we have seen provided a golden opportunity for representatives from labs who knew they would hit the jackpot in the case of a pandemic being declared," he declared.

Claiming that the "pandemic" is "one of the great medicine scandals of the century," Dr. Wodarg has called for an enquiry. The resolution he proposed for an investigation into the role of the pharma companies in the A H1N1 story has been passed by the Council of Europe, which is based in Strasbourg. An emergency debate will be held at the end of January.

"We want to clarify everything that brought about this massive operation of disinformation. We want to know who made decisions, on the basis of what evidence, and precisely how the influence of the pharmaceutical industry came to bear on the decision-making," declared Dr. Wodarg, adding that a group of people in the World Health Organization "is associated very closely with the pharmaceutical industry".

Are the vaccines dangerous?

Regarding the vaccines, Dr. Wodarg delivered some chilling statements in an interview with the French publication L'Humanité on Sunday: "The vaccines were developed too quickly. Some ingredients were insufficiently tested. But there is worse to come. The vaccine developed by Novartis was produced in a bioreactor from cancerous cells, a technique that had never been used until now".

The health expert added that this was not necessary and huge quantities of public money were squandered as a result, developing a vaccine which has not followed the usual processes in place in national and international public institutions: "The latter are now discredited because millions of people have been vaccinated with products with inherent possible health risks".

Pharma companies made billions from mass hysteria

Wolfgang Wodarg further accused the makers of antiflu drugs and vaccines of influencing the WHO's decision to call a global pandemic, facilitating the implanting of mechanisms which in turn generated billions of dollars in profits. The British Department of Health, for example, set up special

procedures, suspended normal rules, told national and local authorities to prepare for 65,000 deaths, prepare the morgues for record numbers of fatalities and instructed the armed forces to be on stand-by.

The result was less than 5,000 cases and 251 deaths, the vast majority of which occurred in patients with serious underlying chronic health problems, or a death rate 260 times less than that expected.

The seeds had been sown

For Dr. Wodarg, the seeds were sown five years ago with the warning that H5N1, avian flu, could develop a human-to-human transmissible form. According to the health expert, Governments then began panic stockpiling for the eventuality of a pandemic and placed “sleeper contracts” which would be activated automatically once a pandemic had been called by the WHO.

For this reason, believes Dr. Wodarg, drug companies placed people inside the WHO mechanisms to facilitate the calling of the pandemic.

CIDRAP

Lisa Schnirring, and Robert Roos

Health officials, experts reject 'false pandemic' charges

CIDRAP, 13 January 2010
https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/health-officials-experts-reject-false-pandemic-charges

Jan 13, 2010 (CIDRAP News) – Leading public health officials and experts have sharply rejected charges from some European officials that pharmaceutical companies used exaggerated claims about the H1N1 pandemic threat to scare governments into buying unnecessary stockpiles of vaccines.

The Council of Europe, an organization of 47 nations, said yesterday that the charges will be on the agenda when its Parliamentary Assembly meets in Strasbourg, France, later this month. The assembly's Social Affairs Committee has asked for a debate on the theme "False pandemics: a threat to health," according to a statement on the council's Web site.

The charges, detailed in a proposed resolution, come as the United Kingdom, France, Germany, and other countries are scaling back their vaccine orders. Weak demand for the vaccine in the face of declining flu activity and the need for just one dose have left many countries with surpluses, though public health officials warn that another wave of infections could come this winter.

Dr Wolfgang Wodarg, a German physician and politician who chairs the Council of Europe's health committee, was quoted in the British media as saying the World Health Organization's (WHO's) pandemic declaration last June triggered vaccine contracts with governments and that companies reap financial benefits without taking any risks. He told the London *Daily Mail* that the pandemic H1N1 virus was "a mild flu and a false pandemic."

In the Council of Europe resolution, Wodarg and 13 others charge that pharmaceutical companies have made countries "squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines." The group asked the council to investigate the claims.

The WHO has said it would review its pandemic response after the pandemic is over and would field questions related to the proposed Council of Europe resolution at its executive board meeting on Jan 18, according to media reports.

European officials dismiss charges

The proposal has drawn quick and sharp responses from top public health officials. Dr David Salisbury, head of the United Kingdom's immunization program, told the London-based *Guardian* newspaper that though England is in discussions about what to do with its pandemic vaccine surplus, the government must keep a stockpile in case another wave of infections occurs. "If there were a UK resurgence during 2010, we would look very foolish if we had disposed of a valuable stockpile," he told the paper.

In a House of Commons session yesterday, British Health Secretary Andy Burnham faced similar criticism from other lawmakers and defended the government's pandemic preparedness actions, the

Press Association reported. "I would make no apology for making all the necessary preparations to keep the public safe through that. I think we have come through the pandemic because of the strength of the plans and the preparations that this Government put in place," he said.

Also yesterday, Australia's chief medical officer, Dr Jim Bishop, called Wodarg's claims "historically and medically inaccurate," according to NewsCore, an Australian news service. He said the WHO's pandemic declaration was based on cases and deaths in Mexico and the United States and not on pharmaceutical company influence. He also disputed Wodarg's claims that the vaccine was rushed, asserting that Australia's Therapeutic Goods Administration thoroughly assessed the pandemic vaccine.

US experts react

Dr Gregory Poland, MD, director of the Mayo Clinic's Vaccine Research Group in Rochester, Minn., told CIDRAP News that though he has no knowledge of interactions drug companies might have had with governments in Europe, Wodarg's claims are "preposterous."

"The idea that pharmaceutical companies made official agencies squander their resources is ludicrous," he said.

"Vaccine stockpiles are like insurance policies," he said. "You're talking about the health and welfare of entire nations."

However, Poland said he's not surprised by the criticism. Poland said those involved in pandemic planning expect that no matter what they do, some groups will criticize their actions. "Authorities are obligated to prepare for the worst and hope for the best," he said.

Global health officials know that one small mutation in the virus could have turned a relatively mild first pandemic wave into a much more lethal second wave, Poland said, calling the notion that governments have wasted their preparedness resources an unfair criticism. Wodarg's comments "imply a profound lack of insight into public health emergency planning," he said.

Poland said world governments guarantee purchases of pandemic vaccine as a public service that supports flu vaccine production, which is generally not profitable for manufacturers.

A similar backlash if the United States has a big surplus is unlikely, because events like Hurricane Katrina have caused Americans to expect their government to be prepared, he said. Though pockets of antivaccine sentiment exist in the United States, negative perceptions about vaccines might be greater in Europe because of often sensationalized media reports about now-disproven claims of a link between the measles, mumps, and rubella (MMR) vaccine and autism, Poland said

Poland also rejected claims that the WHO was unduly influenced by pharmaceutical companies in declaring a pandemic. He said the WHO takes steps to prevent groups from influencing policy decisions and consults with a pharmaceutical company consortium on manufacturing issues, but not on scientific matters related to the virus and illness.

Criticisms called irresponsible

Another US infectious disease expert, Michael T. Osterholm, PhD, MPH, called the claims of a pharmaceutical industry conspiracy irresponsible and said a third wave of H1N1 cases could quickly soak up any vaccine surpluses.

"It's absolutely irresponsible and plain nonsense," said Osterholm, director of the University of Minnesota's Center for Infectious Disease Research and Policy, publisher of CIDRAP News.

"Unfortunately, it's very easy to make charges like this, which not only undermine the overall ability to respond in the future, but also give the public the sense that public health intentionally exaggerates these potential situations for resources," he said.

"I worry that if these companies end up taking a major economic hit or are brought before a court of public opinion that they'd have every reason to be reluctant in the future to put resources forward for a pandemic vaccine," Osterholm added.

He likened the criticisms to complaining after a category 3 hurricane about having spent the money to build levees for a category 5 event. "I'd much rather be in that position than the other way around," he said.

"We've not written the final obit on this pandemic yet," Osterholm added. "I think many of these officials [who are criticizing the response now] would be questioned if we had a severe third wave. I guarantee that if we have a severe third wave, there won't be a drop of vaccine left."

Another US disease expert, Walter R. Dowdle, MD, a former deputy director of the Centers for Disease Control and Prevention (CDC), declined to comment on the European response to the pandemic, but voiced strong support for the US response. The American approach has generally paralleled that of Western European countries.

"I feel the US did a highly credible job in making early vaccine production and purchasing decisions, assessing and reassessing needs, adjusting high risk definitions, and modifying vaccine recommendations, all as knowledge of the novel H1N1 continued to emerge," said Dowdle, who is director of the Malarone Donation Program and a consultant to the World Health Organization on its polio eradication initiative.

"The fact that the 2009 H1N1 vaccine began to arrive as virus transmission began to decline, as in 1957 and 1968, speaks to the shortcomings of outmoded pandemic vaccine production methodology, not the public health decision making process, he said.

On Dec 3 the WHO issued a statement in response to concerns aired in the media about its advisory body's ties to pharmaceutical industry experts. It said its ties to the companies have many legitimate reasons, including improving global access to medications, vaccines, and diagnostic supplies, all of which can mitigate the impact of a pandemic.

The agency said numerous safeguards are in place to prevent conflicts of interest. For example, the WHO said external experts who advise the WHO are required to declare financial interests that could influence their advice. It added that procedures are in place for identifying and investigating potential conflicts of interest.

The WHO added that the criticisms are understandable but unfounded. It said public perceptions have been influenced by previous planning for a more lethal H5N1 pandemic threat. "Adjusting public perceptions to suit a far less lethal virus has been problematic," the agency said. "Given the discrepancy between what was expected and what has happened, a search for ulterior motives on the part of WHO and its scientific advisers is understandable, though without justification."

THE FLU CASE

WHO said yesterday it will launch an "independent" investigation into its handling of the swine flu pandemic

The Flu Case, 13 January 2010

https://web.archive.org/web/20100220012447/http://www.theflucase.com/index.php?option=com_content&view=article&id=2551%3Awho-says-it-will-investigate-swine-flu-pandemic-when-qoverq&catid=1%3Alatest-news&Itemid=64&lang=en

But a WHO spokesperson said the investigation would only take place after the pandemic had ended, and that this could take months or even years, according to AFP.

WHO has come under increasing criticism for declaring a pandemic emergency over the swine flu for the profit of pharmaceutical companies in spite of the evidence the flu is unusually mild.

In addition, it is not clear who will make the decision to declare the pandemic officially over - just as it is not clear who made the decision to declare a pandemic in June in the first place.

FOCUS online

Kulanter Pharmariese, selbstkritische WHO

Focus, 14 January 2010
https://www.focus.de/gesundheit/ratgeber/schweinegrippe/news/kulanter-pharmariese-selbstkritische-who-schweinegrippe_id_1922606.html

Die Bundesländer müssen nur 34 statt 50 Millionen Impfeinheiten gegen die Schweinegrippe abnehmen. Und die WHO stimmt der Prüfung ihrer H1N1-Strategie zu.

Jetzt ist es beschlossene Sache: Die Bundesländer müssen der Pharmaindustrie weniger Impfstoff gegen die Schweinegrippe abnehmen als ursprünglich vertraglich vorgesehen war. Statt der bestellten 50 Millionen Impfdosen kaufen sie nur 34 Millionen ab. Das bestätigte die Vorsitzende der Gesundheitsministerkonferenz der Länder, Niedersachsens Ressortchefin Mechthild Ross-Luttmann (CDU).

Bundesländer können 133,3 Millionen Euro sparen

Vertreter des Bundes, der Länder und des Impfstoff-Herstellers GlaxoSmithKline (GSK) hatten sich bereits bei ihrem Treffen in der vergangenen Woche auf diesen Kompromiss geeinigt. Die Bundesländer sparen den Angaben zufolge 133,3 Millionen Euro. Ursprünglich hatten die Landesgesundheitsminister Impfstoff für rund 416 Millionen Euro geordert.

Die Länder hatten argumentiert, dass – anders als ursprünglich gedacht – schon eine statt zwei Impfungen ausreichend Schutz gegen das Schweinegrippevirus aufbaut. Trotz des deutlichen Rabatts werden die Länder aber vermutlich auf hohen Kosten sitzen bleiben. Die Krankenkassen übernehmen die Kosten von rund acht Euro pro Impfdosis nur im Fall des tatsächlichen Verbrauchs. Bisher ist nicht einmal ein Drittel der 34 Millionen Dosen in Anspruch genommen worden.

WHO lässt Schweinegrippe-Strategie prüfen

Zeitgleich mit dieser Entscheidung setzte auch die Weltgesundheitsorganisation (WHO) ein neues Zeichen in Sachen Schweinegrippe: Angesichts wachsender Kritik kündigte die Organisation eine unabhängige Untersuchung ihres Umgangs mit der Schweinegrippe an. "*Wir haben mit Kritik gerechnet und sie ist uns willkommen. Wir werden unsere Arbeit später von Experten von außerhalb überprüfen lassen*", erklärte WHO-Sprecherin Fadela Chaïb in Genf. Die Untersuchung sei aber erst nach dem Ende der Pandemie möglich, die noch mehrere Monate oder sogar Jahre andauern kann.

Anhörung vor dem Europarat

Kritiker werfen der WHO vor allem vor, unter dem Druck der Pharmaindustrie voreilig eine Pandemie ausgerufen zu haben. In der vergangenen Woche hatten Abgeordnete des Europarates einen Untersuchungsausschuss gefordert. Ende Januar sind Anhörungen von WHO- und Pharmavertretern geplant. "Wir müssen unsere Lehren ziehen", sagte WHO-Sprecherin Chaïb, "sehen, was wir richtig und was wir falsch gemacht haben, wie wir besser werden und schneller arbeiten können."

Science

Martin Enserink

Facing Inquiry, WHO Strikes Back at "Fake Pandemic" Swine Flu Criticism

Science, 14 January 2010; doi: 10.1126/article.41113
https://www.science.org/content/article/facing-inquiry-who-strikes-back-fake-pandemic-swine-flu-criticism

The chief flu scientist at the World Health Organization (WHO) today defended his agency against criticism that the H1N1 swine flu pandemic was "fake," that its threat to human health was hyped, and that WHO's policies were influenced by vaccine manufacturers who benefited from the pandemic virus. The idea that H1N1 outbreak is not a pandemic is "scientifically wrong and historically inaccurate," WHO's Keiji Fukuda told reporters during a press conference.

With H1N1 apparently on the decline, and the damage much less severe than once feared, many countries are canceling part of their vaccine orders while others are trying to resell unused stocks. As a result, national governments and WHO have come under scrutiny for the way they handled the pandemic.

WHO's chief accuser of late is Wolfgang Wodarg (pictured above left), a German physician and former member of the German Parliament for the Social Democratic Party, who has called the pandemic a "fake" – because the virus isn't very different from existing strains – and who has suggested that big pharma coaxed WHO into declaring a pandemic so that it could produce and sell vaccine. "WHO in cooperation with some big pharmaceutical companies and their re-defined pandemics and lowered the alarm-threshold," Wodarg says in a statement on his Web site.
=> https://web.archive.org/web/20100105042845/http://www.wodarg.de/english/2948146.html

Wodarg – whose resume says he studied medicine in Berlin and Hamburg and was trained in epidemiology at Johns Hopkins University – is also a member of the Parliamentary Assembly of the Council of Europe, and on 18 December he and other members of that group's Social, Health and Family Affairs Committee signed a motion that bluntly stated:

In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide. They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines.

The Council of Europe is a 47-member organization, unrelated to the European Union, that focuses on promoting human rights and democracy across the continent. Wodarg's motion has been widely covered in the European media, but it's unclear whether it enjoys widespread support. It was signed by only 14 members of the Social, Health and Family Affairs Committee, which has almost 100 members, and was not discussed within that panel.

On its Web site, the Parliamentary Assembly also announces that the topic of "Fake pandemics, a threat to health" will become a prominent discussion topic during its winter session, held from 25–29 January in Strasbourg, France. During a closed-door session on 26 January, members will hear WHO representatives, the pharmaceutical industry, and experts, according to the Web site, but the scope of the inquiry is as yet unclear.

Fukuda today said WHO is happy to testify. But he fiercely denied allegations that the agency has hyped the threat or was influenced by pharmaceutical companies. Early on, WHO stressed that the pandemic was "moderately severe," Fukuda said, but that precautions should be taken for the worst. "We have worked very hard to reduce confusion rather than create it," Fukuda said. He also said that WHO has long-standing conflict-of-interest practices that prevent manufacturers from weighing in on policy decisions. "Has the WHO been influenced by industry? The answer is no," Fukuda said.

As to Wodarg's claim that the pandemic definition was changed to hasten the declaration of a pandemic, Fukuda said that the agency's six-phase alert system was refined a number of times over the years in consultation with scientists, but this did not happen during the pandemic. Actually, WHO was castigated last year for dragging its feet on the pandemic declaration; that didn't come until 11 June, months after many said a pandemic was inevitable.

In an interview with the French communist magazine *l'Humanité* (English translation), Wodarg says he also wants to study the role of scientific organizations like the French Pasteur Institute or the Robert Koch Institute in Germany, which he says should have advised their governments more critically about the decision to purchase vaccines. "In some countries, the institutes did just that," he says. "In Finland or Poland, for example, critical voices were raised to say: "We don't need that."

Fukuda says that the International Health Regulations – a new set of rules to deal with outbreaks that entered into force in 2007 – require a review of how his agency handled the situation as well. That study will be carried with the help of independent experts and the results will be made public, he promised.

CIDRAP

Lisa Schnirring

WHO, vaccine group deny pandemic scare charges

CIDRAP, 14 January 2010

https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/who-vaccine-group-deny-pandemic-scare-charges

Jan 14, 2010 (CIDRAP News) – The World Health Organization (WHO) and vaccine makers from Europe today defended themselves against the charges of some European officials that the agency was improperly influenced by vaccine companies and exaggerated the threat of the pandemic H1N1 virus.

Keiji Fukuda, MD, special adviser to the WHO director-general on pandemic flu, told reporters at a press briefing that the WHO welcomes constructive criticism, but said charges of a "false pandemic" by a group of European officials led by Dr Wolfgang Wodarg, a German physician who chairs the Council of Europe's health committee, are "scientifically wrong and historically inaccurate."

Wodarg and 13 others charged in a proposed resolution that pharmaceutical company pressure on the WHO and member countries have led governments to waste healthcare resources and expose their citizens to insufficiently tested vaccines. The action comes as several European countries are cutting back on their vaccine orders because of weak demand, ebbing flu activity, and the need for just one dose per person.

Council debate set for Jan 26

In a related development, the European Vaccine Manufacturers (EVM), a trade group that represents companies such as GlaxoSmithKline, MedImmune, Novartis, and Sanofi, today in a statement rejected the Wodarg group's allegations. "EVM believes that the assertions in this motion are unfounded and result from a misunderstanding of the pandemic planning process and the collaboration between public and private sector partners," the group wrote.

Fukuda and the EVM both said their groups would participate in a Jan 26 Council of Europe debate on the issue. Fukuda said the WHO is currently working to determine what its participation in the debate entails and what information it will be expected to provide. "We're looking forward to participating," he added.

A journalist asked Fukuda if there was any truth to information from the Council of Europe that the WHO doesn't want a public debate on the pandemic topic. He said the charge is false. "The Council of Europe has not asked the WHO if it prefers open or closed door," he said. "WHO has offered no requirement of a closed hearing. We're expecting it to be open."

Despite government talks about scaling back vaccine orders, Fukuda said pandemic flu activity continues at elevated levels in a number of countries. The most intense activity is occurring in North Africa, southern Asia, and parts of eastern and southeastern Europe, he said.

"It remains too early to say the pandemic is over," he said, adding that experts aren't sure if the Northern Hemisphere will experience another wave in the winter or spring or what will happen when Southern Hemisphere countries enter their winter months.

The WHO's experts are still emphasizing the importance of the vaccine in addressing the pandemic threat, with pregnant women and people with chronic medical conditions still at great risk, Fukuda said.

WHO rejects four specific charges

At today's briefing, Fukuda countered each charge made in the Council of Europe resolution. Regarding the questions about whether or not the pandemic is real, "Here the answer is a clear 'yes'," he said. The WHO received its first notification of the new virus in late April, along with clinical information coming out of Mexico and the United States that the novel virus could cause severe, life-threatening infections. "This did send a strong warning that we should be ready for a pandemic," Fukuda said.

By April 29, nine countries had confirmed the novel virus, and by May 11 the virus was found in 74 nations and territories, he said, which is a pattern that defines a pandemic. "At this point, let's not play word games," Fukuda said.

A conservative estimate is that the virus has caused at least 13,000 deaths, he said, adding that the Wodarg group's charges are "somewhat disrespectful to the large numbers of illnesses and deaths and the people who have been working to protect others."

In response to charges that the WHO changed the definition of a pandemic, which may have led countries to overestimate its intensity, Fukuda said though pandemics can differ significantly, the basic idea of worldwide spread is the same. The WHO revised the definition of its pandemic levels in 1999, 2005, and 2009 to clarify them, but it never made severity part of the definition, he said.

Fukuda rejected charges that the WHO has hyped the pandemic. He pointed out that in June 2009 when Director-General Margaret Chan first announced that the world had reached the WHO's highest pandemic level, she emphasized the moderate severity of the disease. He added that the WHO has gone out of its way to say that the future course of the pandemic was uncertain. "This remains as true today as back then," he said.

"No one can afford to sit back and not work to reduce the impact. The WHO has been balanced and sober with its assessments," he said. "We have also pointed out that the severity can increase midstream."

Actions taken by governments, such as ordering vaccine stockpiles, have been the best in history, Fukuda said. "We don't know how they helped mitigate, but we believe they shouldn't be discounted."

Regarding the charge that the WHO was unduly influenced by the pharmaceutical industry, he said officials reached out to a wide variety of sectors. The input of vaccine industry representatives was vital for determining what could be done to expedite production and delivery of a vaccine, he said.

Since well before the pandemic, experts from outside the WHO have been required to declare their professional and financial interests and ties, Fukuda said. "This is shared with members and members of advisory groups. Any allegations of undeclared conflict of interest are investigated immediately by the WHO, and we respond appropriately," he said.

Vaccine group denies influence accusation

In its statement today, the EVM pointed out that governments have been working on pandemic preparedness plans for more than a decade and that other public health partners have been encouraged to respond to the risk of a pandemic.

The EVM said governments have asked the pharmaceutical industry to invest in vaccine research and development, conduct clinical studies, modify production facilities to make pandemic vaccine, and expand manufacturing capacity.

The pandemic declaration in the summer of 2009 called for clear action, the group wrote. "This demanded an unprecedented level of collaboration, involving WHO, national governments, health authorities, regulatory agencies, scientists, healthcare professionals, and private sector companies to facilitate a robust response and deliver the appropriate countermeasures."

Collaborations between outside groups such as vaccine companies and the WHO are governed by the International Health Regulations (IHR) and rigorous safeguards that the WHO outlined in a briefing in early December 2009.

Fukuda said that vaccine stockpiling decisions are left up to each individual country and that the WHO is not privy to the discussion between countries and companies. Vaccine availability is an important consideration, even in the prepandemic setting, he said.

Nations had to make their vaccine decisions before all the details about the virus were known, he said. "Decisions were made in a very sober light, and the actions taken were very prudent. Countries were trying to take all practical steps to minimize harm," Fukuda added.

Response review plans start to take shape

The WHO will review its pandemic response in the future and make the findings public, he said. "The self-review will be similar to any organization that is concerned with the quality of their work. There are lessons to be learned."

He said the IHR also require a review of how well the regulations were implemented during the pandemic. Fukuda added that the IHR review will look at the response of many groups that were involved in pandemic response, not just the WHO.

"We recognize that we need to use these opportunities to improve performance," he said. The WHO's executive board will discuss the assessments at its Jan 18 meeting.

THE FLU CASE

The Questions WHO must answer at its Executive Board Meeting on Monday

The Flu Pandemic, 15 January 2010, 12:50

https://web.archive.org/web/20100220012604/http://www.theflucase.com/index.php?option=com_content&view=article&id=2570%3Athe-questions-who-must-answer-at-its-executive-board-meeting-on-monday&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The controversy surrounding the pandemic will be at the top of the agenda when WHO's Executive Board meets on Monday 18th January.

Members of the public and the press will be able to attend the morning session in Geneva.

The 34 members of the board of governors will be allowed to ask questions concerning WHO's handling of the swine flu pandemic to Dr Keiji Fukuda, Special Adviser on Pandemic Influenza to the Director-General, Dr Margaret Chan, a WHO spokesperson has said.

She confirmed a transcript of the meeting will be made available but she could not say when it would made public.

Among the people attending will be Else Schmidt, top Danish regulator:

"Yesterday there was a public meeting at the Danish Pharmaceutical Faculty at the University of Copenhagen, and md Else Schmidt who is head of prevention at Danish Medical Board (Sundhed-sstyrelsen) said, that she was going to a board meeting at WHO, Geneva next week – and that the pandemic is on the agenda on Monday!"

Some of the questions that need to be asked to Dr Chan and Fukuda on Monday include:

- Who made the decision to relax the criteria for declaraing a pandemic this spring so that lethality was no longer required? On what scientific basis? When?

The explanation given by WHO so far that the criteria for declaring a pandemic were not changed is unsatisfactory since the current criteria would mean that every single seasonal flu would be classified as a pandemic and this is plainly nonsense.

A recent Harvard study has underlined that the swine flu pandemic is milder than the seasonal flu pandemic.

- Who made the decision to declare a pandemic in June? What are the names of the 18 member emergency committee that were responsible for this decision? What links if any do they have with pharmaceutical companies or to bodies such as the Council of Foreign Relations or the Rockefeller Foundation?

- Why were the delegates attending the World Health Assembly in Geneva in May for the annual 64th session not given a chance to debate or vote on the pandemic declaration even though they are supposed to be the governing body?

- Why does Laurie Garrertt of the Council of Foreign Relations report that the WHA delegates were against a pandemic emergency declaration and it took three days of intensive lobbying in June

to push one through? Who did the lobbying? Why? What political or financial interests were involved?

- Why were "experts" allowed to sit on the SAGE vaccine committee with links to pharmaceutical companies? Why were some allowed not to declare their financial interests? Why were so many pharmaceutical company exectuvies attending the meeting as "observers"? Why were no minutes of the meeting taken as WHO claimed?

- Why were vaccines recommended that contain mercury and the adjuvant squalene in spite of the fact there were no adequate clinical safety data on these vaccines?

- Why were clinical trials on these vaccines not performed 3 or 4 years ago when plans to use this new technology were first announced?

- Why use squalene when there is solid scientific evidence that it caused the Gulf War syndrome in US and UK vets?

- Why were pharmaceutical companies given blanket immunity?

- How much money does WHO receive each year from the pharma lobby?

- How much money does EMEA receive from the pharma lobby each year?

- What are the financial or personal links between bodies such as WHO, EMEA and national regulators such as STIKO?

- Why are there so many flaws in the pharmacovigilance system set up to monitor the side effects from the vaccines? Why are doctors reporting large numbers of serious side effects and deaths and the government authorities mainting there are no serious side effects?

- Why is it left to GlaxoSmithKline to conduct these studies in the UK for all the people who have taken Pandemrix? What controls are there on these studies?

- Is it acceptable for "experts" to set background rates for damage, for example, from Guillaine Baree Syndrome and then claim every case of the syndrome reported after a swine flu vaccine is not related to the vaccine because it conforms with the background rate they set?

Can I set a background rate for the number of people killed in my street in Vienna every year, and then go out a run someone down with a car, and say it was not murder because that one person was due to die anyway according to my calculations?

- How can this kind of logic be accepted by WHO? Why were proper clinical trials involcing two control groups not performed since this is the only way of ascertain whether a vaccine causes disprotionately more damage or not?

- If there was no clinical data on the new vaccines, why not just insert a pandemic virus into the regular flu shot?

- Why was so little mention made of alternatives such as the use of face masks etc.

These are just a few of the questions that need to be urgently answered concerning the swine flu pandemic.

Коммерсантъ

Игорь Седых

Закрытое вакцинирующее общество

КоммерсантЪ, 18 января 2010
https://www.kommersant.ru/doc/1306009

Начались слушания о сговоре ВОЗ с фармацевтами

Сегодня в парламентской ассамблее Совета Европы состоятся первые слушания о роли Всемирной организации здравоохранения (ВОЗ) в преувеличении опасности свиного гриппа H1N1 и сговоре с фармацевтическими компаниями о необходимости массовой вакцинации против этой болезни. Парламентарии намерены начать расследование "влияния фармацевтической промышленности внутри ВОЗ".

Инициатором слушаний выступил член комиссии по здравоохранению немецкий врач и эпидемиолог Вольфганг Водарг, который считает историю со свиным гриппом "одним из крупнейших медицинских скандалов века" и обвиняет фармацевтические лаборатории в организации психоза вокруг него. Все это, по его мнению, является прямым следствием "кровосмесительных связей между ВОЗ и фармацевтической промышленностью". Доктор Водарг приводит в пример случай с Клаусом Штером, давно возглавляющим в ВОЗ отделение эпидемиологии и ставшим за это время "высокопоставленным сотрудником компании Novartis". Он также утверждает, что европейская рабочая группа по гриппу, играющая центральную роль в связях ВОЗ с исследовательскими институтами, находится под сильным влиянием компаний Sanofi Pasteur, Novartis, GlaxoSmithKline и Baxter. Кстати, представители этих компаний вызваны для дачи показаний во французском сенате 20 января. Не отстает от них и российская Дума, призвавшая провести расследование по подозрению в коррупции, и в случае если это подтвердится, поставить вопрос о выходе России из ВОЗ.

По подсчетам банка JP Morgan, продажа вакцин против вируса H1N1 принесет фармацевтическим компаниям дополнительную прибыль порядка $7,5-10 млрд. Суть дела, по словам доктора Водарга, состоит в том, что в 2005 году компании обязались провести исследования и быть готовыми к быстрому производству вакцины против птичьего гриппа H5N1. После переговоров "с одной стороны, лаборатории обязались держаться наготове, с другой, правительства заверили, что закупят все. В результате этой странной сделки фармацевтическая промышленность ничем не рисковала". Когда встал вопрос о вакцине против свиного гриппа, компании потребовали, чтобы правительства выполнили свои обязательства. В результате последние оказались в положении, когда использовано всего 13-25% закупленных вакцин и неизвестно, что делать с остальным.

Представителям ВОЗ, старательно уклонявшимся в декабре от ответов на болезненные вопросы, волей-неволей приходится защищаться от обвинений. В разговоре с корреспондентом "Ъ" генеральный директор ВОЗ Маргарет Чан подчеркнула, что "для утверждений, что это якобы не пандемия, нет оснований". "Мы имеем дело с ситуацией, когда очевидно, что новый вирус гриппа H1N1 вызывает устойчивую передачу от человека к человеку в сообществах в 205 странах мира. Новым вирусом заражены миллионы людей, и нам посчастливилось,

что многие из них выздоровели, что в большинстве случаев мы сталкивались с мягкой формой болезни. Число лабораторно подтвержденных случаев смерти вследствие H1N1 превысило 13 тыс. человек, но, по всей вероятности, окончательно цифра будет намного выше. Не думаю, что те, кто потерял кого-то из близких из-за гриппа H1N1, сочтут справедливым утверждение, будто это не пандемия. Так, в Европе очаги гриппа сохраняются на Украине, в Сербии, Турции и Швейцарии. В Африке пик заболеваемости наблюдается в Египте, Алжире, Марокко. В Азии тяжелое положение в Индии, Шри-Ланке. Мы считаем разумным продолжать мониторинг пандемии в ближайшие 6-12 месяцев", – заявила госпожа Чан.

Что касается обвинений, касающихся связей экспертов ВОЗ с фармацевтическими компаниями, доктор Чан заявила, что 18 января организация начнет процесс оценки действий организации по борьбе с пандемией A(H1N1). Специальный совет генерального директора по пандемии гриппа доктор Кэйдзи Фукуда заявил, что сотрудники и внешние эксперты ВОЗ обязаны декларировать свои оплачиваемые услуги фармацевтической промышленности. В случае подозрения на недекларированные связи проводится специальное расследование.

В то же время сама генеральный директор и доктор Фукуда категорически отвергли какую-либо причастность к производству вакцин против гриппа. Учитывая появление нового вируса, организация в соответствии с принятыми Международными медико-санитарными правилами рекомендовала выпуск вакцин против него, но решения о распределении заказов и объемах принимались странами самостоятельно. ВОЗ также с самого начала рекомендовала направлять излишки вакцин в порядке помощи в развивающиеся страны, не имеющие возможности самостоятельно производить или закупать вакцины.

MailOnline

Fiona Macrae

The 'false' pandemic: Drug firms cashed in on scare over swine flu, claims Euro health chief

Daily Mail, 18 January 2010
https://www.dailymail.co.uk/news/article-1242147/The-false-pandemic-Drug-firmscashed-scare-swine-flu-claims-Euro-health-chief.html

The swine flu outbreak was a 'false pandemic' driven by drug companies that stood to make billions of pounds from a worldwide scare, a leading health expert has claimed.

Wolfgang Wodarg, head of health at the Council of Europe, accused the makers of flu drugs and vaccines of influencing the World Health Organisation's decision to declare a pandemic.

This led to the pharmaceutical firms ensuring 'enormous gains', while countries, including the UK, 'squandered' their meagre health budgets, with millions being vaccinated against a relatively mild disease.

A resolution proposed by Dr Wodarg calling for an investigation into the role of drug firms has been passed by the Council of Europe, the Strasbourg-based 'senate' responsible for the European Court of Human Rights.

An emergency debate on the issue will be held later this month.

Dr Wodarg's claims come as it emerged the British government is desperately trying to offload up to £1billion of swine flu vaccine, ordered at the height of the scare.

The Department of Health warned of 65,000 deaths, set up a special advice line and website, suspended normal rules so anti-flu drugs could be given out without prescription and told health and local authorities to prepare for a major pandemic.

Planners were told to get morgues ready for the sheer scale of deaths and there were warnings that the Army could be called in to prevent riots as people fought to obtain drugs.

But with fewer than 5,000 in England catching the disease last week and just 251 deaths overall, Dr Wodarg has branded the H1N1 outbreak as 'one of the greatest medical scandals of the century'.

He said: 'We have had a mild flu - and a false pandemic.'

He added the seeds of the scare were sown five years ago, when it was feared the much more lethal bird flu virus would mutate into a human form.

The 'atmosphere of panic' led to governments stockpiling the anti-flu drug Tamiflu and putting in place 'sleeping contracts' for millions of doses of vaccine

Dr Wodarg said: 'The governments have sealed contracts with vaccine producers where they secure orders in advance and take upon themselves almost all the responsibility.

'In this way the producers of vaccines are sure of enormous gains without having any financial risks.

'So they just wait, until WHO says "pandemic" and activate the contracts.'

He also claims that to further push their interests, leading drug companies placed 'their people' in the 'cogs' of the WHO and other influential organisations.

He added that their influence could have led the WHO to soften its definition of a pandemic - leading to the declaration of a worldwide outbreak last June.

Dr Wodarg said: 'In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide.

'They have made them squander tight healthcare resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines.'

He does not name any Britons with conflicts of interest.

But last year, the Daily Mail revealed that Sir Roy Anderson, a scientist who advises the Government on swine flu, also holds a £116,000-a-year post on the board of GlaxoSmithKline.

GSK makes anti-flu drugs and vaccines and is predicted to be one of the biggest beneficiaries of the pandemic.

The Department of Health says that although the disease appears to be on the wane, it cannot rule out a third surge and urges all those entitled to the jab to have it.

Professor David Salisbury, the Government's head of immunisation said there were 'no grounds whatsoever' for Dr Wodarg's claims, saying people with conflicts of interest were kept out of the decision-making process.

A GSK spokesman said: 'Allegations of undue influence are misguided and unfounded. The WHO declared that H1N1 swine flu met the criteria for a pandemic.

'As WHO have stated, legal regulations and numerous safeguards are in place to manage possible conflicts of interest.'

The company, which still employs Sir Roy, said he had declared his commercial interests and had not attended any meetings related to the purchase of drugs or vaccine for either the Government or GSK.

LE TEMPS

Stéphane Bussard

Les Etats ménagent l'OMS pour éviter leur mea culpa

Le Temps, 18 Janvier 2010 à 23:32
https://www.letemps.ch/monde/etats-menagent-loms-eviter-mea-culpa?srsltid=AfmBOooFYS5kGqG32QkvUOZ1CWNYGXpBD8RW-1oTZDs5VU5_AEju_I28

L'Organisation mondiale de la santé tient son Conseil exécutif jusqu'à vendredi. Les rapports entre l'agence onusienne et l'industrie pharmaceutique font débat

A l'heure où le Conseil exécutif de l'Organisation mondiale de la santé est réuni à Genève pour une semaine, Wolfgang Wodarg continue d'asséner ses critiques au vitriol: «Le problème avec l'OMS, c'est qu'elle a modifié la définition d'une pandémie. Elle a supprimé dans cette même définition la notion de maladies graves et de haute morbidité/mortalité. Du coup, on peut déclarer une pandémie chaque année sur la base d'une simple grippe.»

Population sceptique

Médecin et épidémiologiste, Wolfgang Wodarg est à la tête de ceux qui pensent que l'OMS a surréagi par rapport à la grippe A(H1N1) en raison de ses liens incestueux avec l'industrie pharmaceutique. Celle-ci ayant beaucoup investi d'argent dans la recherche sur les vaccins, elle avait conclu des contrats avec différents Etats qui n'entraient en vigueur qu'en cas de pandémie déclarée.

Membre de la commission Social et Santé du Conseil de l'Europe, le médecin allemand s'est engagé pour qu'une enquête soit menée sur les liens entre les pharmas et l'OMS. Mais aussi entre les scientifiques et l'agence onusienne. «Il n'y a pas que des politiques qui dénoncent la situation, soulève Wolfgang Wodarg. La population elle-même ne croit plus dans les scientifiques. Une preuve? Elle a en grande partie refusé de se faire vacciner.»

Conseiller spécial de la directrice de l'OMS pour la grippe pandémique, Keiji Fukuda réfute toute manipulation du terme pandémie. Il reconnaît que la formulation varie quelque peu d'un cas à l'autre. Mais il rappelle qu'une pandémie répond toujours à la même idée: celle d'une propagation mondiale d'une maladie ou infection. Le conseiller spécial ajoute que l'OMS «n'a jamais inclus dans la définition la sévérité» du virus.

Aujourd'hui, l'ex-député allemand au Bundestag le confie au Temps: «Nous demandons que l'OMS fasse preuve de plus de transparence. Mais elle n'est pas la seule en cause. Les gouvernements nationaux ont aussi leur part de responsabilité. Ils ont aussi échoué à améliorer le mode de fonctionnement de l'OMS.» C'est peut-être la raison pour laquelle les Etats membres de l'OMS ont épargné lundi la directrice de l'OMS, Margaret Chan. La critiquer, c'était risquer l'effet boomerang.

Hier, devant le Conseil exécutif de l'organisation, Margaret Chan a tenu à circonscrire les attaques. Elle a déclaré qu'une commission d'experts indépendants allait évaluer de façon «très large» la réaction de l'OMS à la pandémie et soumettre ses premières conclusions aux ministres de la Santé en mai prochain. La Chinoise a ajouté que la commission analysera le système d'alerte pandémique ainsi que les questions liées à la virulence et à l'étendue géographique du virus. «Il est normal que

chaque décision soit examinée de près, estime Margaret Chan. L'OMS n'opposera aucune restriction à ce type d'investigation.»

La directrice de l'agence onusienne a relevé hier à Genève que l'OMS avait prévu qu'il y aurait des problèmes pour produire des vaccins à temps. Mais elle a reconnu que son organisation n'avait pas «prévu que les gens décideraient de ne pas se faire vacciner. […] Inciter les gens à adopter un comportement sûr est l'un des plus grands défis de santé publique.»

Grands profiteurs

Quoi qu'il en soit, Wolfgang Wodard juge une enquête nécessaire, d'autant que «les pharmas ont été les grands profiteurs de la pandémie». Le membre du Conseil de l'Europe rappelle que tous les Etats n'ont pas cédé à la «psychose» provoquée par l'agence onusienne: «Certains Etats ont refusé l'alarmisme de l'OMS. Des Etats comme la Pologne n'ont pas acheté de vaccins. Le Luxembourg a aussi mis en garde contre tout accès de panique.» En France, les sénateurs vont auditionner mercredi les entreprises pharmaceutiques pour tenter d'y voir clair. Paris avait commandé 94 millions de doses de vaccins avant de résilier certains contrats pour faire taire la polémique qui a éclaté dans l'Hexagone.

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THE FLU CASE

National governments must be investigated, not just WHO, says Le Temps

The Flu Case, 19 January 2010, 11:32
https://web.archive.org/web/20100410202140/http://www.theflucase.com/index.php?option=com_content&view=article&id=2602%3Anational-governments-must-be-investigated-not-just-who-says-le-temps&catid=1%3Alatest-news&Itemid=64&lang=en

Is WHO being set up to bear the brunt of the criticism of the swine flu scam in order that national governments can avoid drawing attention to their own complicity? This is the question posed by the headline in Le Temps.

With the exception of the Polish health minister, every single health minister in Europe and every single government head backed the mass swine flu vaccination campaign in spite of the evidence that the jabs were untested and toxic.

French senators are going to question pharmaceutical companies on Wednesday.

But where is the parliamentary inquiry in Germany, for example? Why has none been launched?

WHO could not have implemented its swine flu mass vaccination campaign without the complicity of many agents in national governments, who established national pandemic plans from 2002 onwards.

One of the strongest supporters of these pandemic plans in Germany was Wolfgang Wodarg, who is leading the criticism against WHO while presenting the swine flu scam as mainly for profit.

Why has he not initiated an inquiry in the German parliament? Is it because his own role will come under scrutiny?

THE FLU CASE

WHO's Dr Chan acknowledges world has lost confidence in WHO

The Flu Case, 19 January 2010 11:10

https://web.archive.org/web/20100220012743/http://www.theflucase.com/index.php?option=com_content&view=article&id=2601%3Awhos-dr-chan-acknowledges-world-has-lost-confidence-in-who&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Dr Margaret Chan, Director-General of the World Health Organization, acknowledged that the organisation has lost the trust of the people of the world following mass rejection of the swine flu jab in a speech to the Executive Board yesterday, 18 January 2010.

"We anticipated problems in producing enough vaccine fast enough, and this did indeed happen. But we did not anticipate that people would decide not to be vaccinated," she said.

She attributed the unwillingness of people to take the swine flu jab to "the revolution in communications and information technologies" which has allowed information about the vaccine – specifically the fact it has not been clinically tested and contains dangerous ingredients – to spread on the internet.

"In today's world, people can draw on a vast range of information sources. People make their own decisions about what information to trust, and base their actions on those decisions, "she said.

"The days when health officials could issue advice, based on the very best medical and scientific data, and expect populations to comply, may be fading. It may no longer be sufficient to say that a vaccine is safe, or testing complied with all regulatory standards, or a risk is real."

The widespread recogniton that the WHO and national governments have promoted dangerous vaccines has resulted in a breach in trust that will not be repaired.

Clearly, any advice offered by WHO and national health ministries should be grounded in facts, clinical studies and scientific data that prove that the vaccines are helpful.

In addition, regulatory standards should ensure that only those vaccines that have passed objective scientific tests proving their usefulness should be allowed to be marketed.

This has not been the case.

There is verifiable scientific evidence proving the swine flu vaccines with mercury and squalene are actually harmful.

There is evidence the regulatory standards have been bent and special „emergency" procedures implemented for „pandemic vaccines" simply in order allow those harmful vaccines on the market without adequate clinical studies.

Furthermore, it is evident from WHO's own data there is no pandemic.

Also, WHO cannot change the definition of pandemic to include every seasonal flu, however mild, without itself becoming the target of ridicule.

Evident to everyone is that the new and superfluous global pandemic managment system has been so designed that WHO can only exercise its sweeping new powers under the International Health

Regulations when a pandemic level 6 emergency is declared – and that WHO is distorting every fact and even the definition of the word pandemic to allow just such a declaration for its own political and financial ends.

WHO has sidelined itself from the global health debate.

It has helped set up and profited from a system of global pandemic management that serves no purpose other than to enrich the pharma companies and expand the power of the banksters, who largely fund it.

Pandemics, if they are real, can be managed at a local level with means such as face masks, colloidal silver, vitamins etc.

This is also true of any artificial pandemic that WHO affiliated professors such as Professor Lina conducting research on making the swine flu more like the bird flu might ignite.

"In my view, this is a new communications challenge that we may need to address," Dr Chan says, failing to grasp the gigantic implications of the rejection of the people of the world of the swine flu vaccine in spite of unprecedented media and government propaganda.

People around the world have awoken to the fact that the "communication" from WHO, passed on uncritically by their agents in national governmetns and the mainstream media are dangerous propaganda serving the interests of the pharmaceutical companies and banks.

It has become apparant that WHO is a threat to humanity. It serves the interests of a private and unelected group led largely by the Rockefellers that believe that there are too many people on the planet and it is their duty ot murder us by means of soft kill vaccines.

Dodge & Cox, for example, is one of the main institutional investors in Glaxo Smith Kline, manufacturer of the dangerous pandemrix jab, and a fund set up by Van Duyn Dodge family, related to Edward Seguin van Duyn, an early advocate of planned parenthood, and sterilization.

Because of the threat that WHO represents to the people of the world, especially the developping world where is vast immunization programmes are unsupervised, it needs to be dismantled.

In the last few monts, there have been unprecedented revelations about the depths of corruption and criminality of he UN in respect to climate change scam and of the WHO in respect to the swine flu vaccines.

But the complicity of national governments has also come under the spotlight.

There will be no return to the status quo ante.

The growth of communications and information technology cannot be stopped.

As an Irish person once said, when a good person dies, their voices go on talking forever but when an evil person dies, their voices fall silent, thereby underlining the reality that acts of communication have an inherent bias towards life-promoting values, and the truth.

The WHO and their allied national government will not be able to stop this dynamic of the communication age, especially not now when it's voice has fallen silent on the world stage.

Parliamentary Assembly
Assemblée parlementaire

Public hearing on the handling of the Swine Flu pandemic,
But no urgent debate

PACE, Social, Health and Family Affairs, 21 January 2010
https://web.archive.org/web/20100130094502/http://assembly.coe.int/ASP/NewsManager/EMB_NewsManagerView.asp?ID=5193&L=2

Strasbourg, 21.01.2010 – A public parliamentary hearing titled "The handling of the H1N1 pandemic: more transparency needed?" is to be held on the fringe of the plenary session of the Parliamentary Assembly of the Council of Europe (PACE) in Strasbourg from 8.15-10 a.m. on Tuesday 26 January, immediately followed by a press conference.

The hearing, organised by the Assembly's Committee on Social, Health and Family Affairs, will bring together representatives of the World Health Organisation (WHO) and of European vaccine manufacturers, as well as independent medical experts, to discuss this topic with parliamentarians. Some members of the Assembly – including the outgoing Chair of PACE's Sub-committee on Health Wolfgang Wodarg (Germany, SOC) [1] – requested in a motion in December that the Assembly look into this question.

The hearing is open to the press. Both hearing and press conference will be webcast live.

The Assembly decided on the opening day of the session not to hold an urgent debate on this topic. However, a decision on the follow-up to be given to the motion by Mr Wodarg and 13 other members of the Assembly on this topic is due to made on Friday by the Assembly's Bureau.

[1]. Following the recent parliamentary elections in Germany, Mr Wodarg ceases to be a member of the Assembly, and Chair of its Sub-committee on Health, on Monday 25 January. He will attend the hearing in an expert capacity.

Practical arrangements

The hearing takes place from 8.15a.m. to 10a.m. in Room 1 of the Palais de l'Europe in Strasbourg, and is open to the press.

Media interested in attending are invited to request accreditation from Danielle Schreiber-Somoza of the Council of Europe's Communication Directorate, e-mail danielle.schreiber-somoza@coe.int, tel. +33 3 88 41 25 44.

Video of both the hearing and the following press conference – in the original language and interpreted into English and French – will be webcast live via the following link: http://tv.coe.int/internet/press.html. Video recordings will also be available for download later.

If an urgent debate takes place on Thursday morning, this will also be webcast live from the following link: http://tv.coe.int/internet. Additional documentation is available on the Assembly's website http://assembly.coe.int.

For further information, please contact Micaela Catalano, Francesc Ferrer, Angus Macdonald or Nathalie Bargellini of PACE's Communication Division on e-mail pace.com@coe.int, tel. +33 (0)3 88 41 31 93.

Parliamentary Assembly
Assemblée parlementaire

Public Hearing:
The handling of the H1N1 pandemic: more transparency needed?

PACE, Social, Health and Family Affairs Committee, 21 January 2010
https://web.archive.org/web/20100130175739/http://assembly.coe.int/CommitteeDocs/2010/20100119_HearingProgrammeSOC.pdf

Public Hearing
Tuesday 26 January 2010, 8.15am - 10am, Strasbourg, Palais de l'Europe, room 1

The handling of the H1N1 pandemic: more transparency needed?
1. Opening of the meeting by the Chair
2. Introductory statement by the Rapporteur
(subject to the decision of the Assembly to hold an urgent debate)
3. Presentations
Dr Wolfgang Wodarg, medical expert specialising in epidemiology and former Chair of the Sub-committee on Health of the Parliamentary Assembly of the Council of Europe
Dr Keiji Fukuda, Special Adviser on Pandemic Influenza to the Director-General, World Health Organisation (WHO)
Dr Luc Hessel, European Vaccine Manufacturers
Prof. em. Dr. Ulrich Keil, University Professor and Director of the WHO Collaborating Centre for Epidemiology of the University of Münster
4. Exchange of views

Commission des questions sociales, de la santé et de la famille
Audition publique
Mardi le 26 janvier 2010, de 08h15 à 10h00, salle 1
La gestion de la pandémie H1N1: faut-il davantage de transparence ?

1. Ouverture de la réunion par le/la Président(e)
2. Déclaration liminaire de la part du rapporteur
(selon la décision de l'Assemblée concernant un débat d'urgence)
3. Exposés
Dr Wolfgang Wodarg, Expert médical spécialiste en épidémiologie et ancien président de la sous-commission de la santé de l'Assemblée parlementaire du Conseil de l'Europe
Dr Keiji Fukuda, Conseiller spécial auprès du Directeur général pour la grippe pandémique, Organisation Mondiale de la Santé (OMS)
Dr Luc Hessel, Groupe des fabricants européens de vaccins
Professeur em. Dr Ulrich Keil, Professeur d'Université et Directeur du Centre de Collaboration de l'OMS pour les Epidémies à l'Institut d'Epidémiologie de l'Université de Münster
4. Echange des vues

World Health Organization

Statement of the World Health Organization on allegations of conflict of interest and 'fake' pandemic

Geneva, WHO, 22 January 2010

https://web.archive.org/web/20100411061002/http://www.who.int/mediacentre/news/statements/2010/h1n1_pandemic_20100122/en/index.html

Providing independent advice to Member States is a very important function of the World Health Organization (WHO). We take this work seriously and guard against the influence of any improper interests. The WHO influenza pandemic policies and response have not been improperly influenced by the pharmaceutical industry.

WHO recognizes that global cooperation with a range of partners, including the private sector, is essential to pursue public health objectives today and in the future. Numerous safeguards are in place to manage conflicts of interest or perceived conflicts of interest among members of WHO advisory groups and expert committees. Expert advisers provide a signed declaration of interests to WHO detailing any professional or financial interest that could affect the impartiality of their advice. WHO takes allegations of conflict of interest seriously and is confident of its decision-making independence regarding the pandemic influenza.

Additional allegations that WHO created a 'fake' pandemic to bring economic benefit to industry are scientifically wrong and historically incorrect.

- Lab analyses showed that this influenza virus was genetically and antigenically very different from other influenza viruses circulating among people
- Epidemiological information provided by Mexico, the US and Canada demonstrated person-to-person transmission.
- Clinical information, especially from Mexico, indicated this virus also could cause severe disease and death. At the time, those reports did not indicate a pandemic situation, but taken together sent a very strong warning to WHO and other public health authorities to be ready for one.
- As the pandemic evolved, clinicians identified a very severe form of primary viral pneumonia, which was rapidly progressive and frequently fatal, that is not part of the disease pattern seen during seasonal influenza. While these cases were relatively rare, they imposed a heavy burden on intensive care units.
- Geographical spread was exceptionally rapid.
    - On 29 April 2009, WHO reported lab confirmed cases in 9 countries.
    - About 6 weeks later, on 11 June, WHO reported cases in 74 countries and territories in more than two WHO regions. It is this global spread which led WHO to call for increasing phases and finally, to announce that a pandemic was underway.
    - By 1 July, infections had been confirmed in 120 countries and territories.

The world is going through a real pandemic. The description of it as a fake is wrong and irresponsible. We welcome any legitimate review process that can improve our work.

An explanation of how WHO uses advisory bodies in responding to the influenza pandemic was made publicly available on the WHO web site on 3 December 2009.

CIDRAP

Lisa Schnirring

WHO defends pandemic response ahead of Europe hearing

CIDRAP, 25 January 2010

https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/who-defends-pandemic-response-ahead-europe-hearing

Jan 25, 2010 (CIDRAP News) – Just days before a Council of Europe hearing to discuss claims that pharmaceutical companies influenced the World Health Organization's (WHO's) pandemic response, the global body said charges by some European officials that the pandemic is "fake" are "wrong and irresponsible."

In a Jan 22 statement sent to journalists today, the WHO said cooperation from a range of partners, including the private sector, is needed to conduct essential public health actions and it has safeguards in place to guard against conflicts of interest.

In December a Council of Europe group, headed by Dr Wolfgang Wodarg, a German physician and politician who chairs council's health committee, introduced a resolution asking the council to investigate charges that pharmaceutical companies have pressured countries to waste resources on inefficient immunization campaigns using vaccines that they say haven't been thoroughly tested.

The Council of Europe, an organization of 47 nations, will conduct a public hearing titled, "The handling of the H1N1 pandemic: more transparency needed?" tomorrow on the second day of its parliamentary assembly in Strasbourg, France, according to information posted on the group's Web site.

The council will conduct the hearing alongside its plenary session. The hearing and a press conference to follow will be streamed live on the council's Web site.

According to the council's agenda, presentations will be made by Wodarg; Dr Keiji Fukuda, special advisor on pandemic influenza to the WHO director-general, Dr Luc Hessel from the European Vaccine Manufacturers; and Dr Ulrich Keil, who directs the WHO's collaborating center in Munster, Germany.

The Council of Europe's move to air the Wodarg group's criticism of the WHO and pharmaceutical companies came as several European nations started scaling back their vaccine orders. Weak demand for the vaccine in the face of declining flu activity and the need for just one dose have left many countries with surpluses

The Council of Europe's Social Affairs Committee had asked for a debate on the theme "False pandemics: a threat to health," according to a statement on the council's Web site. The information had suggested that a separate debate on this topic would take place Jan 28, but an update on the site said the assembly, during its opening session today, decided not to hold the debate and voted to address the issue again on Jan 29, the last day of its parliamentary assembly.

The WHO statement said that allegations by the Council of Europe and other critics that the WHO created a "fake" pandemic to provide a financial windfall from pharmaceutical companies is "scientifically wrong and historically inaccurate."

It pointed out that a lab analysis showed the novel H1N1 virus was genetically and antigenically distinct from other flu viruses that were circulating in human populations. Documented cases of person-to-person transmission and clinical reports from Mexico that the virus could cause severe disease and deaths served as pandemic red flags to the WHO and other public health authorities.

As the virus started to spread quickly across the globe, clinicians found that the virus could cause a very severe primary viral pneumonia that progressed rapidly, was frequently fatal, and was not a pattern seen with seasonal flu, the WHO said. "While these cases were relatively rare, they imposed a heavy burden on intensive care units."

When the Wodarg group's claims surfaced, some government public health officials in England and Australia defended vaccine stockpiling as a prudent public health response and said vaccination efforts should continue to protect against another potential wave of infection. Some medical experts in the United States called the charges "preposterous" and worried about a backlash that would impair future emergency response actions.

World Health Organization

Statement by Dr Keiji Fukuda on behalf of WHO at the Council of Europe hearing on pandemic (H1N1) 2009

WHO, 25 January 2010

https://assembly.coe.int/committeedocs/2010/20100125_hearing_e.pdf

Context

WHO is pleased to take part in this hearing, and thanks the Council of Europe for taking this initiative. The H1N1 influenza pandemic has created immensely complicated challenges for countries as well as the global community. At the same time, rising to this challenge has created an unprecedented level of global cooperation and coordination among countries in confronting a fast moving threat in this increasingly linked and globalized world. There is much to learn about how the world can improve its handling of such events and a need to separate fact from rhetoric. Again, we welcome this opportunity.

I would like to place the current experience in a historical and scientific context. The World Health Organization (WHO) is a specialized agency of the United Nations with 193 Member States. The WHO implements the global health policies decided upon by these countries and provides technical support to the countries. WHO takes very seriously its role of helping all countries to protect and improve the health of their populations. The response to the H1N1 pandemic is just one example.

In 1946, when plans for establishing the WHO were being discussed, one of the first actions agreed upon was the creation of a worldwide network of laboratories to monitor influenza viruses. That network became operational two years before WHO itself began its work.

There were good reasons for this sense of priority and urgency. First, influenza viruses mutate constantly and are notoriously unpredictable. Second, influenza was known to cause both seasonal epidemics of disease, and on occasion, much larger global outbreaks of disease, known as pandemics. Influenza pandemics occur when a new influenza virus appears and spreads around the world in populations which previously have not been exposed to the virus.

History has shown that influenza pandemics can range enormously in their impact but that it is impossible to accurately predict the eventual impact at the beginning. What is seen early may be very different from what has been experienced by the end. The 1918 influenza pandemic, which killed an estimated 50 million people worldwide, started with relatively mild waves of illness and then evolved into the most severe influenza pandemic in history.

Preparedness

Over decades, WHO has worked with its Member States and partners to strengthen global defences against influenza as well as other major health threats. Such efforts include the strengthening of laboratories, epidemiological investigations, clinical care and communications, as well as the building of new capacities such as the International Health Regulations, to which I will return later. One result has been to significantly strengthen the broad global and national foundations essential for detecting, assessing, and responding to many health threats and not only influenza.

The WHO network of influenza laboratories, first conceived in 1946, now encompasses 139 national laboratories in 101 countries which collectively work together under the coordination of WHO. This network provides rapid warning and expert scientific assessment as well as the information essential for keeping influenza vaccines updated.

This system did not catch the very start of the 1957 and 1968 pandemics, but did quickly confirm, for both pandemics, that explosive outbreaks of respiratory disease in Asia were caused by novel influenza viruses. This allowed WHO, in both instances, to alert the world to prepare for the international spread of a pandemic.

In 1918, vaccines were not an option. For both the 1957 and 1968 pandemics, vaccines were produced round-the-clock but arrived too late. Worldwide, the 1957 pandemic caused more than 2 million deaths while the pandemic of 1968 caused around 1 million deaths. Although both were less severe in comparison to 1918, by any other measurement, such numbers of preventable deaths are large and unacceptable. Terms such as "severe" and "mild" are relative when it comes to pandemics.

WHO issued its first influenza pandemic preparedness plan in 1999, two years after a serious outbreak of avian H5N1 influenza in Hong Kong, SAR. This document was part of an intensified effort to help countries prepare for future pandemics and was updated in 2005 and again in 2009. These public documents, which form a historical record and provide recommendations to countries, were based upon the collective input of public health and scientific experts from around the world. The documents are built around the idea of phases, including a pandemic phase, and provide recommended actions to be taken by countries and WHO depending on the real world situation.

The 2009 version provides an example of the effort that went into these plans. The work began in 2007 and involved contributions from more than 135 public health scientists from 48 countries. An invitation to countries for additional comments on a draft document resulted in more than 600 replies. This work was completed in February of 2009 and published in April of that year.

The H1N1 Pandemic

In April 2009, WHO was informed of human infections caused by a new H1N1 virus. The report was of immediate concern because the genes contained in the virus were from animal influenza viruses, definitively establishing this virus as very different from the usual seasonal human influenza viruses. Further laboratory testing confirmed that existing antibodies to the current human H1N1 viruses did not react to the new H1N1 virus further underscoring the potential of the new virus to cause a pandemic. But the most important information was when investigations indicated that this new virus was causing community outbreaks with person to person spread. In Mexico, early outbreaks included deaths and severe respiratory illnesses requiring ventilators among previously healthy young people.

WHO took decisive actions in accordance with the International Health Regulations but did not announce the start of a pandemic until 11 June 2009 when the updated pandemic criteria were met. The new virus spread with unprecedented speed, reaching 120 countries and territories in about 8 weeks, and now has been reported from virtually all countries.

The H1N1 pandemic is not the same as seasonal influenza and differs in major respects. Large outbreaks occurred outside the usual season for influenza. The virus caused a striking and unusual pattern of severe illness and deaths in younger people, with many deaths caused by viral pneumonia, an especially aggressive form of pneumonia. This pattern is not typically seen during seasonal influenza.

The pandemic is not over, but to date, more than 14,000 laboratory confirmed deaths have been reported. We often see the number of deaths compared with figures from seasonal influenza. The is comparing apples with oranges. Deaths from seasonal influenza are based on statistical models. Deaths from the pandemic have been confirmed one by one through laboratory tests and unquestionably are much lower than the true number. It usually takes about 1 to two years after the end of a pandemic to get more realistic estimates of deaths using statistical modelling.

International Health Regulations and its Emergency Committee

I now want to focus on the International Health Regulations or IHR as they are often called, and the Emergency Committee. Revised in 2005, the IHR provide the world with an orderly, rules-based framework for detecting, assessing, reporting, declaring and responding to public health emergencies of international concern. They also provide the world with a system of checks and balances to ensure that no one, including the WHO Director-General, has unfettered power when making decisions.

When a possible public health emergency of international concern occurs, the IHR calls for the establishment of an Emergency Committee to advise the WHO Director-General. The Committee's membership is drawn from a larger roster, also established under the IHR, of people who are selected from around the world on the basis of their individual technical expertise.

The Emergency Committee met multiple times to advise the WHO Director-General on phase changes as well as temporary recommendations. When the Emergency Committee met to discuss a possible move to a declaration of a pandemic, the Emergency Committee meeting additionally included members who represented Australia, Canada, Chile, Japan, Mexico, Spain, UK, and the USA, eight countries that experienced widespread outbreaks at the time. These national representatives were present to ensure full consideration of the views and possible reservations of the countries expected to bear the initial brunt of economic and social repercussions.

On 11 June 2009, the Committee and all national representatives advised the Director-General that all criteria required for declaring an influenza pandemic had been met. The decision was unanimous.

Pharmaceutical Industry

Recently, accusations have been made that policies and recommendations of WHO were influenced by the pharmaceutical industry. Providing independent advice to Member States is a very important function of the WHO that is taken seriously. WHO guards against the influence of any improper interests. Let me state clearly for the record. The influenza pandemic policies and responses recommended and taken by WHO were not improperly influenced by the pharmaceutical industry.

WHO recognizes that global cooperation with a range of partners, including the private sector, is essential for optimally addressing the public health challenges of today and tomorrow. Numerous safeguards are in place to manage conflicts of interest or perceived conflicts of interest among members of WHO advisory groups and expert committees. Expert advisers provide a signed declaration of interests to WHO detailing any professional or financial matters that could affect the impartiality of their advice. WHO takes allegations of conflicts of interest seriously and is confident of the integrity and scientific validity of its decision-making during this influenza pandemic. An explanation of how WHO uses advisory bodies in responding to the influenza pandemic was made publicly available on the WHO web site on 3 December 2009.

Closing

In closing, I would like to reiterate the most basic point. This current influenza pandemic is a scientifically well-documented event in which the emergence and spread of a new influenza virus has caused an unusual epidemiological pattern of disease throughout the world. This is not an arbitrary matter of word-smithing, definitions or polemics. The labelling of the pandemic as "fake" is to ignore recent history and science and to trivialize the deaths of over 14,000 people and the many additional serious illnesses experienced by others. As we go forward, the world will continue to face many difficult health challenges. The resources to face them are limited, especially among developing countries, and finding ways to do this better is the shared responsibility of Member States and organizations, such as the Parliamentary Assembly of the Council of Europe, as well as WHO.

Thank you

[Michèle Rivasi]

Grippe H1N1: Michèle Rivasi demande une Commission d'enquête parlementaire sur la gestion de la crise en Europe. Communiqués de presse

Europe Ecologie, 25 janvier 2010
https://europeecologie.eu/Grippe-H1N1-Michele-Rivasi-EE

Alors que le Conseil de l'Europe organise mardi 26 janvier une audition de l'OMS et des fabricants de vaccins sur la transparence de la gestion de pandémie H1N1, Michèle Rivasi, députée européenne Europe Ecologie, interpellera demain après midi la Commission Européenne pour demander la mise en place d'une Commission d'enquête parlementaire sur la gestion par l'UE de cette pandémie.

«Je demande à faire toute la lumière sur les conflits d'intérêts possibles entre des organismes européens tels que l'Agence Européenne pour l'Evaluation des Médicaments (EMEA), le Centre Européen de Prévention et de Contrôle des Maladies (ECDC), et les laboratoires pharmaceutiques».

Pour l'eurodéputée spécialiste des questions de santé «le bilan de la gestion de la pandémie de grippe H1N1 est une gabégie financière dans chaque Etat-Membre et nous amène à nous interroger sur les velléités de certains organismes à mettre en place de telles campagnes de vaccination massive» en fustigeant notamment «les milliards d'euros dépensés pour une grippe que l'on savait bénigne depuis août 2009» et «les risques pris envers les populations par rapport aux effets indésirables.»

«Autant, en avril, le principe de précaution pouvait justifier de telle mesure, poursuit Michèle Rivasi, mais le bilan modéré de la grippe H1N1, connu dès la fin de l'été 2009, aurait du amener nos institutions à réviser leur stratégie. Cela n'a pas été le cas et cela s'est traduit, en particulier en France, par une campagne et un acharnement vaccinal non justifié.»

«La France déplore 220 décès et 3 000 effets indésirables différents alors que la Pologne, qui a refusé de mettre en place une campagne de vaccination, compte au total 120 morts et aucun effet secondaire. J'aimerais donc des explications précises sur les choix ayant conduit à la mise en place de telles opérations compte tenu du faible rapport bénéfice/risque.»

Michèle Rivasi organisera au Parlement Européen de Bruxelles mercredi 27 janvier 2010 une audition d'experts sur la pharmacovigilance intitulée «Gérer les Risques» pour discuter des propositions, en cours de débat, de la Commission Européenne visant à revoir le cadre législatif de la pharmacovigilance.

Pour information:

En juin 2009, l'Organisation mondiale de la santé a déclaré la phase 6 du niveau d'alerte pandémique pour le virus H1N1, juste après avoir modifié, un mois plus tôt, la définition de la notion de pandémie de façon à ce que la gravité de la maladie n'entre plus en ligne de compte, mais seulement son extension géographique.

La Commission Européenne a admis dès septembre 2009 que la grippe A (H1N1) ne provoquait que des «symptômes modérés» et que la plupart des patients ne souffrait que d'une affection bénigne et limitée. Malgré cela, la Commission a déterminé comme cible potentielle de la vaccination des groupes représentant de 34 % à 60,5 % de la population totale.

Selon les informations du Centre européen de prévention et de contrôle des maladies (ECDC), le nombre des décès annoncés depuis le début de la pandémie par les États membres de l'Union européenne ou de l'Association européenne de libre-échange totalise 1045 cas en 2009. Par ailleurs, la Commission estime que la grippe saisonnière cause près de 40 000 décès en année ordinaire et 220 000 en cas de grippe particulièrement sévère.

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THE FLU CASE

Green Party asks for inquiry at European Parliament into swine flu pandemic management

The Flu Case, 26 January 2010

https://web.archive.org/web/20100220013050/http://www.theflucase.com/index.php?option=com_content&view=article&id=2636%3Agreen-party-wants-inquiry-at-european-parliament-into-swine-flu-scam&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Green Party MEP Michele Rivasi is to ask for a parliamentary inquiry at the European Parliament into the way the swine flu pandemic and vaccination campaign was carried out in the European Union.

"I am asking for the conflicts of interest between European entities such as the European Medicines Agency (EMEA), the European Centre for Prevention and Conbtrol of Diseases (ECDC) and the pharmaceutical companies to be illuminated," said Rivasi in a press release.

A hearing involving pharmacovigilance experts is to be held at the European Parliament in Brussels tomorrow focussing on European Commission proposals to revise the laws on pharmacovigilance.

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Parliamentary Assembly
Assemblée parlementaire

PACE to prepare report on the handling of the Swine Flu pandemic

PACE, 26 January 2010
https://pace.coe.int/en/news/2724/pace-to-prepare-report-on-the-handling-of-the-swine-flu-pandemic

"Are decisions on pandemics taken on the best scientific evidence only?" was the question asked at a January public hearing of PACE's Committee on Social, Health and Family Affairs which looked into the handling of the H1N1 pandemic. The World Health Organisation's flu chief defended his organisation, saying its advice was not improperly influenced by the pharmaceutical industry.

The committee now intends to hold a second public hearing in Paris, with the participation of government officials who dealt with the pandemic. Rapporteur Paul Flynn (United Kingdom, SOC) is also due to visit the WHO’s headquarters in Geneva. His report should be available at the end of April, for a possible plenary debate in June.

Parliamentary Assembly
Assemblée parlementaire
http://assembly.coe.int

COUNCIL OF EUROPE CONSEIL DE L'EUROPE

The handling of the H1N1 pandemic: more transparency needed?
Public Hearing

Strasbourg, Palais de l'Europe, PACE, 26 January 2010, 8.15am - 10am

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwi1sPOFyriCAxU63TgGHV5fD7kQFnoECAkQAQ&url=http%3A%2F%2Fwww.assembly.coe.int%2FCommitteeDocs%2F2010%2F20100126_ContributionKeil.pdf&usg=AOvVaw2jhdU0RcNDop3VrGNJRGXn&opi=89978449

Parliamentary Assembly
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COUNCIL OF EUROPE CONSEIL DE L'EUROPE

AS/Soc/Inf (2010) 2 bilingual
21 January 2010

Social, Health and Family Affairs Committee

Public Hearing

Tuesday 26 January 2010, 8.15am - 10am, Strasbourg, Palais de l'Europe, room 1

The handling of the H1N1 pandemic: more transparency needed?

1. **Opening of the meeting by the Chair**

2. **Introductory statement by the Rapporteur**
(subject to the decision of the Assembly to hold an urgent debate)

3. **Presentations**

   - Dr Wolfgang Wodarg, medical expert specialising in epidemiology and former Chair of the Sub-committee on Health of the Parliamentary Assembly of the Council of Europe

   - Dr Keiji Fukuda, Special Adviser on Pandemic Influenza to the Director-General, World Health Organisation (WHO)

   - Dr Luc Hessel, European Vaccine Manufacturers

   - Prof. em. Dr. Ulrich Keil, University Professor and Director of the WHO Collaborating Centre for Epidemiology of the University of Münster

4. **Exchange of views**

AS/Soc/Inf (2010) 2 bilingue
21 janvier 2010

Commission des questions sociales, de la santé et de la famille

Audition publique

Mardi le 26 janvier 2010, de 08h15 à 10h00, salle 1

La gestion de la pandémie H1N1 : faut-il davantage de transparence ?

1. **Ouverture de la réunion par le/la Président(e)**

2. **Déclaration liminaire de la part du rapporteur**
(selon la décision de l'Assemblée concernant un débat d'urgence)

3. **Exposés**

    - Dr Wolfgang Wodarg, Expert médical spécialiste en épidémiologie et ancien président de la sous-commission de la santé de l'Assemblée parlementaire du Conseil de l'Europe

    - Dr Keiji Fukuda, Conseiller spécial auprès du Directeur général pour la grippe pandémique, Organisation Mondiale de la Santé (OMS)

    - Dr Luc Hessel, Groupe des fabricants européens de vaccins

    - Professeur em. Dr Ulrich Keil, Professeur d'Université et Directeur du Centre de Collaboration de l'OMS pour les Epidémies à l'Institut d'Epidémiologie de l'Université de Münster

4. **Echange des vues**

This document is available on the Parliamentary Assembly Extranet website (restricted area for PACE Members)
http://assembly.coe.int/extranet

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Dr Wolfgang Wodarg,
medical expert specialising in epidemiology and former Chair
of the Sub-committee on Health of the Parliamentary Assembly of the Council of Europe
https://www.flickr.com/photos/councilofeurope/4324269553/

the Sub-committee on Health of the Parliamentary Assembly of the Council of Europe
https://www.flickr.com/photos/councilofeurope/4324988622/in/photostream/

Paul Flynn MP

No Apology from the WHO

Paul Flynn, MP, 26 January 2010
https://paulflynnmp.typepad.com/my_weblog/2010/01/no-apology-from-the-who.html

The World Health Organisation (WHO) were exposed to criticism and cross-examination today. This is grand self-admiring body that is reluctant to make itself accountable to the public and press. Answers were sought to the question, 'Did the WHO cry wolf and frighten the world unnecessarily?'

The Council of Europe represents 800 million people in 47 countries. While we MPs can question the conduct of our own domestic governments. only an international body like the COE can tackle the WHO.

This morning, a Council of Europe Committee held its first session on the swine flu pandemic 'that never was.' There was huge interest from the press who excelled in their sharp questioning in a subsequent press conference. I was very happy to be appointed the rapporteur for this subject. It will be my job to write the report that will eventually be presented to the full Council of Europe for approval.

I told Dr Keiji Fukuda, Special Adviser on Pandemic Influenza to the Director-General, (WHO) that his contribution was disappointing. Not a word of regret or apology. After all, they had frightened the world with the threat of deaths on a massive scale. *Subsequent events prove that this fear-mongering was unjustified*. The other consequences were £billions spent on unneeded vaccines and a disruption of health services worldwide.

Dr Luc Hessel, represented the European Vaccine Manufacturers who have made several fortunes out of selling Swine Flu Vaccines. *He confirmed that the Pharmas invested $4 Billion in preparations for the Swine Flu Pandemic beforehand. They had a vested interest in exaggerating the seriousness of the illness*. That investment would have been in vain if the world had not been galvanised with fear.

Dr Wolfgang Wodarg, medical expert specialising in epidemiology and former Chair of the Sub-committee on Health of the COE called for this inquiry. *He made a powerful case on the potential problems of vaccines that had not been sufficiently tested*. *He charge that the composition of the medicines was determined by the need to make money from patents rather than the well-being of patients*.

Professor Emeritus Dr. Ulrich Keil, University Professor and Director of the WHO Collaborating Centre for Epidemiology of the University of Münster fully supported the case presented by Doctor Wodarg.

The UK Government came out of the hearing with some credit. *We were one of the few countries that urged the WHO to water down their terrifying warnings of a health holocaust*. Health secretary of State Alan Johnstone made a plea to moderate the message to avoid public hysteria.

I promised that I will act as rapporteur and report on the scientific principles in examining evidence objectively. I look forward to the work. the WHO has served the world well in the past by eliminating smallpox and reducing the effects of other major diseases. I hope they learn a little humility and express some contrition. Otherwise trust is this vital force in world health will crumble.

healthcare-in-europe.com

F. William Engdahl

European Parliament to Investigate WHO and "Pandemic" Scandal

Healthcare-in-Europe, 26 January 2010
https://healthcare-in-europe.com/en/news/european-parliament-to-investigate-who-pandemic-scandal.html

The Council of Europe member states will launch an inquiry in January 2010 on the influence of the pharmaceutical companies on the global swine flu campaign, focusing especially on extent of the pharma's industry's influence on WHO. The Health Committee of the EU Parliament has unanimously passed a resolution calling for the inquiry.

The step is a long-overdue move to public transparency of a "Golden Triangle" of drug corruption between WHO, the pharma industry and academic scientists that has permanently damaged the lives of millions and even caused death.

The parliament motion was introduced by Dr. Wolfgang Wodarg, former SPD Member of the German Bundestag and now chairman of the Health Committee of PACE (Parliamentary Assembly of the Council of Europe). Wodarg is a medical doctor and epidemiologist, a specialist in lung disease and environmental medicine, who considers the current "pandemic" Swine Flu campaign of the WHO to be "one of the greatest medicine scandals of the Century."[1]

The text of the resolution just passed by a sufficient number in the Council of Europe Parliament says among other things, "In order to promote their patented drugs and vaccines against flu, pharmaceutical companies influenced scientists and official agencies, responsible for public health standards to alarm governments worldwide and make them squander tight health resources for inefficient vaccine strategies and needlessly expose millions of healthy people to the risk of an unknown amount of side-effects of insufficiently tested vaccines. The "bird-flu"-campaign (2005/06) combined with the "swine-flu"-campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health-budgets, but to the credibility and accountability of important international health-agencies."[2]

The Parliamentary inquiry will look into the issue of „falsified pandemic" that was declared by WHO in June 2009 on the advice of its group of academic experts, SAGE, many of whose members have been documented to have intense financial ties to the same pharmaceutical giants such as GlaxoSmithKline, Roche, Novartis, who benefit from the production of drugs and untested H1N1 vaccines. They will investigate the influence of the pharma industry in creation of a worldwide campaign against the so-called H5N1 "Avian Flu" and H1N1 Swine Flu. The inquiry will be given "urgent" priority in the general assembly of the parliament.

In his official statement to the Committee, Wodarg criticized the influence of the pharma industry on scientists and officials of WHO, stating that it has led to the situation where "unnecessarily millions of healthy people are exposed to the risk of poorly tested vaccines," and that, for a flu strain that is "vastly less harmful" than all previous flu epidemics.

Wodarg says the role of the WHO and its the pandemic emergency declaration in June needs to be the special focus of the European Parliamentary inquiry. For the first time, the WHO criteria for a pandemic was changed in April 2009 as the first Mexico cases were reported, to make not the actual risk of a disease but the number of cases of the disease basis to declare "Pandemic." By classifying the swine flu as pandemic, nations were compelled to implement pandemic plans and also the purchase swine flu vaccines. Because WHO is not subject to any parliamentary control, Wodarg argues it is necessary for governments to insist on accountability. The inquiry will also to look at the role of the two critical agencies in Germany issuing guidelines on the pandemic, the Paul-Ehrlich and the Robert-Koch Institute.

Notes

1. Rainer Woratschka, Schweinerei mit der Grippe, Der Tagesspiegel, 16 December, 2009, accessed in http://www.tagesspiegel.de/politik/international/Schweinegrippe-Europarat;art123,2976433.
2. Dr. Wolfgang Wodarg, Motion for a Resolution and a Recommendation: Faked Pandemics - a threat for health, accessed in http://www.wodarg.de/english/2948146.html.

интерфакс

Обман на $18 млрд?

Intefax, 26 января 2010, 18:54
https://www.interfax.ru/business/120696

Мировое сообщество было введено в заблуждение Всемирной организацией здравоохранения, преувеличившим степень угрозы "свиного гриппа" в интересах фармацевтов, подозревает ПАСЕ. Между тем, борьба со свиным гриппом уже обошлась правительствам и организациям здравоохранения в $18 млрд

Москва. 26 января. IFX.RU - Парламентская ассамблея Совета Европы (ПАСЕ) подозревает, что угроза "свиного гриппа" была сфальсифицирована медиками и не заслуживала статус эпидемии, являясь всего лишь гриппом средней степени. Между тем, фармацевтическая промышленность имела все шансы существенно обогатиться на панике, вызванной "свиным гриппом". Всемирная организация здравоохранения (ВОЗ) и представители фармацевтической промышленности отвергают все обвинения.

Такие позиции были заявлены во вторник в Страсбурге на публичных слушаниях, посвященному этому вопросу.

Докладчик по вопросу Пол Флинн (Paul Flynn, Великобритания, группа социалистов) отметил, что эти публичные слушания вызваны желанием "знать, как принимаются решения в отношении эпидемии - принимаются они самыми лучшими исследователями, на основе доказательств или же под влиянием других интересов", намекая, что шумиха вокруг "свиного гриппа" была поднята в интересах фармацевтов. "Это – основа нашего недовольства", – подчеркнул он.

Как заявил Вольфганг Водарг (Wolfgang Wodarg, Германия, группа социалистов) в своем докладе, ключевую роль в принятии решений по эпидемии сыграла именно ВОЗ. Депутат утверждает, что изменение ВОЗ определения "эпидемии", которое было сделано в мае прошлого года, позволило "трансформировать грипп средней степени в эпидемию, распространяющуюся по всему миру и позволило фармацевтической промышленности превратить эту возможность в звонкую монету посредством контрактов, которые, преимущественно, были секретными".

Депутат привел данные, что на борьбу с эпидемией было потрачено около $18 млрд по всему миру.

"Миллионы (людей) были привиты без каких-либо оснований. И еще не известно, имеет ли вакцина позитивный эффект, так как еще не была клинически протестирована. С моей точки зрения ВОЗ предприняла непонятные меры, которые не могут быть оправданы научными доказательствами. Совет Европы должен провести расследование в отношении того, как ВОЗ может проделывать такого вида опасные нонсенсы", - заявил он.

Естественно, что представители ВОЗ и фармацевтов все обвинения отвергают. Так, специальный советник генерального директора ВОЗ по вопросам эпидемии гриппа Кэйдзи Фукуда (Keiji Fukuda) апеллировал к истории с эпидемией гриппа в 1918 году, унесшей жизни 50 млн человек. По его словам, эта эпидемия также началась с волн среднего уровня. "Новый вирус

распространился с беспрецедентной скоростью, достиг 120 стран и территорий в течение 8 недель", - напомнил он, заверив, что реакция ВОЗ на этот вирус "не была под влиянием фармацевтической промышленности".

Представитель европейский производителей вакцины Люк Хессел (Luc Hessel) категорически отверг обвинения и сказал, что "промышленность сделала то, о чем ее просили".

Однако не все так просто, как кажется. Директор центра эпидемий Мюнстерского университета Ульрих Кейл (Ulrich Keil) заявил, что вирус H1N1, в просторечии именуемый "свиным гриппом", - "это не новый вирус, но такой, о котором нам известно давно". "Он был доставлен в США солдатами из Вьетнама, так называемый азиатский свиной грипп. Я прошу пересмотреть объявление эпидемии, сделанное ВОЗ. Мы являемся свидетелями гигантского неправильного размещения ресурсов для (защиты) здоровья общества. Правительства и общественное здравоохранение теряют огромные суммы денег, инвестируя в борьбу с эпидемиологическими заболеваними, которые базируются на неубедительных доказательствах", - заявил он.

Пока окончательного вывода в чью-либо пользу на слушаниях сделано не было, и, судя по всему, обсуждение будет длительным. Как сообщила председатель комитета ПАСЕ по социальным вопросам, вопросам здоровья и семьи Лилиана Маури Пасквер (Liliane Maury Pasquier, Швейцария, группа социалистов), на заседании бюро ПАСЕ в пятницу будет принято решение в отношении отчета по прошедшим слушаниям, и работа будет продолжена дальше. "В марте мы продолжим нашу работу, возможно, проведем дальнейшие слушания, наверняка, обменяемся мнениями и также будем разбирать этот вопрос в деталях. Как глава комитета я надеюсь, что у нас будет дискуссия в рамках пленарного заседания, доклад с рекомендациями для июньской сессии и, возможно на сессии в октябре", - сказала она.

Распространение "свиного гриппа" началось весной 2009 года в Мексике и США, затем вирус стремительно распространился по всему миру. В России первые случаи заболевания "свиным гриппом" были диагностированы в мае 2009 года, а настоящая паника среди россиян началась осенью, когда были зафиксированы несколько смертельных исходов этой болезни. Граждане атаковали аптеки, скупая защитные медицинские маски и противовирусные средства, в ответ аптечные сети немедленно повысили цены на эти товары. Правительство объявило о разработке вакцины от вируса H1N1, позднее началась массовая вакцинация. Кроме того, надзорные органы начали рейды по аптекам, завышающим цены. По данным Минздравсоцразвития, число подтвержденных случаев заболевания "свиным гриппом" в России превысило 4,5 тысячи человек, по состоянию на 10 ноября 2009 года от свиного гриппа умерли 19 человек. По состоянию на середину ноября 2009 года жертвами "свиного гриппа" в мире стали более 6,5 тыс. человек.

CIDRAP

Lisa Schnirring

European hearing airs WHO pandemic response, critics' charges

CIDRAP, 26 January 2010

https://www.cidrap.umn.edu/avian-influenza-bird-flu/european-hearing-airs-who-pandemic-response-critics-charges

Jan 26, 2010 (CIDRAP News) – Officials from the World Health Organization (WHO) and a vaccine-maker trade group at a public hearing today defended themselves against allegations from some European politicians that they exaggerated the H1N1 pandemic threat to benefit drug companies.

The hearing was conducted by the Council of Europe's Committee on Social, Health and Family Affairs on the second day of the group's parliamentary assembly. Yesterday the council rejected a request that the committee's former leader made to schedule a debate on the theme "False pandemics: a threat to health." Dr Wolfgang Wodarg, a German physician and epidemiologist, is no longer a council member, because he lost his race in Germany's September federal election. However, he has been serving as an advisor.

The theme of today's hearing was transparency issues that arise in a pandemic setting. The Council of Europe, a separate entity from the European Union, is known for working on broad issues such as civil rights, economics, and democracy. The group was established after World War II and is made up of elected officials from 47 nations.

Group airs vaccine industry suspicions

At today's hearing, several committee members pressed the WHO and vaccine company officials on two main issues. They expressed deep suspicions that vaccine industry experts on WHO advisory groups improperly influenced the WHO's assessment of the pandemic in order to financially benefit pharmaceutical companies. Council members also questioned the WHO official, Dr Keiji Fukuda, special advisor on pandemic influenza to the WHO director-general, about confusion surrounding consideration of severity in its definition of a pandemic, which was revised at about the time the novel H1N1 virus was identified.

Some government public health officials and influenza experts have strongly rejected Wodarg's claims, defending vaccine stockpiling as a prudent public health response and calling the charges "preposterous."

In his opening statement, Wodarg said he was skeptical about the threat of the H5N1 virus and the contracts that countries had in place with vaccine makers in the event of a pandemic. "WHO had the trigger," he said, alluding to the pandemic plans of some countries that activate the contracts when the WHO declares the highest alert level. He speculated that vaccine makers are making a financial windfall from what he claims are more expensive patented and adjuvanted vaccines. He also argued that the billions that governments have spent on pandemic vaccines could be better spent on other health issues.

He charged that the change in pandemic definition "made it possible to turn a run-of-the-mill flu into a pandemic and translate into millions for vaccine for no good reason."

Wodarg also claimed that adjuvanted vaccines used in Europe were not adequately tested, especially in children, and expressed doubts about the safety of cell-based pandemic vaccines.

WHO, vaccine officials defend their actions

Fukuda countered that the response to a novel influenza virus quickly sweeping the globe required unprecedented global cooperation from a broad range of groups, including pharmaceutical companies.

He said it's impossible to predict how severe a pandemic will be in the initial months, pointing out that the 1918 pandemic started with mild waves of illnesses, then turned deadly. He added that the WHO updated its pandemic planning documents in 1999, 2005, and 2009 based on the input of experts from around the world. He said the agency finished its most recent revision in February 2009 and published it last April, along with the latest pandemic definitions.

The International Health Regulations (IHR), revised in 2005, provide an orderly framework for assessing and declaring a pandemic, Fukuda said. "We have checks and balances. No one has unfettered power in making decisions," he added. An emergency committee set up under the IHR was made up of technical experts and reflected the views of countries most affected early in the outbreak. "The decision was unanimous that the pandemic criteria have been met," Fukuda said.

"Let me state clearly for the record, there was no improper influence by the pharmaceutical industry," he said.

Defending the vaccine industry, Dr Luc Hessel, chairman of the European Vaccine Manufacturers Public Health Policy and Advocacy working group, rejected the accusations of Wodarg and his colleagues and said companies did what countries asked them to do: deliver a safe and effective vaccine in a timely manner. He said governments and companies needed to make decisions early, using the best information they had at the time.

Many governments had vaccine contracts in place ahead of time to avoid complex negotiations during a pandemic setting and to ease a rapid response.

Hessel said vaccine companies have taken financial risks to expand capacity and have donated pandemic vaccine to developing countries, along with providing special pricing and reserved production capacity. "We've been a reliable and responsible partner," he said.

Calls for more transparency

But Dr Ulrich Keil, a chronic disease expert who formerly worked at the WHO Collaborating Center for Epidemiology and Prevention of Cardiovascular and Other Chronic Disease at Germany's University of Munster, who sat on today's panel, said he believes the WHO and government have misdirected public health expenditures toward threats that never panned out, such as SARS, H5N1 avian influenza, and the current H1N1 flu. He claimed the money would be better spent on health problems such as cardiovascular disease, smoking, and obesity.

During the question time from committee members, many of the officials echoed Wodarg and Keil's claims and views, while a few defended the WHO's actions and said Wodarg should back up his accusations with proof.

Fukuda responded that trust and transparency are crucial during a pandemic response and assured the group that the WHO would do all it can to improve on those goals. He spelled out some of the steps the WHO uses to assess conflict-of-interest issues that might crop up with its vaccine advisory group and said their discussions are witnessed by a wide range of outside observers, such as those from nongovernmental organizations.

He stressed that the pandemic virus remains a real threat and pointed to a recent report from the US Centers for Disease Control and Prevention (CDC) that the number of children who die from the new virus is three times higher than for seasonal flu.

Though the WHO's response might not be perfect, the early response to the threat was warranted, he said. "If a patient has chest pain, you don't wait until the chest pain is severe to do something," he said. "You take steps to prevent future harm from the disease, the same as with global issues."

Committee Chairwoman Liliane Maury Pasquier, a Swiss politician who moderated the hearing, said she believed more transparency about pandemic and vaccine issues is needed. She said the parliamentary assembly's bureau will meet on Jan 29, the last day of the meeting, to discuss again the request for a debate on the issues that Wodarg and his colleagues raised. Work on the issue could continue over the Council of Europe's next two parliamentary assemblies in June and October, after which the findings might be compiled in a final report, she added.

At a press conference that followed the hearing, journalists raised some of the same questions that committee members asked the presenters, and some pressed Wodarg to provide proof of his allegations against the WHO and vaccine companies.

Communications experts explore roots of dissent

Pandemic communications experts Jody Lanard, MD, and Peter Sandman followed today's hearing events, having served on an informal communications committee that reviewed the WHO's 2005 pandemic plan revision. Lanard has also worked as a communications consultant with the WHO's Western Pacific and Pan American regional offices. Sandman is a risk-communication expert based in Princeton, N.J

Lanard said she and Sandman are puzzled by accusations that the WHO acts to benefit vaccine makers, because in the past – for example at a November 2004 meeting with industry leaders – it has signaled that it expected companies to function like charities or governments and has squirmed when they acted like companies.

"That's why I find suspicion about WHO being in cahoots with Big Pharma to be so ironic," she said. At today's hearing one of the Council of Europe committee members said all vaccines for public health should be financed on a nonprofit basis by companies, with governments footing the bill, Lanard said. "This is a coherent socialist viewpoint with which I disagree. But I think many people at WHO would be very happy if that came to pass."

"Amazingly, WHO finds itself simultaneously accused by socialists as being in bed with industry and stoking fear about a fake pandemic, and accused by libertarians as being in bed with the People's Republic of China and covering up a severe pandemic," she said. "This is an unusually extreme result of the failure respond to outrage that has been brewing for a long time."

The claim from some of the council's committee members that the WHO took severity out of the pandemic "definition" late in the game–it appears as if the change was made at the end of April or beginning of May–is a "stand-in" for their anger at the WHO for not acting to acknowledge that the pandemic has been mild overall, so far, Lanard said.

In late May and early June, before the WHO raised the pandemic alert to its highest level, its officials downplayed using severity as a criteria, because it can relate to the vulnerability and resilience of countries, which vary from nation to nation. The WHO said it hoped to take up the severity assessment issue at a later date and that such guidance would be a useful tool for countries. At the time, it leaned toward describing the flu strain as moderate, because it was causing serious disease in those with underlying conditions, pregnant women, and even some previously healthy people.

Sandman told CIDRAP News that critics at today's hearing seemed unable to distinguish between what they called a "fake pandemic" and one that has so far turned out less severe than it might have been.

However, he said the WHO may have set itself up for unfair criticism by making the same mistake the Intergovernmental Panel on Climate Change made, which led to successful attacks on its credibility: failing to acknowledge the small piece of the truth their critics are getting right.

The critics' strongest arguments are: first, that the WHO should have more quickly admitted that the pandemic was milder than initial evidence suggested; and second, that the WHO routinely included severity among factors to be considered before raising pandemic phases, until its most recent pandemic guidance revision, published in April 2009, Sandman said.

"By failing to concede these two points, WHO gives unjustified credibility to the critics' other, much less valid claims," he said. "Good guys have a harder time than bad guys understanding the need to concede the validity of valid criticisms, even when they're packaged with invalid ones."

REUTERS

Crispian Balmer in Paris and Kate Kelland in London

WHO denies drugs firms swayed its flu decisions

Reuters, 26 January 2010
https://web.archive.org/web/20100128084828/http://www.reuters.com/article/idUSLDE60P0PA20100126

Strasbourg, France, January 26 (Reuters) – The World Health Organisation (WHO) denied on Tuesday that it was unduly influenced by drugs companies to exaggerate the dangers of the H1N1 flu virus.

Pharmaceutical firms picked up multi-million dollar vaccination contracts when the United Nations health agency declared the flu a pandemic last June.

Although many millions around the world have been infected with H1N1, and many thousands have died, the pandemic proved milder than health experts had originally feared.

Accusations from some politicians and media that the WHO relied too much on advice from experts in the pay of the pharmaceutical industry -- who could have a vested interest in dramatising the crisis – have triggered an internal review by the WHO and an inquiry by the Council of Europe, a European Union human rights watchdog.

The WHO's top flu expert, Keiji Fukuda, told a hearing at the Council of Europe that although the organisation's response to the virus was not perfect, it had not been bounced into the wrong decisions by the drugs giants.

"Let me state clearly for the record. The influenza pandemic policies and responses recommended and taken by WHO were not improperly influenced by the pharmaceutical industry," Fukuda told the Strasbourg-based body.

The Council, which groups together most European countries, called on the WHO to address concerns over the handling of the pandemic.

Many countries ordered tens of millions of doses of vaccines against H1N1 in a bid to protect their populations against H1N1 and are now trying to cut the orders or sell off surpluses of unused stock.

GlaxoSmithKline (GSK.L), Novartis (NOVN.VX) and Sanofi-Aventis (SASY.PA) are among H1N1 vaccine producers.

Safeguards in Place

Fukuda said the WHO consulted a range of experts, including scientists working in the private sector, when drawing up its health advice and had safeguards in place to protect against conflicts of interest.

"We are under no illusions that this response was the perfect response," Fukuda told the hearing.

"But we do not wait until (these global virus outbreaks) have developed and we see that lots of people are dying. What we try and do is take preventive actions. If we are successful no one will die, no one will notice anything," he added.

"We feel we should move quickly. Our purpose is to try to provide guidance, to try to reduce harm," he said.

Accusations began circulating in British and French media in November that the H1N1 pandemic may have been "hyped" by health experts and medical researchers keen to boost study grants and line the pockets of drug companies.

At that time, France's Le Parisien newspaper ran a headline saying: "Swine flu: why the French distrust the vaccine" and noted a gap between the predicted impact of H1N1 and the less dramatic reality, while Britain's independent newspaper asked "Pandemic? What Pandemic?".

The WHO said earlier this month that it would review the way it dealt with the flu outbreak, calling in independent outsiders to look at its workings.

Fukuda said the review would include scrutinising the way it classified virus outbreaks following widespread confusion over what the definition of "pandemic" actually meant.

"We will consider whether we can define things better, whether we can measure and report severity better," he said.

NEWS BBC

WHO defends its swine flu warning

BBC News, 26 January 2010, 15:57 GMT
http://news.bbc.co.uk/2/hi/europe/8481211.stm

The World Health Organization (WHO) has defended its handling of the swine flu pandemic last year, after the Council of Europe cast doubt on its actions.

Countries rushed to order thousands of vaccine doses when the pandemic was declared in June, but the virus proved to be relatively mild.

The WHO's links to drug companies were questioned at a hearing by the Council of Europe's health committee.

A WHO flu expert denied there had been improper influence from drug firms.

The WHO's Keiji Fukuda told a hearing in Strasbourg: "Let me state clearly for the record - the influenza pandemic policies and responses recommended and taken by WHO were not improperly influenced by the pharmaceutical industry."

When a pandemic was declared last June most European countries changed their health priorities to accommodate thousands of expected patients, including spending millions of euros on vaccines for H1N1.

A number of European governments signed contracts with drug companies to buy vaccines.

But it has since become clear that although 14,000 people worldwide died from swine flu, and millions more were infected, it is a mild flu with a lower mortality than seasonal influenza.

Allegations from politicians and media about links with drug companies have prompted an internal review at the WHO and the Council of Europe hearings.

Dr Fukuda rejected comparisons between seasonal flu and swine flu - describing them as like comparing oranges to apples.

Seasonal flu figures were based on statistical models, whereas every swine flu death had been confirmed in a laboratory, he said.

He said the WHO response had not been perfect, but a range of experts - including some in the private sector - had been consulted and there had been safeguards to prevent a conflict of interest.

"We are under no illusions that this response was the perfect response," Dr Fukuda said.

"But we do not wait until [these global virus outbreaks] have developed and we see that lots of people are dying. What we try and do is take preventive actions. If we are successful no-one will die, no-one will notice anything," he added.

"We feel we should move quickly. Our purpose is to try to provide guidance, to try to reduce harm," he said.

Part of the WHO review would examine if there was a better way to define outbreaks and severity, Dr Fukuda said.

THE FLU CASE

WHO's Fukuda Grilled at Council of Europe Hearing: Start of Substantial Investigation into the Swine Flu Scam

The Flu Case, 26 January 2010, 09:53

https://web.archive.org/web/20100220012931/http://www.theflucase.com/index.php?option=com_content&view=article&id=2631%3Awhos-fukuda-grilled-at-council-of-europe-hearing-start-of-substantial-investigation-into-the-swine-flu-scam&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WHO's pandemic chief Dr Keiji Fukuda and pharmaceutical industry chief Dr Luc Hessel faced tough questions on WHO's controversial decision to declare a pandemic emergency over the mild swine flu during a 2-hour public hearing at the Council of Europe in Strasbourg this morning in a heated session that ran over time.

The hearing chair, Swiss politician Liliane Maury Pasquier, said the hearing would be the start of a more substantial investigation into the false pandemic, starting with the preparation of a report by Labour MP Paul Flynn, and with more hearings on the pandemic scare to be scheduled in the next parliamentary sessions of the Council of Europe.

During the hearing, Fukuda and Hessel faced a grilling from politicians on the influence of pharmaceutical companies on WHO's decision to declare a pandemic over the mild swine flu as well as on the dangers of the inadequately tested swine flu vaccine.

"Having cried wolf on a number of occasions now, the WHO has destroyed its credibility. Rational, independent scientific advice. There was an imperative behind this which was a financial one. The industry having invested 4 billion dollars had a vested interest in fear, in getting people to buy the vaccine," said Paul Flynn.

Professor Dr Ulrich Keil, Director of the WHO Collaborating Centre for Epidemiology at the University of Munster, said that WHO's predictions were wrong "all the time".

He criticized WHO for not learning from its past mistakes over the SARS and Avian 'Flu scares.

He said WHO had "completely exaggerated' the threat of the swine flu.

"In Germany, about 10,000 deaths are attributed to seasonal 'flu, especially among older and frail people. Only a very small number of deaths, namely 187, can be attributed to the H1N1 virus in Germany – and many of those are dubious," he said.

"We are witnesssing a gigantic misallocation of resources in terms of public health. Governments and public health services are wasting huge amounts of money in investing in pandemic diseases whose evidence base is weak."

Fukuda came under especially fierce criticism for attempting to lamely defend the WHO's decision to change the definition of a pandemic.

"The worst thing is that WHO is not evaluating what it has done. The worst thing is that the alarm will go on for two more years, that the pandemic will continue . That frightens me," said Ulrich Keil.

"A number of scientists and others are questioning the decision of the WHO to declare an international pandemic. The H1N1 virus is not a new virus, but has been known to us for decades," he said.

Dr Wolfgang Wodarg, who initiated the hearing, said that WHO was scare mongering and produced numbers about the number of victims of the pandemic based on estimates that had no basis in scientific fact.

He said that the only explanation for WHO's decision to declare a swine flu pandemic was the influence of the pharmaceutical industry if "they are not crazy", thereby brushing aside Fukuda's repeated claim that WHO had adequate safeguards against conflicts of interests and had only declared a pandemic because the swine flu was a dangerous disease.

Wodarg said that the influence of pharmaceutical companies on WHO stemmed from public private partnerships that were initiated in 1998.

He said that an investigation needed to be extended to look at the role of national regulators in the pandemic scare, and emphasized the need for parliamentary investigations in the various countries.

Wodarg also touched on the dangers of the new vaccines, specifically the use of adjuvants such as squalene, noting that there is only limited data on the impact of adjuvants on elderly people and none on their impact in young children even though children have completely different immune systems and adjuvants can cause autoimmune diseases.

He said WHO was "irresponsible" for young people and pregnant women when no data for the vaccine's safety.

WHO was also heavily criticized by a Swiss journalist for "aloofness and silence".

A journalist said WHO was "the worst in terms of relations with the media."

"They are constantly derelict. We run after them constantly to get information. We do not have access to the information. Last Friday, Gregory Hartl (WHO spokesperson) lied to us about this whole thing. He declared WHO had never changed the pandemic definition," the journalist said.

Fukuda said that "communications was the single greatest challenge", but said WHO was taking the criticism from the media.

Dr Margaret Chan had dismissed rumour, misinformation and disinformation of the scandal mongering media during the executive board session on January 18th.

Fukuda looked beaten at times as the questions flew in his direction at but always managed to recover and repeat ad nauseum theofficial line in a confident manner.

However, judging from the strength of criticism made against WHO in this hearing, the momentum for a thorough investigation into the swine flu scam looks unstoppable in spite of the fact that an urgent debate was not held this week by the Council of Europe Parliamentary Assembly.

Especially tough criticism of WHO came from Wodarg and Keil who hammered home the points that punctured Fukuda's and Hessel's air of confidence.

But politicians and journalists also fiercely criticised the WHO pandemic chief and the head of the european vaccine maufacturers for apparently making a good business profit over the pandemic scare at the expense of public health.

THE FLU CASE

Council of Europe report into the fake pandemic could be ready by spring or summer

The Flu Case, 26 January 2010, 12:53

https://web.archive.org/web/20100220012936/http://www.theflucase.com/index.php?option=com_content&view=article&id=2632%3Acouncil-of-europe-report-into-the-fake-pandemic-could-be-ready-by-spring-or-summer&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The issue of whether WHO exaggerated the threat of the swine flu in order to allow pharmaceutical industry to make huge profits is set to be the focus of a report by the Council of Europe (CoE) that could lead to parliamentary inquiries being opened in a number of European countries.

Paul Flynn, Labour MP and a member of the CoE's Public Administration Committee, is to be appointed rapporteur, tasked with preparing a report on the fake pandemic to be presented to the parliamentary assembly of the European Union's human right's watchdog during the spring or summer session.

The Assembly Bureau has to still give its formal approval to the report when it meets on Friday. But the Bureau will find it hard to turn down the request for a further investigation into the fake pandemic in view of the indignation that the public hearing in the CoE generated this morning among MPs and journalists.

WHO's pandemic chief Dr Keiji Fukuda faced severe criticism over the organization's failure to address the evidence that it had declared a pandemic to serve the interests of pharmaceutical companies.

Fukuda's statement that WHO was determined to maintain the pandemic level 6 emergency for the next two years over the mild swine flu was met with incomprehension.

WHO was accused of failing to learn from its mistakes.

The precise recommendation or resolution that MPs in the Council of Europe will be asked to vote on will crystallize at the end stage of the report's preparation, a press officer said.

However, any draft recommendation or resolution is likely to highlight the need for sweeping new measures to ensure transparency in the government public health decision-making process, and that measures are implemented on the basis of adequate independent, critical and scientific evidence – and not for the profit of pharmaceutical industries.

Other key issues that need to be highlighted are WHO's decision to recommend a vaccine with the untested and toxic adjuvant, squalene, as well as the militarization of the management of a pandemic under WHO's International Health Regulations 2005.

These allow forced vaccination and quarantine. The IHR 2005, implemented in national pandemic plans, also criminalize people suspected of having an infectious disease.

A report into the European government's collusion with the CIA in the abduction and torture of terrorism suspects was published by Dicky Marty of the Council of Europe in 2006, and triggered widespread public debate and led to changes in legislation in many European countries.

The next key date to watch for is Friday when the Assembly Bureau will meet to discuss the request for a report.

If the report goes ahead, it could result in revelations that will shock the European public and lead to pressure for radical overhaul of the way national and international governments function.

THE FLU CASE

AP, Bloomberg omit news of pandemic hearing at Council of Europe

The Flu Case, 27 January 2010, 09:02
https://web.archive.org/web/20100220013055/http://www.theflucase.com/index.php?option=com_content&view=article&id=2637%3Aap-bloomberg-omit-news-of-pandemic-hearing-at-council-of-europe&catid=41%3Ahighlighted-news&Itemid=105&lang=en

AP and Bloomberg, wires services feeding news stories into global media outlets, have not reported on the hearing at the Council of Europe yesterday where evidence was presented to prove that WHO exaggerated the danger of a pandemic in yet another example of how the mainstream media uses purposeful omission to manipulate the flow of information reaching the general public on the swine flu pandemic and ist origins.

Associated Press (AP) has 20 full-time staff working for in Bern and Zurich alone churning out 60 reports in German, 20 French and more reports in English every day, according to its website.
https://web.archive.org/web/20091001195246/http://www.ap-online.de/Dienste/Textdienst/Textdienst.htm

And yet there was not a single report coming from AP's offices in France or Switzerland on a key hearing even though it will have significant implications for the earnings of the pharmaceutical industry at the very least.

The news wires Reuters issued a report that could have been written by a WHO press officer titled: "WHO denies drugs firms swayed its flu decisions." – see above.
https://web.archive.org/web/20100128084828/http://www.reuters.com/article/idUSLDE60P0PA20100126

WHO could not have managed to get away with making a pandemic declaration over the mild swine flu if the media, including Associated Press, Bloomberg and Reuters, had not kept *repeating WHO's false statements*.

State-run media, including France's TNF 1 and Austria's ORF, also *repeated the verifiable falsehood that there was a pandemic*. Indeed, people working in the ORF said they were bombarded with emails from higher-ups insisting they report on the dangers of the swine flu virus.

Anyone who has worked for the mainstream media soon realises that, with a few exceptions, it has become a gigantic propaganda machine so detached from reality that presenting facts let alone critical analysis are reasons to be fired because they a few accurate reports can bring down the house of cards.

This is a media-generated pandemic. The aim of the media has been to terrorise people into taking the swine flu vaccine, which has been portrayed as safe and tested, when it is no such thing.

Sherri Kane has explored some of the links between Thomas Glocer's Reuters News Service and Rupert Murdoch's News Corporation, to which AP belongs, and big pharma.

Not only WHO and the pharmaceutical should be in the dock but the controllers of the mainstream media for their role in perpetrating the swine flu scam.

"It turns out that *Murdoch,* directing most powerfully the influential media, including Fox News, the Associated Press (AP), Twentieth Century Fox, Time Warner, and much more, controls the Murdoch Childrens' Research Institute (MCRI) in Australia, responsible for the first H1N1 Swine flu tests on children 6 months to 8 years of age

Murdoch's son, and heir apparent, James, the Chairman and Chief Executive of News Corporation for Europe and Asia, is an overseer of GlaxoSmithKline's Board of Directors. They are one of six companies that make H1N1 vaccines.

Rupert's mother, Elisabeth Murdoch, is the grand matriarch of the Royal Victoria Women's Hospital in Melbourne. Its staff collaborated with CSL Pharmaceuticals, another H1N1 vaccine maker. CSL is owned by Merck & Co. They used flawed testing methods on pregnant women, doctors say. Their safety tests lacked legitimate placebo controls and evaded long-term surveillance and data collection. The missing data prevented credible scientific analysis. Thus, BigPharma had nothing to substantiate their liberally-issued safety assurances. In other words, PharmaMedia conducted an obvious case of scientific fraud and public deception for vaccine market proliferation.

Thomas Glocer, the CEO of Reuters, is also on the Board of Directors of Merck & Co., and a partner with Rupert Murdoch in the Partnership for New York City that personifies the heart of this drug ring. The partners profitably advance biotechnology and "genetopharmaceuticals" globally, more than any other consortium.

This *PFNYC was founded* by David Rockefeller who controls the CFR and World Health Organization (WHO). Rockefeller-approved Co-Chairs of the PFNYC include Rupert Murdoch and Lloyd Blankfein, the chief of Goldman Sachs who financed the merger of MedImmune and Astrozeneca, producers of FLUMIST--the nasal spray H1N1 vaccine. Blankfein holds millions, perhaps billions, of dollars of the company's stock.

Dagbladet

Calls for Investigation into Swine Flu scam grow in Norway

Dagbladet (Norway) // The Flu Case, 26/27 January 2010
https://web.archive.org/web/20100220013111/http://www.theflucase.com/index.php?option=com_content&view=article&id=2640%3Acalls-for-investigation-into-swine-flu-scam-grow-in-norway&catid=1%3Alatest-news&Itemid=64&lang=en

The Christian Democratic Party (DDP) has said the government's handling of the swine flu immediately must be reviewed by independent investigators.

Whether the influenza danger was "overhyped"and exaggerated, is being discussed in many countries. The debate should be held in Norway, too, believes DDP health spokeswoman Laila Daavoey.

"We need to go wide, but primarily through the national and local management of swine flu. We are also going to have to look at the flow of information between authorities, the municipal health service and GPs. A lot of people believe it was worse than it should have been, "said Daavoey to NTB.

The Christian Democratic Party representative said over half the population has been vaccinated and several billions were spent on the "pandemic"

"I am critical of the Norwegian government should evaluate this themselves. I had hoped for an independent assessment, " said Daavoey.

MailOnline

Drug firms 'drove swine flu pandemic warning to recoup £ billions spent on research'

Daily Mail, 27 January 2010, 07:49 BST,
http://www.dailymail.co.uk/news/article-1246370/Drug-firms-drove-swine-flu-pandemic-warning-recoup-billions-spent-research.html

Drug companies manipulated the World Health Organisation into downgrading its definition of a pandemic so they could cash in on a swine flu outbreak, it is claimed.

An inquiry heard yesterday that the WHO allegedly softened its criteria for declaring a H1N1 flu pandemic last spring - just weeks before announcing there was a worldwide outbreak.

Critics said the decision was driven by pharmaceutical companies desperate to recoup the billions of pounds they had invested in researching and developing pandemic vaccines after the bird flu scares in 2006 and 2007.

As a result, millions of people have been vaccinated against a mild illness, and money that could have been used to prevent and treat major killers such as heart disease has been squandered.

The claims, which emerged during the first of several Council of Europe hearings into the handling of the swine flu pandemic, were strongly rejected by the WHO.

Following the organisation's declaration of a pandemic, the Department of Health warned of 65,000 deaths, set up a special advice line and website, and suspended normal rules so anti-flu drugs could be given without prescription.

But with just 250 or so deaths in Britain and 14,000 worldwide, the WHO is being asked to account for its actions.

The Government is now trying to off-load millions of jabs it ordered at the height of the scare. Sources say it is even considering giving some doses away for free.

Wolfgang Wodarg, former head of health at the Council of Europe, the Strasbourg-based 'senate' responsible for the European Court of Human Rights, said vaccine contracts were put in place in 2007, when it was feared the more lethal bird flu virus would mutate into human form.

Drug companies, which spent up to £2.5billion developing a vaccine, then pushed their interests within the WHO, leading to the definition of a pandemic being softened and an outbreak declared.

He told the hearing: 'It was stated in panic- stricken terms that this was a flu that could threaten humanity and a great number of humans could fall ill.

'This is why billions of dollars of medications were bought.

Dr Wodarg, an expert on the spread of disease, said that the change in definition made it possible for a worldwide pandemic to be declared and for the pharmaceutical companies to cash in.

Also giving evidence, Professor Ulrich Keil, a WHO adviser on heart disease, said the decision had led to a 'gigantic misallocation' of health budgets.

'We know the great killers are hypertension, smoking, high cholesterol, high body mass index, physical inactivity and low fruit and vegetable intake,' he said.

'In spite of all these facts, governments instead wasted huge amounts of money by investing in pandemic scenarios whose evidence base is weak.'

But Dr Kieji Fukuda, the WHO's top flu expert, rejected the allegations. 'We do not wait until (these global virus outbreaks) have developed and we see that lots of people are dying,' he said.

'What we try to do is take preventive actions. Our purpose is to try to provide guidance, to reduce harm.'

Niko Kyriakou

Swine Flu Didn't Fly

TruthOut, 28 January 2010
https://truthout.org/articles/swine-flu-didnt-fly/

For makers of the swine flu vaccine, 2009 was a year to remember. By June, CSL Limited's profits rose 63 percent above 2008 levels, while in the third quarter of 2009 - just about the time H1N1 contracts picked up steam - GlaxoSmithKine enjoyed a 30 percent jump in earnings to $2.19 billion. Roche, the maker of Tamiflu, which prevents H1N1, saw second quarter profits leap to 12 times what they were in that quarter of 2008. But in 2010, drug companies may get their comeuppance.

On Tuesday, the Council of Europe launched an investigation into whether the World Health Organization (WHO) "faked" the swine flu pandemic to boost profits for vaccine manufacturers. The inquiry, held in Strasbourg, France, vindicates a worldwide movement of insiders, experts and elected officials who accuse the United Nations organization of misleading the world into buying millions of unnecessary vaccines.

"I have never heard such a worldwide echo to a health political action," said Dr. Wolfgang Wodarg, an epidemiologist who formerly led the health committee for the Council of Europe, at Tuesday's hearing.

Also present was Dr. Ulrich Keil, director of the WHO's Collaborating Centre for Epidemiology. Keil hammered his own organization and WHO flu chief, Dr. Keiji Fukuda, for "producing angst campaigns."

"With SARS, with avian flu, always the predictions are wrong ... Why don't we learn from history?" Keil asked. "It [swine flu] produced a lot of turmoil in the pubic and was completely exaggerated " exaggerated" in contrast with all the really important matters we have to deal with in public health."

Last year the WHO predicted that H1N1 could infect two billion and claim hundreds of thousands of lives, while President Obama's science advisers said the outbreak could infect up to 120 million Americans and kill 90,000.

But in the end, H1N1 turned out to be one of the milder flu strains on record. The type-A influenza is confirmed to have taken around 14,000 lives worldwide, according to WHO numbers from January 22. The CDC said in December confirmed US deaths had reached 4,000, although it recently estimated that due to underreporting, the true death toll could be as high as 16,500 - a tragic sum, but less than half of what the CDC attributes to seasonal flu-related illness. In most of the northern hemisphere, hog flu has been on the decline for some ten straight weeks. New transmissions are largely contained to North Africa and South Asia, according to the WHO.

Throughout 2009, the WHO and domestic health agencies around the globe ignored mounting signs that swine flu wasn't much of a killer, choosing instead to man the war bugles at full volume. The result was that governments poured tens of billions of dollars into vaccines. The US alone has spent $2 billion on the drugs and has allocated $7.5 billion in supplemental spending for H1N1 preparedness.

Now that the disease has petered out ahead of schedule, however, countries are stuck with millions of unused doses. French and German governments have had to cancel millions of orders of the vaccines due to falling demand and late-breaking news that European health authorities had recommended twice the necessary dosage. The CDC has dealt with the glut in another way. It now says all Americans should go and get the shot – a shift from its earlier recommendation that at-risk groups such as the young, sick, pregnant and nurses seek injections first. But why should everyone get a shot when that the disease appears to be over?

On January 22, the WHO issued a statement calling allegations that it irresponsibly stoked H1N1 fears, "scientifically wrong and historically incorrect." The statement defends figures the WHO publicized on transmission rates, mortality and the virulence of swine flu.

"The world is going through a real pandemic. The description of it as a fake is wrong and irresponsible. We welcome any legitimate review process that can improve our work."

Previously, the WHO had offered scant response to allegations of corruption, but deigned to defend itself after the Council of Europe meeting was announced. At the hearing, the WHO's flu director, Dr. Fukuda, denied the accusations against the WHO. "Let me state clearly for the record - the influenza pandemic policies and responses recommended and taken by WHO were not improperly influenced by the pharmaceutical industry."

The public meeting to examine accusations against WHO was set up by the Parliamentary Assembly of the Council of Europe (PACE), which represents 800 million people in 47 countries.

=> see: http://assembly.coe.int/CommitteeDocs/2010/20100119_HearingProgrammeSOC.pdf

Established by various European nations in 1949 to promote human rights and the democratic rule of law, the Council's January 26 meeting involved WHO officials, European drug makers and medical experts. PACE's findings are expected to be announced January 29 and will likely be followed by an in-depth study and recommendations to European governments.

The PACE hearing is the latest in a series of investigations into the WHO's propriety, which also includes a 2009 Danish Parliamentary inspection of links between WHO expert, Albert Osterhaus, and makers of the swine flu drugs. Russian lawmaker Igor Barinov has also started an inquiry into the WHO's ties to H1N1 drug makers.

Similar critiques have been leveled at domestic health authorities as well, which generally took their cues on how to deal with swine flu from the WHO.

In France, Health Minister Roselyne Bachelot was forced to a Paris court on January 4 over swine flu campaign irregularities - including ordering millions of unnecessary vaccine doses. Demonstrations over statistical improprieties have taken place in Scotland and Canada.

Inquiries into WHO misdoing are likely to plunge deep into the statistical methods for data collection, however, it takes no expertise to see that health agencies' data about H1N1 was wildly misleading.

For example, a study released December 7 by the Harvard School of Public Health found that the CDC predicted that H1N1 mortality rates would be 80 to 500 times higher than they turned out to be - with the WHO doing only slightly better. The CDC also overshot the likelihood that pig flu causes serious illness by seven to nine times, the study found. Another study, done by the CDC itself and published in the New England Journal of Medicine on December 31, found that swine flu was far more difficult to transmit that it had initially claimed. See: =>

[NEJM, 2009, Dec 31, 361: 2619-2627] => https://www.nejm.org/doi/full/10.1056/NEJMoa0905498

The larger question begged by health agencies' bad data and the media's dutiful reporting of it is this: if fears are overstated every time there's a flu outbreak, when the public really does need a vaccine, who will believe the boys who cried wolf?

Should the European Council's investigations conclude that the WHO deliberately incited H1N1 paranoia to help drug makers, it could spark reform of how infectious diseases are handled. The paramount questions experts will try to address are how dangerous a disease must become before a global vaccination campaign is advised, and when a disease should truly qualify as a "pandemic".

Proof of direct corruption may be difficult for the Council to establish, but the string of clues which points to this corruption - as befits the trail of a wild pig - is not hard to follow.

...

The opinion given by Dr. Wodarg at Tuesday's meeting is that the definition change was designed to boost vaccine sales. "There is no other explanation for what happened. Which reasons could lead to those [WHO] decisions? I don't find any other explanation. It's not for health. And who profits? Why else would you change the definition?"

...

Dr. Wodarg told the Council of Europe Tuesday that there has been dissent ever since the shift toward public-private partnership began in earnest in 2001.

"Already then there were very critical voices against the influence. [WHO's] administration is made of people not well paid who can't fight against the pay of people in and from the industry - they are simply swept aside ... [private] influence is rampant and that is why we can't understand why the WHO we used to love ... has become unrecognizable to us."

Pandemic Profit

All US contracts for H1N1 vaccines went to just five companies: CSL Limited, Novartis, Sanofi Pasteur, GlaxoSmithKline and MedImmune. All five also produced shots for either SARS or avian flu. When the response to swine flu took full flight in the second and third quarters of 2009, these firms' earnings skyrocketed. But according to British MP, Paul Flynn, that was part of the drug makers' plan. Prior to winning any contracts, drug makers invested $4 billion in preparations for swine flu, he said. That investment may have gone to developing and patenting new, super-fast methods to create vaccines, such as using a bioreactor to grow viruses, said Dr. Wodarg. These patents were key to drug industry profits, since companies can charge much more for patented drugs than unpatented ones, Wodarg said.

"If you have a patent you can monopolize ... and this is what industry did: Invented a fast way to produce vaccines and had it patented, which is much more expensive ... The alternative is not to have vaccines patented ... By decentralizing the production you could be as fast and you wouldn't have this small way you have to pass negotiating with one enterprise that has monopoly, or with four enterprises. It's the economic dimension of the problem which we have to have in mind as we consider how this all happened."

The whole article read in the Vol. I, chapter => "*Criticism of the WHO and other Medical Authorities regarding 'Pandemic' Scam*"

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Steve Watson

WHO Scientist: Swine Flu Pandemic Was "Completely Exaggerated"

Infowars, 28 January 2010

https://web.archive.org/web/20100130202019/http://www.infowars.com/who-scientist-swine-flu-pandemic-was-completely-exaggerated/

A scientist with the World Health Organisation has testified, during ongoing hearings in Strasbourg, France, that the swine flu pandemic was part of an overblown "angst campaign", devised in conjunction with major drug companies to boost profits for vaccine manufacturers.

Professor Ulrich Keil, director of the WHO's Collaborating Centre for Epidemiology, slammed the organization and its flu chief, Dr Keiji Fukuda while giving evidence before The Parliamentary Assembly of the Council of Europe (PACE).

"With SARS, with avian flu, always the predictions are wrong…Why don't we learn from history?" Keil said. "It [swine flu] produced a lot of turmoil in the pubic and was completely exaggerated in contrast with all the really important matters we have to deal with in public health."

The WHO adviser on heart disease, added that the decision had led to a "gigantic misallocation" of health budgets.

"We know the great killers are hypertension, smoking, high cholesterol, high body mass index, physical inactivity and low fruit and vegetable intake," he said. "In spite of all these facts, governments instead wasted huge amounts of money by investing in pandemic scenarios whose evidence base is weak."

PACE, a 47-nation body encompassing democratically elected members of parliament, will determine whether a "falsified pandemic" was declared by WHO in June 2009 on the advice of medical advisors, many of whom have close financial ties to the very pharmaceutical giants – GlaxoSmithKline, Roche, Novartis, – that produced the H1N1 vaccines.

It will also look into the controversy surrounding the fact that two shots were initially advised when it was later revealed that one dose was entirely suitable, as well as investigating concerns over hastily developed vaccines containing adjuvants.

Pharmaceutical companies are thought to have made a profit of somewhere in the region of $7.5-$10 billion on H1N1 vaccines, recouping the billions they had invested in researching and developing pandemic vaccines after the bird flu scares in 2006 and 2007.

The worldwide death toll from H1N1 is thought to be around 13,500, just over a third of the number who die from regular flu every year in the U.S. alone.

Heading the hearings is the former chairman of the Health Committee of PACE, Dr. Wolfgang Wodarg. A former German lawmaker, a medical doctor and epidemiologist. Wodarg has referred to the swine flu pandemic as “one of the greatest medical scandals of the century.”

Wodarg has pointed out that the WHO softened the definition of a pandemic from an outbreak in several continents at once with an above-average death rate, to one where the spread of the disease is constant.

Just one month after changing the definition, and with just 144 people having died from H1N1, the flu was given the highest threat classification possible, a “stage-six pandemic alert”. By comparison, the mildest 20th Century pandemic killed a million people.

“I have never heard such a worldwide echo to a health political action,” Wodarg, an epidemiologist who formerly led the health committee for the Council of Europe, said at Tuesday’s hearing. “It was stated in panic-stricken terms that this was a flu that could threaten humanity and a great number of humans could fall ill. This is why billions of dollars of medications were bought.” Wodarg said.

He added that the the change in definition “made it possible for the pharmaceutical industry to transform this opportunity into cash, under contracts which were mainly secret.”

“In my view, the WHO undertook an incomprehensible action, which cannot be justified by scientific evidence. The Council of Europe should investigate this to see how WHO can undertake this kind of dangerous nonsense,” said Dr Wodarg.

WHO’s flu chief, Dr Fukuda, insisted that its swine flu scientists do not have conflicts of interest owing to close links with pharmaceutical companies.

“Let me state clearly for the record – the influenza pandemic policies and responses recommended and taken by WHO were not improperly influenced by the pharmaceutical industry.” Fukuda told the inquiry.

He said those calling the epidemic fake were wrong and irresponsible.

PACE’s findings are expected to be announced January 29 and will likely be followed by an in-depth study and recommendations to European governments.

Sources for this story and further reading:
…

THE FLU CASE

Council of Europe gives green light to report on influence of Big Pharma on WHO's handling of Swine Flu Pandemic

The Flu Case, 29 January 2010, 10:13

https://web.archive.org/web/20100220013213/http://www.theflucase.com/index.php?option=com_content&view=article&id=2657%3Acouncil-of-europe-gives-green-light-to-report-on-influence-of-big-pharma-on-whos-handling-of-swine-flu-pandemic&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Assembly Bureau of the Council of Europe Parliamentary Assembly (PACE) this morning confirmed the appointment of Paul Flynn, UK Labour MP, to prepare a report on the issue of whether WHO exaggerated the dangers of the swine flu in order to allow pharma companies to reap profits, a press officer said.

Paul Flynn's report will probably be presented to the Council of Europe MPs for debate in the spring or summer sessions.

MPs will vote on a recommendation or resolution to be put before all 47 European parliaments who belong to PACE.

During the PACE public hearing of WHO pandemic chief Dr Keiji Fukuda and vaccine manufacturer representative Dr Luc Hessel on Tuesday, Flynn was critical of WHO's handling of the swine flu pandemic.

"The world has been frightened by a serious of health scares – SARS, Avian ‘Flu and now Swine ‘Flu. We now know, in hindsight, that the fears that were aroused do not appear to be justified. So we want to know how decisions on pandemics are taken – are they taken on the best scientific, epidemiological evidence, or are they influenced by other interests? That is the basis of this complaint. With H1N1, did the WHO, once again, frighten the world without any substantial evidence?" he said.

The public hearing was initiated by Wolfgang Wodarg, former SPD MP in Germany.

The PACE report could be explosive if it documents the scientific body of evidence that the swine flu vaccines were not tested and also contain adjuvants, squalene, known to produce autoimmune and other diseases.

thebmj

Rory Watson

Council of Europe launches investigation into H1N1 pandemic

BMJ, 1 February 2010
doi: https://doi.org/10.1136/bmj.c641 // https://www.bmj.com/content/340/bmj.c641

A Europe wide investigation will begin this week into the World Health Organization's decision to label the outbreak of swine flu a "pandemic," amid allegations that it did so under pressure from drug companies looking to boost demand for their vaccines.

The inquiry, launched by the Council of Europe's parliamentary assembly, will be led by the British Labour MP Paul Flynn and could be concluded as early as June.

Speaking after being appointed to the role, Mr Flynn said that he wanted to establish how WHO had assessed the risks from the new virus and to identify the factors that led the organisation to classify the health threat as a pandemic.

"Was the decision taken on objective, independent medical grounds or was it influenced by the imperative of drug companies looking for a return on their investment?" he asked.

The 47 countries represented in the Council of Europe's parliamentary assembly gave the formal go-ahead to the investigation on 29 January after the Strasbourg based organisation's social, health, and family affairs committee had held a two hour public hearing on the issue three days earlier.

Wolfgang Wodarg, a former German MP and specialist in epidemiology, told the hearing that the public had been warned that millions of people would fall ill with the flu. "WHO basically held the trigger for the pandemic preparedness plans. It had a key role to play in deciding on the pandemic. Around $18bn [£11.3bn; 13bn] was spent on the pandemic worldwide," he said.

Responding to the criticism, Keiji Fukuda, a special adviser on pandemic flu to WHO's director general, insisted that the organisation stood by the scientific validity of its recommendations and denied that its independence had been compromised by outside pressure.

He said, "The flu pandemic policies and responses were not improperly influenced by the pharmaceutical industry. Cooperation with a range of partners, including the private sector, is necessary, but numerous safeguards are in place to avoid conflicts of interest."

Luc Hessel, representing European vaccine manufacturers, rejected claims that drug companies had helped fuel fears over the virus and maintained that the "industry responded quickly and effectively and was able to deliver the vaccines ordered by governments."

During his investigation Mr Flynn will question WHO about its procedures and examine how different governments reacted to the warnings. "Poland probably did the least and the United Kingdom the most, but the outcome in the two countries was not that different," he said.

He will also look to establish the extent to which the public's trust in WHO has been damaged by its handling of the H1N1 outbreak. Similarly dire warnings, which critics believe were exaggerated, were made over severe acute respiratory syndrome and avian flu.

Dr. Wolfgang Wodarg on Alex Jones:
The false swine flu pandemic and the WHO cartel

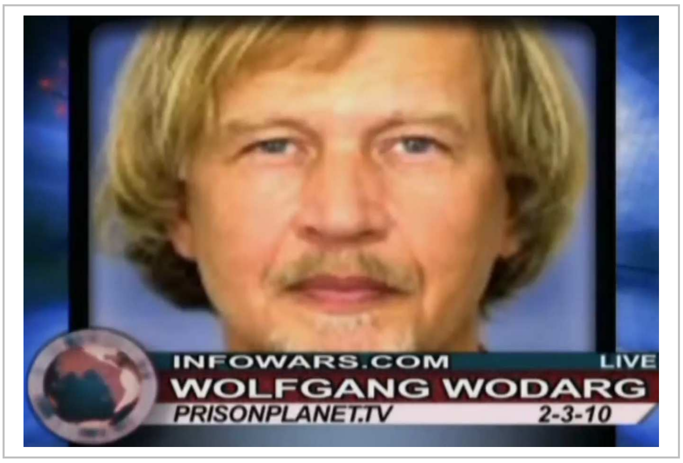
Prison Planet, 3 February 2010

https://www.youtube.com/watch?v=TDQO3n-NjnI

https://web.archive.org/web/20100413054259/http://www.infowars.com/dr-wolfgang-wodarg-on-alex-jones-tv-whos-2009-swine-flu-threat-now-exposed-as-a-hoax/

Public hearing on handling of H1N1 pandemic –

A public parliamentary hearing “The handling of the H1N1 pandemic: more transparency needed?” was held during the session on 26 January. The hearing brought together representatives of the World Health Organisation (WHO) and of European vaccine manufacturers, as well as independent medical experts, to discuss this topic with parliamentarians. The hearing was initiated by the outgoing Chair of PACEs Sub-committee on Health Wolfgang Wodarg, who together with some other members of the Assembly of the Council of Europe requested in a motion in December that the Assembly look into this question. The hearing was open to the press. Both hearing and press conference were webcast live. Here the statement presented by Dr. Wodarg:



Paul Joseph Watson

Investigation Chief: Swine Flu Pandemic Was A Hoax

Prison Planet, 4 February 2010

https://web.archive.org/web/20100207135141/http://www.prisonplanet.com/investigation-chief-swine-flu-pandemic-was-a-hoax.html

Appearing on The Alex Jones Show, outgoing Chair of the Council of Europe's Sub-committee on Health Wolfgang Wodarg said that his panel's investigation into the 2009 swine flu outbreak has found that the pandemic was a fake hoax manufactured by pharmaceutical companies in league with the WHO to make vast profits while endangering public health.

The Parliamentary Assembly of the Council of Europe, a 47 nation body encompassing democratically elected members of parliament, began hearings last month to investigate whether the H1N1 swine flu pandemic was falsified or exaggerated in an attempt to profit from vaccine sales.

Wodarg said that governments were "threatened" by special interest groups within the pharmaceutical industry as well as the WHO to buy the vaccines and inject their populations without any reasonable scientific reason for doing so, and yet in countries like Germany and France only around 6 per cent took the vaccine despite enough being available to cover 90 per cent of the population.

Wodarg said he was alarmed when the WHO cited early cases in Mexico as a threat and quickly moved to pandemic status, despite the fact that the cases were relatively mild and the virus was not new.

"This was the mildest flu ever and the people were much more clever than the government so we have to find out what was going on with WHO – why did they do this pandemic alarm," asked Wodarg, noting that pharmaceutical interests within the World Health Organization were instrumental in creating the panic and reaping the financial dividends.

"We don't know what really happened, we only know that they changed the definition of a pandemic, which was a very dangerous thing before and now is just a normal flu, and this is why business for pharmaceutical companies was open," said Wodarg, adding that select pharmaceutical companies were handed a monopoly on creating the vaccine.

"It is their trick that they always try to monopolize this and we pay much more like this," said Wodarg, noting that if patents were left open, vaccines would be produced much quicker and far cheaper.

Wodarg said there was "no other explanation" for what happened than the fact that the WHO worked in cahoots with the pharmaceutical industry to manufacture the panic in order to generate vast profits, agreeing with host Alex Jones that the entire farce was a hoax.

He also explained how health authorities were "already waiting for something to happen" before the pandemic started and then exploited the virus for their own purposes.

Wodarg said that the investigation was likely to recommend an end to the undue influence of pharmaceutical companies on public health institutions in Europe.

However, Wodarg pointed out, “There is no law for WHO, there is no one who punishes those people in WHO, we only have national law, so this is very important that we collect the information and on the national level we try to find those people responsible and we try to punish them.”

“Have investigations, have a deep look, we cannot tolerate such a development, we cannot have this next winter again, we don’t want such fake pandemics,” concluded Wodarg.

Wodarg said that vast quantities of unused vaccines were now being dumped on the third world and that other countries were simply trying to push ahead with vaccination programs even though the virus has proven not to be a major threat.

“The Japanese bought vaccines for 110 million people and they cannot return from this vaccine contract so they are in a very big political dilemma now and they already have problems because the Japanese people already know it wouldn’t be necessary to get vaccinated,” Wodarg told The Alex Jones Show.

THE FLU CASE

French and Spanish versions of False Pandemic available; please help keep the website going for the home stretch

The Flu Case, 2 March 2010, 17:35

https://web.archive.org/web/20100525030102/http://www.theflucase.com/index.php?option=com_content&view=article&id=2875%3Afrench-and-spanish-versions-of-false-pandemic-available-please-help-keep-the-website-going-for-the-home-stretch&catid=1%3Alatest-news&Itemid=64&lang=en

Sincere thanks to Carolyn Dunning and Claudia Calvo for translating the first chapter of False Pandemic into French and into Spanish.

These translations will certainly help information about the mass swine flu vaccination campaign to circulate around the world – and so increase pressure for in-depth inquiries as well as for criminal charges against those specific individuals responsible for putting so many people at risk due to a vaccination with an untested and toxic vaccine.

The French parliament has already announced a commission of inquiry into the influence of pharmaceutical companies on the swine flu vaccination scam.

Also, UK MP Paul Flynn is preparing a key report for the Council of Europe Parliamentary Assembly for a vote in July or October.

This report will eventually be sent to all the parliaments in Europe, including Switzerland and Russia, for their consideration, and could lead to parliamentary inquiries in many countries and/or changes in legislation to offer better protection to people.

Paul Flynn has already indicated in an email that he is prepared to look into the incident that nearly triggered a global bird flu pandemic last February when 72 kilos of seasonal flu vaccine was contaminated with the live bird flu virus in a Baxter facility in Austria, and sent to 16 labs in Europe.

Your donations will help keep the website going and getting the book written.

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If you contribute, you can, if you so wish, have your name listed at the end of the book.

Finally, many thanks to each person who has already donated so generously.

Jane and Johan

Le Monde

Grippe A : des eurodéputés demandent une commission d'enquête

Le Monde avec AFP, 9 mars 2010 à 17h40
https://www.lemonde.fr/planete/article/2010/03/09/grippe-a-des-eurodeputes-demandent-une-commission-d-enquete_1316825_3244.html

Des députés européens dénoncent la manière dont les autorités sanitaires ont fait face à la grippe A(H1N1) et l'argent "gaspillé", selon eux, dans la campagne de vaccination.

Des députés européens ont demandé mardi 9 mars que le Parlement se dote d'une commission d'enquête sur la manière dont les autorités sanitaires ont fait face à la grippe A(H1N1) ainsi que sur l'argent *"gaspillé"*, selon eux, dans la campagne de vaccination.

Pour voir le jour, la commission d'enquête devra être approuvée d'ici deux semaines par un quart des parlementaires, soit cent quatre-vingt-trois élus. Les eurodéputés qui ont pris l'initiative de cet appel sont originaires de plusieurs pays et issus de tous les groupes politiques. Ils dénoncent les *"moyens disproportionnés"* mis en œuvre pour faire face à la pandémie, qui au final s'est avérée beaucoup moins grave que redouté initialement.

Si cette commission était créée, elle devrait notamment s'intéresser au rôle des autorités sanitaires de l'Union européenne (Centre européen de prévention et de contrôle des maladies et Agence européenne des médicaments). Elle devrait également se pencher sur les éventuels *"conflits d'intérêts"* nés du fait que certains experts consultés par les autorités travaillent aussi pour des laboratoires pharmaceutiques, a fait valoir la centriste française Corinne Lepage.

"Quelle confiance les citoyens européens pourront-ils avoir lors de prochaines pandémies si l'on ne remet pas à plat notre fonctionnement ?" a demandé l'élue écologiste française Michèle Rivasi. *"Il ne s'agit pas de condamner qui que ce soit, mais plutôt de retenir des leçons pour la prochaine fois. Car il y aura une prochaine fois, et ce pourra être beaucoup plus grave"*, a estimé la conservatrice britannique Marina Yannakoudakis.

THE FLU CASE

Call for swine flu vaccine campaign inquiry in European Parliament

The Flu Case, 10 March 2010, 14:07

https://web.archive.org/web/20100525025706/http://www.theflucase.com/index.php?option=com_content&view=article&id=2962%3Acall-for-swine-flu-vaccine-campaign-inquiry-in-european-parliament&catid=41%3Ahighlighted-news&Itemid=105&lang=en

MEPs have called for an commission of inquiry in the European Parliament on the handling of the swine flu pandemic, according to Le Monde and AFP.

Green MEP Michele Rivasi said that several EU countries had spent "enormous" amounts of money for mass vaccinations using an inadequately tested vaccine.

The European Parliament should investigate if conflicts of interests were involved in the pandemic emergency declaration over the swine flu, Rivasi told AFP.

Links between experts working for the EU and pharmaceutical industry should be examined.

The call for a commission of inquiry has so far been backed by 14 MEPs from across the political spectrum.

183 MEPs have to sign up in the next two weeks for the request to be sent to party chiefs for consideration.

A commission of inquiry has already been announced in the French parliament.

Also, UK MP Paul Flynn is preparing a report for the Council of Europe Parliamentary Assembly on whether pharmaceutical industry influenced WHO in declaring a pandemic emergency level 6.

Report in Le Monde (translated by Carolyn Dunning):

MEPs called on Tuesday, March 9 for the Parliament for the creation a commission of inquiry into how health authorities dealt with the influenza A (H1N1) flu and on the money "wasted", according to them, involved in the vaccination campaign.

For this to happen, the commission of inquiry will have to be approved within two weeks by a quarter of parliamentarians, that is to say one hundred eighty-three elected members. MEPs who initiated this call came from several countries and from all political groups. They denounced the "disproportionate means" implemented to address the pandemic, which ultimately proved less serious than initially feared.

If this commission was created, it should particularly address the role of health authorities in the EU (European Centre for Prevention and Disease Control and European Medicines Agency). It should also focus on possible "conflicts of interest" which arose from the fact that some experts consulted by the authorities also work for pharmaceutical companies, argued the French centrist, Corinne Lepage.

"How will Europeans be able to trust us during future pandemics if we do not completely revise our operations?" asked the French elected environmentalist Michele Rivasi. "This is not to condemn anyone, but rather to draw lessons for next time. For there will be a next time, and that may be much worse," said the British conservative Marina Yannakoudakis.

DIE TAGESZEITUNG junge Welt

Umgang mit «Schweinegrippe» prüfen

Junge Welt, 10 March 2010

https://www.jungewelt.de/loginFailed.php?ref=/artikel/140817.umgang-mit-schweinegrippe-pr%C3%BCfen.html

Europaparlamentarier kritisieren fraktionsübergreifend Massenimpfungen. Untersuchungsausschuß gefordert.

Straßburg – Im Europaparlament haben Abgeordnete aus allen maßgeblichen Fraktionen die Einrichtung eines Untersuchungsausschusses zum Umgang mit der sogenannten Schweinegrippe gefordert. Mehrere EU-Staaten hätten wegen der Warnung vor einer angeblichen Pandemie »enorm viel Geld« für Massenimpfungen ausgegeben, sagte die französische Grüne Michèle Rivasi. Zudem seien zahlreiche Menschen als »Versuchskaninchen« für unzureichend getestete Impfstoffe benutzt worden.

Der Untersuchungsausschuss solle ermitteln, ob "Interessenskonflikte" zu der falschen Pandemie-Warnung geführt haben, sagte Rivasi weiter Dazu sollten mögliche Verbindungen der von der EU angehörten Experten zur Pharma-Industrie durchleuchtet werden.

Die Forderung nach einem Untersuchungsausschuss wurde bislang von 14 Abgeordneten unterstützt, unter ihnen Christdemokraten, Sozialdemokraten, Liberale, Linke und Grüne. Sie wollen nun innerhalb von zwei Wochen die notwendigen 183 Unterschriften sammeln. Anschließend müssen sich die Fraktionsvorsitzenden mit dem Vorschlag befassen.

Im Europarat hatten Experten und Mitglieder der Parlamentarier-Versammlung Ende Januar harsche Kritik an der Weltgesundheitsorganisation (WHO) geäußert. Sie warfen der UN-Organisation vor, die Schweinegrippe voreilig zur Pandemie erklärt zu haben.

In Deutschland hatten die Bundesländer zunächst 50 Millionen Impfdosen bestellt. Im Januar einigten sie sich mit Pharmakonzern Glaxo-Smith-Kline (GSK) auf eine Reduzierung der Lieferung auf 34 Millionen Dosen. Da dies aber immer noch mehr als nötig ist, versucht Deutschland nun, den Rest an andere Länder zu verkaufen. In Frankreich wurden 80 Millionen Dosen bestellt, von denen nur ein kleiner Teil verwendet wurden. Auch Paris sucht nach Käufern für seinen überflüssigen Impfstoff.

Parliamentary Assembly
Assemblée parlementaire

PACE to hold a second public hearing into the handling of the Swine Flu pandemic

Strasbourg, PACE, 22 March 2010
http://rm.coe.int/090000168071ef01 // http://rm.coe.int/0900001680720950
http://rm.coe.int/09000016807216e8 // http://rm.coe.int/090000168071d44d
https://web.archive.org/web/20100327005922/http://assembly.coe.int/ASP/NewsManager/EMB_NewsManagerView.asp?ID=5393&L=2

Strasbourg, 22.03.2010 – The Parliamentary Assembly of the Council of Europe (PACE) is to hold a second public hearing on the subject "The handling of the H1N1 pandemic: more transparency needed" in Paris on Monday 29th March, followed by a press conference.

Participants at the hearing, organised by PACE's Committee on Social, Health and Family Affairs, include:

Polish Health Minister Ewa Kopacz, who will explain her government's response to the 'flu pandemic declared by the World Health Organisation – Poland decided not to order any H1N1 vaccines

Professor Marc Gentilini, an expert in infectious diseases, a member of the French National Academy of Medicine and a former President of the French Red Cross, who will assess France's response to the pandemic

Health researcher Dr Tom Jefferson of the independently-funded Cochrane Collaboration who will analyse the issue of the use of scientific evidence in influenza decision-making

Michèle Rivasi, a member of the Green Group in the European Parliament, who is calling for an inquiry by MEPs into the handling of the 'flu pandemic

The committee held a first public hearing in January, attended by representatives of the WHO, the pharmaceutical industry and independent health experts, following a motion by the outgoing Chair of PACE's Sub-committee on Health Wolfgang Wodarg on "faked pandemics".

It subsequently appointed Paul Flynn (United Kingdom, SOC) to prepare a report. He has already met British Minister of State for Public Health Gillian Merron as part of his inquiry, and will shortly visit the Geneva headquarters of the World Health Organisation (WHO) to put follow-up questions. The committee is due to approve his report at the end of April, for a possible plenary debate in Strasbourg in June.

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Practical information for the media:

The hearing, which is open to the press, takes place at the Council of Europe office in Paris (55 avenue Kléber, Paris 16ème, Metro: Boissière) from 2 p.m. to 4.30 p.m. on Monday 29th March, followed by a press conference.

Video of the hearing and press conference (with interpretation into English and French) will be posted on the Assembly's website around an hour after they conclude at the following link: mms://coenews.coe.int/vod/100329_w01_w.wmv

Accreditation:
PACE Communication Division, e-mail pace.com@coe.int or +33 3 88 41 31 93.

Parliamentary Assembly
Assemblée parlementaire

Mr Paul Flynn
Rapporteur, United Kingdom, Socialist

Memorandum:
The handling of the H1N1 pandemic: more transparency needed

AS/Soc (2010) 12
Social, Health and Family Affairs Committee, PACE, 23 March 2010
http://assembly.coe.int/CommitteeDocs/2010/20100329_MemorandumPandemie_E.pdf

I. Introduction

1. The Parliamentary Assembly has always attentively observed governance issues of the public health sector in Council of Europe member states. The most recent reporting activities in this respect have been Recommendation 1725 (2005) on “Europe and bird flu – preventive measures in the health field”, Recommendation 1787 (2007) on “The precautionary principle and responsible risk management” and Resolution 1649 (2009) on “Palliative care: a model for innovative health and social policies”.

2. The rapporteur notes that the handling of the current H1N1 crisis is closely related to sensitive questions such as health experts’ contractual relations with private stakeholders and possible conflicts of interest, levels of public spending and, last but not least, important issues of health and well-being of individual patients and the population at large. Furthermore, the transparency of public health decisions is closely linked to the way in which sensitive issues are communicated to the European public. The rapporteur intends to take the ongoing debate on these topical issues to a more objective level.

3. At the level of the Council of Europe, member states undertake intergovernmental co-operation activities regarding health topics with a view to contributing to the development of an ethical European health policy. Some of the main topics include blood transfusion, mental health, palliative care, patient participation transplants, and also good governance in the health sector, as well as bioethics and the quality of medicines and healthcare. For the Council of Europe and its Parliamentary Assembly, the observation of public governance in the health care field is a particular priority.

4. The rapporteur does not wish to undertake a scientific analysis of the H1N1 flu virus, which would be the specific mission of other international or European bodies such as the World Health Organisation (WHO), the European Centre for Disease Prevention and Control (ECDC) or the European Medicines Agency (EMEA). His memorandum is based, rather, on the understanding that the questions of public health governance arising from the H1N1 crisis are essential issues of the rule of law and democracy which are ‘core values’ of the Council of Europe. The rapporteur’s main objective therefore is to identify and propose lines of action to enhance the transparency, accountability and coherence of the handling of future public health situations, whether these reach ‘pandemic’ levels or not.

5. With regard to public health issues at the Parliamentary Assembly, the rapporteur notably wishes to refer to the current report of his colleague, Ms Liliane Maury Pasquier (Switzerland, SOC), Chair of the Social, Health and Family Affairs Committee, on “Preventive Health Care Policies in the Council of Europe member states”. In her draft recommendation, Ms Maury Pasquier proposes that the Assembly urges Council of Europe member states to evaluate their preventive health care strategies, to renew their commitment towards the health goals of the World Health Organisation (WHO) and to actively co-operate with WHO, within the global surveillance system, in order to halt the expansion of infectious diseases. Taking this approach into account and despite some of the criticisms raised in this memorandum, the Parliamentary Assembly should recognise the outstanding achievements made in public health in past decades, and the valuable contribution to this by WHO. The Assembly should continue to support WHO to improve public health in all possible ways, including from a good governance and human rights perspective.

6. When examining the handling of the H1N1 influenza, the rapporteur also considers it important to closely co-operate with WHO and main European bodies, including the European Commission and Parliament, as well as national governments, the pharmaceutical industry, academia and civil society. This dialogue has already been launched at the public hearing held on 26 January during the 2010 first part-session of the Assembly, the results of which have been included in the present memorandum. This dialogue will continue at a hearing in Paris on 29 March 2010, with the participation of public health experts and representatives of European governments.

II. Announcement and perception of the H1N1 ‘Pandemic’

...

III. Critical views of the governance of the current H1N1 crisis and first evidence found

...

IV. Recent reactions of various stakeholders involved in the handling of the H1N1 influenza

a) Reactions of WHO at different times of the pandemic

...

b) Reactions of the pharmaceutical industry

...

c) Follow-up and reactions at the level of the European Union and European Parliament

...

d) Various reactions in Council of Europe member states

...

V. Conclusions

44. The recent debate on H1N1, notably at a European level, has shown that the situation relating to this influenza is characterised by a high degree of uncertainty. The rapporteur is convinced that the way in which the H1N1 crisis has been handled is lacking in transparency. Certain facts have never been communicated to the European public; others have not been presented clearly enough. Even in this advanced stage of debate, and notwithstanding the lack of transparency has been pointed out on various occasions, some stakeholders are still not ready to react fully to allegations made and make all possible information available.

45. Concluding this first round of reflection on the way in which the H1N1 pandemic was handled, the rapporteur notes that WHO and other public health institutions involved in public decisions on the pandemic, have ‘gambled away’ some of the confidence that the European public has in these highly reputed organisations. This decline in confidence could be risky in the future. When the next pandemic arises many persons may not give full credibility to recommendations put forward by WHO and other bodies. They may refuse to be vaccinated and may put their own health and lives at risk.

46. The rapporteur considers that any further investigation should focus on the question of how to strengthen and render irreproachable the surveillance mechanisms in place within and around WHO. It is essential in this respect to ensure the Organisation’s democratic accountability and transparency of decision-making in relation to its work, and finally to re-increase public confidence in WHO’s recommendations. There are important lessons to be learned for the future from the current H1N1 pandemic and the way in which it has been dealt with.

47. The search for improvements should firstly be undertaken through inter-organisational dialogues at national, European and international level. In this respect, the rapporteur welcomes the willingness of WHO and other organisations to participate in the public hearings and debates organised by the Parliamentary Assembly, and hopes that they will continue this dialogue with a view to pursuing the common objective of preparing for future public health situations where the same issues, including those of transparency, might be raised.

48. In parallel, national public health authorities of Council of Europe member states should also contribute to rendering public health decisions more transparent and accountable. This they should do by addressing some of these highly sensitive issues at national level, and by participating in relevant exchanges at the European level. One of the issues to be examined is the democratic control of international organisations such as WHO through relevant bodies (World Health Assembly, Regional Committees of WHO, etc.).

49. There are numerous organisations and institutions at international, European and national level which have been concerned by pandemic preparedness planning and the implementation of subsequent vaccination strategies. Amongst these, the Parliamentary Assembly provides a European platform where issues relating to human rights, the rule of law and democracy can be raised. In this function, the Parliamentary Assembly could remain a moderator and partner in debates. Beyond consideration of sensitive issues related to the current H1N1 crisis, and in consideration of the vast amount of work on common topics which are already the subject of exchanges between WHO and the Council of Europe, the Parliamentary Assembly could even provide a parliamentary forum for regular debates on the activities of WHO. By comparison, there is a yearly institutional dialogue between the Assembly and the Organisation for the Economic Co-operation and Development (OECD). Similarly there are regular reports of the Assembly on the activities of the United Nations High Commissioner for Refugees (UNHCR) and on the International Organization for Migration.

The Guardian

Sarah Boseley

WHO accused of losing public confidence over flu pandemic

The Guardian, 28 March 2010, 18:37 BST
https://www.theguardian.com/world/2010/mar/28/who-public-confidence-flu-pandemic

Loss of credibility could endanger lives, says vice chair of Council of Europe's health committee.

The World Health Organisation and other public health bodies have "gambled away" public confidence by overstating the dangers of the flu pandemic, according to a draft report to the Council of Europe.

The report, by the Labour MP Paul Flynn, vice chair of the council's health committee, says that a loss of credibility could endanger lives.

"This decline in confidence could be risky in the future," says the report, seen by the Guardian. "When the next pandemic arises many persons may not give full credibility to recommendations put forward by WHO and other bodies. They may refuse to be vaccinated and may put their own health and lives at risk."

In Britain, says Flynn, the discrepancy between the estimate of the numbers of people who would die from flu and the reality was dramatic. "In the United Kingdom, the Department of Health initially announced that around 65,000 deaths were to be expected. In the meantime, by the start of 2010, this estimate was downgraded to only 1,000 fatalities. By January 2010, fewer than 5,000 persons had been registered as having caught the disease and about 360 deaths had been noted," says his report.

The public health minister, Gillian Merron, told Flynn in a meeting for the report that a Cabinet Office investigation was looking into Britain's handling of the outbreak and would report some time after June. Countries across Europe reacted very differently to the pandemic, says the report. Not all mounted high-profile vaccination campaigns, as did the UK.

Flynn's draft accuses the WHO of a lack of transparency. Some members of its advisory groups are flu experts who have also received funding, especially for research projects, from pharmaceutical companies making drugs and vaccines against flu.

"The neutrality of their advice could be contested," says the report. "To date, WHO has failed to provide convincing evidence to counter these allegations and the organisation has not published the relevant declarations of interest. Taking such a reserved position, the organisation has joined other bodies, such as the European Medicines Agency, which likewise, have still not published such documents."

Flynn's report was commissioned by the Council of Europe's parliamentary assembly, which is holding an inquiry into the handling by European bodies and governments of the flu pandemic. The second evidence session will be held in Paris tomorrow. The witnesses will include the Polish health minister, Ewa Kopacz, who will explain why her government decided not to order any H1N1 vaccines.

At the first evidence session, in January, some experts criticised the dramatic comparisons made last year between the novel strain of H1N1 circulating in Europe and the devastating Spanish flu pandemic of 1918. Professor Ulrich Keil, epidemiologist and director of the WHO collaborating centre on epidemiology of the University of Münster in Germany pointed out in evidence that the Spanish flu broke out in the very different circumstances of the first world war, where infections were easily transmitted by undernourished soldiers and there was an absence of medicines such as penicillin.

One of the central questions of the Council of Europe inquiry, says Flynn, "concerns the possibility for representatives of the pharmaceutical industry to directly influence public decisions taken with regard to the H1N1 influenza, and the question of whether some of their statements had been adopted as public health recommendations without being based on sufficient scientific evidence". He cites as an example the decision to recommend two doses of flu vaccine for children, which was later questioned.

"Various factors have led to the suspicion that there may have been undue influence by the pharmaceutical industry, notably the possibility of conflicts of interest of experts represented in WHO advisory groups, the early stage of preparing contractual arrangements between member states and pharmaceutical companies as well as the actual profits that companies were able to realise as a result of the influenza pandemic," says the draft report, which will be finalised when all the evidence has been taken, at the end of April.

Parliamentary Assembly
Assemblée parlementaire

Swine Flu:
'the next time someone cries wolf on a pandemic, it will not be taken seriously'

PACE: Social Affairs, Health and Sustainable Development, 29 March 2010
https://web.archive.org/web/20100403013623/http://assembly.coe.int/ASP/NewsManager/EMB_NewsManagerView.asp?ID=5415

Paris, 29.03.2010 – "*The next time someone cries wolf over a pandemic, the overwhelming majority will not take it seriously*," participants were told today at a parliamentary hearing on the handling of the H1N1 pandemic, organised in Paris by PACE's Social, Health and Family Affairs Committee.

"A pandemic cannot be whatever the WHO declares it is. If it turns out that former PACE member Wolfgang Wodarg was right when he said the pandemic was decided to help the pharmaceutical industry make bigger profits, this might well turn out to be one of the biggest health scandals ever," said **Paul Flynn** (United Kingdom, SOC), PACE rapporteur on this issue.

Participants also expressed regret at the WHO's failure to revise its position on the pandemic, and warned against a possible repetition of events if no lessons were learnt. "The world no longer trusts the WHO, but we need a body of this kind and it must therefore restore its own credibility," Mr Flynn added.

He paid tribute to the rare courage of the Polish Health Minister **Ewa Kopacz**, who had refused to be held hostage by the pharmaceutical industry and did not order vaccines. She said that drug company profit should not be more important than people.

She urged the WHO to urgently re-examine their position and decrease the pandemic alert level. She also denounced the lack of solidarity among European states when the pandemic was declared and the lack of co-ordination at EU level. **Marc Gentilini**, an expert in infectious diseases who is a former President of the French Red Cross, regretted that there was no such thing as a European health policy and called for the building of what he called a Europe of Health: "The precautionary principle is not a political umbrella to be abused," he said.

Health researcher **Tom Jefferson**, of the independently-funded Cochrane Collaboration, stressed that parliamentary democracy was the best means of ensuring that private interests do not prevail over the sovereignty of states: "We trust democracy to have a surveillance system that works. The public health sector may not rely on privatised expertise," he warned, underlining that so-called experts did not emerge like daisies but were "created and made into key opinion-leaders".

Michèle Rivasi, a member of the Green Group in the European Parliament, who is calling for an inquiry by MEPs into the handling of the 'flu pandemic, illustrated what she called "the chronicle of a pandemic foretold" and denounced the rush with which the WHO had announced the pandemic. She asked whether we were getting the whole truth from the WHO. She said it was important for PACE and the European Parliament to work together on this issue.

The participants also regretted that the WHO had not accepted the invitation to participate in this second hearing.

Parliamentary Assembly
Assemblée parlementaire

Address of Ms Ewa Kopacz, Minister of Health of Poland
Hearing on 'The handling of the H1N1: more transparency needed"
Parliamentary Assembly of the Council of Europe
Social, Health and Family Affairs Committee

Paris, PACE, 29 March 2010
https://archive.org/details/address-ek
http://assembly.coe.int/CommitteeDocs/2010/20100329_MinisterKopaczAddress.pdf

Madame Chair, Ladies and Gentleman,

Thank you much to the Parliamentary Assembly and the Council of Europe for taking up a subject that gave rise just recently to so much emotion and controversy. Thank you also for making it possible for the Polish Minister of Health to share her experience and the actions that we undertook during last year's flu pandemic. A pandemic whose announcement cost the world's tax payers hundreds and millions of Euros and at the same time ensured enormous additional profit for producers of vaccines for the pandemic.

Ladies and Gentleman the Polish reaction to this flu pandemic threat, a reaction which was quite different from those that prevailed in many other countries, was not the result of light-heartedness or slow decision making. From the time when in March April 2009 the first information was available about people falling ill with flu caused by a hitherto unknown virus called H1N1 Polish epidemiological and crisis reaction services immediately prepared themselves, analysed the situation and proposed appropriate measures to react to the possible threat. We also remained in close touch with the ECDC and other European and national centers designated to combat the new virus. Our actions were undertaken in accordance with a national pandemic plan developed on the basis of WHO's guidelines. Experts on epidemiology and infectious diseases issued recommendations for doctors and other healthcare professionals, we conducted a broad ranging informational educational campaign in particular aimed at children and school age youth and we also ensured that we combated symptoms of panic and general social unease.

It should be added that the relatively rapid announcement of successive levels of pandemic threat by WHO caused a lot of interest in the media which didn't really verify the significance of the figures that were provided and started to talk about upcoming 'apocalypse'. The media of course reminded societies of the famous 'Spanish' flu of 1918-1919 and the more recent avian flu which raised the level of social disquiet without the facts to support those statements. And that is why we prepared and transmitted information in accordance with our pandemic plan and we used the medical information available about the degree of threat but that was often marginalised by the media and they concentrated on the threat.

We also analysed the situation in the countries of the Southern Hemisphere where the flu season was underway and we were becoming very aware of the moderate nature this pandemic. All of this made it possible for us to serenely analyse the situation in so far as the alleged pandemic was concerned and to draw the appropriate conclusions. Ladies and Gentleman we wanted to take into consideration all possible scenarios so we invited pharmaceutical companies to negotiate with us, companies that were working on a vaccine against the H1N1 flu virus. The Polish Flu Pandemic

Committee had defined a high risk group including 2 millions persons in accordance with the recommendations of WHO and the ECDC and the Polish government set aside resources to buy appropriate numbers of vaccines but the conditions of purchase for vaccines proposed by producers were dubious for us, vaccines were to be purchased only by governments and not available directly to individuals, and to units of health care system, the producers of the vaccine expected that Polish government would take full responsibility for any undesirable side effects offering sale at the risk and on the responsibility of the purchaser.

For a long time it was also not clear whether each of us should be vaccinated once or twice and we were also concerned about information in the Euravigilin system about various undesirable effects and even the suspicion of some deaths. And the fact that the vaccine as offered was 2 to 3 times more expensive than vaccines against seasonal flu produced on the basis of the same technology is a fact on which I will not comment upon.

For these reasons the Polish government and I personally fully responsibly undertook a position not to purchase the vaccines on the conditions that were offered by pharmaceutical companies. I said at the time in the Polish parliament 'is it my responsibility to sign contracts in the interests of Poland or contracts in the interests of pharmaceutical companies?' I must admit that I said this as a doctor who has sworn to act for the good of patients and as a politician who has sworn to act in the interests of citizens. It is really not acceptable that producers of a medical vaccine thanks to the media campaign and taken advantage of fear that they should force government to take certain decisions; it is not acceptable for producers not to take responsibility for product for safety of patients and for undesirable side effects. It is not acceptable that governments should become hostages to interest groups and should take decision in an atmosphere of panic resulting from alarmist announcements in the media or the opinion of experts who have an interest in the situation themselves and who have not based their analysis on scientific terms, that is not acceptable at all.

Bitter thought to end, at the beginning of information becoming available 30 April 2009 during meeting Luxemburg during a meeting of Health Ministers of the European Union I talked about the need for coordination of purchases and distribution of vaccines by countries of the Union considering that combating the pandemic should be based on genuine European solidarity. I said that the criterion of access to the vaccines should not be how rich a country is but rather to what extent it is epidemiologically threatened. And I find it very painful to share with you the thought that there was no coordinated action by the community that the European answer to the pandemic threat which turned out to be not so serious as we initially thought has shown that in the European Union there is a deficit of solidarity and this lesson also shows that the announcement of each successive level and the scale of pandemic by WHO must be preceded by a very good scientific analysis and correct evaluation of the threat. Premature announcement of a pandemic, elimination of the criterion of the level of threat of the virus by WHO and using mainly the geographic criteria without taking into consideration the number of cases actually occurring within a given region has resulted in this excessive reaction by most countries in the world and I think that the international community is expecting now that WHO reduce the announced level of threat to the actual pandemic situation in individual regions of WHO which has not yet been the case.

And finally, this test was failed also and perhaps first and foremost by companies who produce vaccines because for them, corporate profit was more important than social responsibility. The experiences of last year's pandemic announcement are a very important lesson for us, we paid a very high cost – what is important now would be to draw the appropriate lessons from that experience.

Thank you.

Parliamentary Assembly
Assemblée parlementaire

Przemówienie Pani Ewy Kopacz,
Minister Zdrowia Rzeczypospolitej Polskiej
Wysłuchanie "Działania odnośnie grypy H1N1: potrzeba większej przejrzystości"
Zgromadzenie Parlamentarne Rady Europy
Komitet do Spraw Społecznych, Zdrowia i Rodziny

ParyŜ, 29 marca 2010 r.
http://assembly.coe.int/CommitteeDocs/2010/20100329_MinisterKopacz_PL.pdf

Szanowna Pani Przewodnicząca, Szanowni Państwo,

Dziękuję Zgromadzeniu Parlamentarnemu Rady Europy za podjęcie tematu, który nie tak dawno budził tak wiele emocji i kontrowersji. Dziękuję za moŜliwość podzielenia się przez polskiego ministra zdrowia naszymi doświadczeniami i działaniami podczas ubiegłorocznej pandemii grypy.

Pandemii, której ogłoszenie kosztowało podatników na całym świecie setki milionów euro, przysparzając producentom szczepionki pandemicznej, jak się szacuje, ogromnego dodatkowego zysku.

Szanowni Państwo,

Polska reakcja na zagroŜenie pandemią grypy, reakcja odmienna niŜ w wielu innych krajach, nie była spowodowana ani lekkomyślnością, ani opieszałością. Od chwili, gdy na przełomie marca i kwietnia 2009 roku pojawiły się pierwsze doniesienia o zachorowaniach na grypę spowodowanych nieznanym dotychcas wirusem, nazwanym A/H1N1, polskie słuŜby epidemiologiczne i reagowania kryzysowego niezwłocznie przeszły w stan wzmoŜonej gotowości, analizując sytuację i proponując odpowiednie środki odpowiedzi na ewentualne zagroŜenie. Pozostawaliśmy teŜ w łączności z ECDC i innymi europejskimi i narodowymi ośrodkami wyznaczonymi do walki z nowym wirusem. Nasze działania podejmowaliśmy zgodnie z opracowanym na podstawie wytycznych WHO Narodowym Planem Pandemicznym. Eksperci ds. epidemiologii, oraz chorób zakaźnych wydawali zalecenia dla lekarzy i innych pracowników ochrony zdrowia, prowadziliśmy szeroką kampanię informacyjną i edukacyjną kierowaną w szczególności do dzieci i młodzieŜy szkolnej. DuŜą wagę przywiązaliśmy teŜ do zwalczania objawów paniki i społecznego niepokoju, Trzeba tu dodać, Ŝe stosunkowo szybkie ogłaszanie kolejnych stopni zagroŜenia pandemicznego przez Światową Organizację Zdrowia spowodowało szerokie zainteresowanie mediów, które nie weryfikując znaczenia podawanych liczb wytworzyły obraz nadciągającej apokalipsy. Media przywoływały do pamięci społecznej słynną „hiszpankę” z lat 1918-19 i nieodległą grypę ptaków, co podwyŜszało stopień społecznego niepokoju w istotnym oderwaniu od faktów związanych z naturą tej pandemii - pandemii grypy A/H1N1 w przebiegu dość łagodnej. Dlatego teŜ przygotowana i przekazywana zgodnie z wytycznymi planu pandemicznego oraz wiedzą medyczną informacja nt. stopnia zagroŜenia, potencjalnych moŜliwości zakaŜenia oraz stosowania środków ochrony indywidualnej była w mediach bardzo często marginalizowana.

Analizowaliśmy takŜe sytuację w krajach półkuli południowej, gdzie właśnie trwał sezon grypowy i zdawaliśmy sobie sprawę z łagodnego charakteru pandemii.

To wszystko pozwoliło nam chłodno analizować sytuację pandemiczną i wyciągać z niej wnioski.

Panie i Panowie,

Biorąc pod uwagę kaŜdy scenariusz zaprosiliśmy do rozmów firmy farmaceutyczne, które podjęły prace nad szczepionką przeciwko grypie A/H1N1. Polski Komitet ds. Pandemii Grypy określił grupy szczególnego ryzyka, które objęły 2 miliony osób, zgodnie z rekomendacją WHO i ECDC. Polski rząd zabezpieczył środki na zakup odpowiedniej liczby szczepionek.

Jednak warunki zakupu szczepionek pandemicznych zaproponowane przez ich producentów wzbudziły w nas zasadnicze wątpliwości.

• Oferta sprzedaŜy nie przewidywała wprowadzania szczepionki do normalnego obrotu na rynku, lecz dotyczyła wyłącznie zakupu przez rząd. W konsekwencji szczepionka stawała się niedostępna dla jednostek ochrony zdrowia i osób prywatnych.

• Producenci szczepionki oczekiwali przejęcia przez polski rząd pełnej odpowiedzialności za działania niepoŜądane. czyli proponowały sprzedaŜ na ryzyko i odpowiedzialność nabywcy, w sytuacji, gdy oferowane szczepionki nie miały ukończonych badań klinicznych. Przez dłuŜszy czas nie było jasności co do liczby dawek (jedna czy dwie). Niepokoiły nas teŜ doniesienia o występowaniu działań niepoŜądanych (włącznie z podejrzeniami zgonów) wykazywane w systemie EUDRA-Vigilance.

• Fakt, Ŝe oferowane szczepionki były 2-3 krotnie droŜsze niŜ produkowane w tej samej technologii szczepionki przeciwko grypie sezonowej, pozostawiam bez komentarza.

Szanowni Państwo,

Z tych powodów z pełną odpowiedzialnością polski rząd i ja osobiście podjęliśmy decyzję o odstąpieniu od zakupu szczepionek na zaproponowanych warunkach. W polskim parlamencie powiedziałam wówczas tak: ”Czy moim obowiązkiem jest podpisywać umowy leŜące w interesie Polski, czy umowy leŜące w interesie koncernów farmaceutycznych?” Mówiłam to jako lekarz przyrzekający działać dla dobra pacjentów i jako polityk, przyrzekający działać dla dobra obywateli

• Nie moŜe bowiem być tak, Ŝe producenci szczepionek pod osłoną kampanii medialnych i wykorzystując usprawiedliwiony strach ludzi przed chorobami - stawiają rządy pod ścianą

• Nie moŜe być tak, Ŝe producenci leków nie biorą odpowiedzialności za swój produkt, za bezpieczeństwo pacjenta, za działania niepoŜądane

• Nie moŜe być tak, Ŝe rządy stają się zakładnikami grup interesów i podejmują decyzje w atmosferze paniki wywołanej alarmistycznymi doniesieniami medialnymi, oraz opiniami ekspertów, które są elementem gry interesów i nie mają wiele wspólnego z rzeczową analizą sytuacji

Na to zgody być nie moŜe!

Szanowni Państwo

I na koniec pewna gorzka refleksja:

Na początku europejskiej odsłony pandemii, 30 kwietnia 2009 w Luksemburgu, podczas spotkania ministrów zdrowia Unii Europejskiej mówiłam o konieczności koordynacji zakupów i dystrybucji szczepionek przez kraje Unii, widząc we wspólnym zwalczaniu pandemii waŜny dowód prawdziwej europejskiej solidarności. Mówiłam, Ŝe kryterium dostępności do szczepionki nie powinna być zasobność kraju, lecz jego sytuacja epidemiologiczna. Boleję nad tym, Ŝe nie doszło do skoordynowanych działań Wspólnoty, Ŝe europejska odpowiedź na zagroŜenie pandemiczne, które na szczęście nie okazało się tak groźne, jak pierwotnie sądzono, pokazało, Ŝe we wspólnej Europie istnieje jednak deficyt solidarności.

Ta lekcja pokazała takŜe, Ŝe ogłaszanie kaŜdego kolejnego stopnia w skali pandemicznej przez WHO musi być poprzedzone rzetelną analizą i prawidłową oceną zagroŜenia. Zbyt pochopne ogłaszanie pandemii, eliminacja kryterium zjadliwości wirusa i oparcie się przez WHO głównie na kryterium geograficznym, bez uwzględnienia liczby występujących w danym regionie zachorowań, spowodowało, Ŝe mieliśmy do czynienia z nadmierną reakcją większości państw świata. Do dziś formalnie obowiązuje szósty stopień zagroŜenia pandemicznego i społeczność międzynarodowa oczekuje od WHO obniŜenia stopnia zagroŜenia stosowanie do realnej sytuacji pandemicznej w poszczególnych regionach WHO.

Wreszcie tego testu nie przeszły takŜe, a moŜe przede wszystkim firmy produkujące szczepionki, skoro przedłoŜyły uzyskanie zysku korporacyjnego za wszelką cenę ponad deklarowaną społeczną odpowiedzialność.

Doświadczenia związane z ogłoszoną w zeszłym roku pandemią są dla nas wszystkich cenną lekcją. Zapłaciliśmy za nią bardzo wymierną cenę. Chodzi o to, by z tej lekcji wyciągnąć odpowiednie wnioski.

thepharmaletter

Swine Flu:
'the next time someone cries wolf on a pandemic, it will not be taken seriously

The Pharma Letter, 31 March 2010
https://www.thepharmaletter.com/pharmaceutical/swine-flu-the-next-time-someone-cries-wolf-on-a-pandemic-it-will-not-be-taken-seriously

"The next time someone cries wolf over a pandemic, the overwhelming majority will not take it seriously,' participants were told this week at a parliamentary hearing on the handling of the H1N1 pandemic, organized in Paris, France, by the Parliamentary Assembly of the Council of Europe (PACE) Social, Health and Family Affairs Committee.

The meeting was in response to criticism of the World Health Organization's handling of the H1N1 influenza pandemic, and alleged influence of the pharmaceutical industry in causing the situation, and follows a public hearing by the PACE committee in January (The Pharma Letters passim).

'A pandemic cannot be whatever the WHO declares it is. If it turns out that former PACE member Wolfgang Wodarg was right when he said the pandemic was decided to help the pharmaceutical industry make bigger profits, this might well turn out to be one of the biggest health scandals ever,' said Paul Flynn (UK, SOC), PACE rapporteur on this issue.

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THE FLU CASE

Canadian urges government to follow Council of Europe investigation on false swine flu pandemic

The Flu Case, 3 April 2010, 14:29
https://web.archive.org/web/20100613225013/http://www.theflucase.com/index.php?option=com_content&view=article&id=3203%3Acanadian-urges-government-to-follow-council-of-europe-investigation-on-false-swine-flu-pandemic&catid=1%3Alatest-news&Itemid=64&lang=en

"Parlementary Assembly of the Council of Europe - WHO and The False H1N1 Pandemic Flu The Medical Swindle of the 21st Century

Ladies and Gentlemen,

The invitation is launched to Minister of Health of the Government of CANADA, Madam Leona Aglukkaq, to the chief Administrator of the public health of CANADA, Dr David Butler-Jones (see French version for all the links), to Minister of Health and social services of QUEBEC, Dr Yves Bolduc, to the Deputy minister of health and the National Director of the Public health of QUEBEC, Dr Alain Poirier, to the Director of the public health of QUEBEC, Dr Horacio Arruda, to the President of Specialists Medical Doctors of QUEBEC, Dr Gaétan Barrette, to the deputy of the Québec Solidaire party elected in the National Assembly of Quebec, Dr Amir Khadir, to the journalists of Radio-Canada and LCN, and to quite other participant «aware or not of its acts» in health at the service of Money by means of the disease set up as system as well as of the media propaganda, to view the auditions of the Council of Europe in the business affair of the medical swindle of the 21st century of false pandemic of swine flu H1N1, which all participated, without any exception, nor limitation, in cooperation with the WHO and with the pharmaceutical criminalized multinational GlaxoSmithKline, in the systematic implementation as well as in the systematic execution of this national swindle operated deliberately in any lucidity, on the head of the people of CANADA and QUEBEC.

Our most sincere thanks are thus sent to you because you contribute powerfully well in spite of you to the awakening of the Consciousness and to the stake of the shadow in light.

See references on the Web site of the Council of Europe: flu A: «the next time which we shall shout in the wolf about a pandemic, it will not be seriously taken» http://assembly.coe.int/DefaultF.asp

See the 2nd audition of more than two hours having taken place this week. Several important personalities were there, in particular Minister of Health of Poland, Dr Ewa Kopasz, (the only one who said NO VACCINE FOR OUR PEOPLE) and Mr. Paul Flynn, of the advice of the European parliament.

See Paul Flynn's memorandum
http://assembly.coe.int/CommitteeDocs/2010/20100329_MemorandumPandemie_F.pdf
See the declaration of Dr Tom Jefferson:
http://assembly.coe.int/CommitteeDocs/2010/Jefferson_statement.pdf
Here is also a report-shock on the French television TF1.
http://videos.tf1.fr/jt-20h/l-oms-accusee-d-avoir-exagere-l-ampleur-de-la-grippe-a-5697985.html => deleted
Report produces by France 3, broadcast Pieces of evidence Swine Flu: The pandemic of the fear
http://programmes.france3.fr/pieces-a-conviction/

The invitation is launched to the population of QUEBEC and CANADA, to refuse at all costs, «to gulp down» any information resulting from media and from politics of any quality. Invitation to close radios and televisions and to open the eye because everything is not ended concerning the progress of the Illuminati schedule.

THE FLU CASE

Jean-Paul: Massie

Assemblée Parlementaire du Conseil de l'Europe –
L'OMS et LA Fausse Pandémie de Grippe H1N1
L'Escroquerie Médicale du 21e Siècle

Cordial greetings,
Mesdames et Messieurs,

L'invitation est lancée Ã la ministre de la santé du gouvernement du CANADA, Madame Leona Aglukkaq, Ã l'Administrateur en chef de la santé publique du CANADA, le Dr David Butler-Jones, au ministre de la santé et des services sociaux du QUÉBEC, le Dr Yves Bolduc, au Sous-ministre de la santé et directeur National de la Santé publique du QUÉBEC, le Dr Alain Poirier, au directeur de la santé publique de QUÉBEC, le Dr Horacio Arruda, au président des Médecins spécialistes du QUÉBEC, le Dr Gaétan Barrette, au député du parti Québec Solidaire élu Ã l'Assemblée Nationale, le Dr Amir Khadir, aux journalistes de Radio-Canada et de LCN, et Ã tout autre intervenant «conscient ou non de ses actes» en matière de santé au service de l'Argent par le biais de la maladie érigée en système ainsi que de propagande médiatique, de visionner les auditions du Conseil de l'Europe dans l'affaire de l'escroquerie médicale du 21e siècle de fausse pandémie de grippe porcine H1N1, lesquels ont tous participés, sans aucune exception ni restriction, de concert avec l'OMS et la multinationale pharmaceutique criminalisée GlaxoSmithKline, Ã la mise en place systémique ainsi qu'Ã l'exécution systématique de cette escroquerie nationale opérée sciemment en toute lucidité, sur le dos des populations du CANADA et du QUÉBEC.

Nos remerciements les plus sincères vous sont donc adressés car vous contribuez puissamment bien malgré vous Ã l'éveil de la Conscience et Ã la mise de l'ombre en lumière.

Voir références sur le site web du Conseil de l'Europe: Grippe A: «la prochaine fois qu'on criera au loup au sujet d'une pandémie, elle ne sera pas prise au sérieux» http://assembly.coe.int/DefaultF.asp

Voir la 2e audition de plus de deux heures ayant eu lieu cette semaine. Plusieurs personnalités importantes y étaient, notamment la ministre de la santé de la Pologne, le Dr Ewa Kopasz, (la seule qui a dit: PAS DE VACCIN POUR NOTRE PEUPLE) et M. Paul Flynn, du conseil du parlement européen.

Voir Memorandum de Paul Flynn
http://assembly.coe.int/CommitteeDocs/2010/20100329_MemorandumPandemie_F.pdf
Voir Déclaration du Dr. Tom Jefferson:
http://assembly.coe.int/CommitteeDocs/2010/Jefferson_statement.pdf
Voici également un reportage-choc sur la chaine de télévision française TF1
http://videos.tf1.fr/jt-20h/l-oms-accusee-d-avoir-exagere-l-ampleur-de-la-grippe-a-5697985.html
Reportage produit par France 3, émission Pièces Ã conviction Grippe A: La pandémie de la peur
http://programmes.france3.fr/pieces-a-conviction/

L'invitation est lancée Ã la population du QUÉBEC et du CANADA, de refuser Ã tout prix, de «gober» toute information provenant des médias et des politiques de tout acabit. Invitation Ã fermer radios et télévisions et Ã ouvrir l'œil car tout n'est pas terminé concernant le déroulement de l'agenda Illuminati.

Salutations cordiales, Jean-Paul: Massie

NB: Ce courriel est en conformité avec le jugement 2002 CSC 14.27704 de la COUR SUPRÊME DU CANADA. CANADA 0000230098 et QUÉBEC 0000722803 étant deux corporations enregistrées Ã la US SECURITIES AND EXCHANGE COMMISSION sous les numéros précités, tout individu a, en vertu de ce jugement, le droit de critiquer et d'exposer les pratiques douteuses, illégales ou criminelles de toutes corporations.

thebmj

Rory Watson

WHO is accused of "crying wolf" over swine flu pandemic

British Medical Journal, 6 April 2010
340 doi: https://doi.org/10.1136/bmj.c1904 // https://www.bmj.com/content/340/bmj.c1904.full

Three separate international inquiries will soon be investigating the World Health Organization's decision to declare the H1N1 virus a pandemic. The most advanced, being conducted by the Council of Europe, began in January.

Also, support is growing inside the European parliament for members to conduct their own investigation, and WHO itself will set up an independent review committee later this month.

Paul Flynn, the British Labour MP who is drafting the report of the Council of Europe's investigation into the pandemic, believes that the discrepancy between the scale of the warnings and the actual effect of the virus has badly dented public confidence in WHO and many public health institutions.

"The next time someone cries wolf over a pandemic, the overwhelming majority will not take it seriously. A pandemic cannot be whatever the WHO declares it is," he told a public hearing on the handling of the H1N1 pandemic (the second organised by the Council of Europe) in Paris on 29 March.

He warned that if it transpired that the pandemic label had been attached to the virus to help the drug industry to make bigger profits, "this might turn out to be one of the biggest health scandals ever."

Poland's health minister, Ewa Kopacz, explained to the hearing why her government had refused to launch a vaccination campaign after the WHO alert. The country's experts had concluded that the situation was not as serious as portrayed, and the government had refused to accept the drug companies' conditions that it, rather than the manufacturers, should bear full responsibility for any undesirable side effects of the vaccines.

While the Council of Europe is trying to shed light on whether undue industry influence or conflicts of interest were involved in WHO's decision, the European parliament is approaching the issue from a different angle. A French Green MEP, Michèle Rivasi, is leading a move to establish a special committee of inquiry. This would investigate why European Union institutions such as the European Medicines Agency and the European Centre for Disease Prevention and Control uncritically followed WHO's decision without carrying out their own independent evaluation of the threats involved.

This led, she points out, to the European Medicines Agency giving fast track approval to vaccines whose impact on pregnant women and children had not been fully assessed. Ms Rivasi is confident that she will win the backing of the 183 MEPs she requires for the committee of inquiry to be created.

Finally, WHO will establish its own independent review committee of 29 experts at a meeting on 12-14 April. Announcing the initiative on the same day as the Council of Europe hearing in Paris, Keiji Fukuda, the special adviser to WHO's director general on pandemic influenza, insisted that the committee would have full control over the way it conducts its work. It will present its report to next year's World Health Assembly. ...

THE FLU CASE

Polish health minister testifies against swine flu jabs, half Polish government wiped out in plane crash days later

The Flu Case, 3 May 2010, 12:16
https://web.archive.org/web/20100517152645/http://www.theflucase.com/index.php?option=com_content&view=article&id=3378%3Apolish-health-minister-testifies-against-swine-flu-jabs-half-polish-government-wiped-out-in-plane-crash-days-later&catid=41%3Ahighlighted-news&Itemid=105&lang=en

On March 29th, Polish Health Minister Ewa Kopacz gave a devastating critique in Paris of the pharmaceutical companies, WHO and the pressure they had put on her to sign contracts for untested pandemic vaccines.

Kopacz was the only health minister to refuse the vaccine.

The Council of Europe Parliamentary Assembly inquiry into the pandemic found her to have acted correctly, saving the countries millions of euros.

When the Polish Health Minister stood up for Poland, she stood up for all people in Europe and the USA.

Ewa Kopacz helped us all to refuse the swine flu vaccination last autumn.

Days after her testimony in Paris, on April 10th, the *backbone of the Polish government was wiped out in a plane crash*.

There are many signs that this plane crash in Smolensk was engineered.

Is this a coincidence?

On April 13th, WHO flu chief Keiji Fukuda blamed the failed mass swine flu vaccination campaign on the internet for producing "news, rumours, a great deal of speculation and criticism in multiple outlets," including blogs, social networking and websites.

=> http://www.google.com/hostednews/afp/article/ALeqM5hTYjXT1VALSJAJKgjnRtFE3bom1Q

On April 16th, theflucase website was taken down, and has only just returned after a big struggle.

Is this a coincidence?

Is it a coincidence that the flucase went down just as the investigations into the Polish plane crash gathered pace, also on this website. and as the evidence grew that this was calculated, deliberate mass murder of the Polish elite?

Fortunately, I was able to activate my old blog - but attempts to transmit live video from Krakow where the funeral of President Lech Kaczynski took place were stopped. The IP address was blocked within two minutes each time.

Another video had to be put up twice because of interference. The counter of the video was blocked constantly. Marek Podlecki, the cameraman, got what appeared to be death threats by sms.

In short, everything was done to stop information on the plane crash spreading.

As a result of the deaths of the Polish elite, including the country's central bank governor, the Polish Prime Minister Donald Tusk can now impose vaccinations and the euro more easily on Poland as well as open the country's economy to the bankers.

Goldman Sachs which has a big stake in pharmaceutical companies that have seen vaccine orders cancelled and also in the banks that will profit from the euro and the raft of privatisations is now planning to set up a new office in Warsaw headed by a man fired by killed Lech Kaczynski.

Is this a coincidence?

Thanks to the internet, the information, facts and evidence showing that the plane crash in Smolensk was deliberate have spread very quickly.

The Polish people will hardly accept the state prosecutor sitting on the evidence of this appalling crime.

It is unacceptable that WHO, pharmaceutical companies and banks resort to what appear to be mafia methods.

It is unacceptable that the only country to reject the swine flu vaccine loses half its government within days of a key hearing in an obviously engineered plane crash.

It is unacceptable that websites like mine are de facto hacked and censored for giving facts, documents and evidence pointing to the dangers of this vaccine - quite apart from a campaign of viliification etc.

When the Polish Health Minister stood up for Poland, she stood up for all people in Europe and the USA.

It is time for us, the people in Europe and the USA, to stand up for the people of Poland, who are being subjected to such a brutal attack.

This is an extract from Kopacz's speech to the Council of Europe inquiry on March 29th:

For these reasons the Polish government and I personally fully responsibly undertook a position not to purchase the vaccines on the conditions that were offered by pharmaceutical companies.

I said at the time in the Polish parliament 'is it my responsibility to sign contracts in the interests of Poland or contracts in the interests of pharmaceutical companies?'

I must admit that I said this as a doctor who has sworn to act for the good of patients and as a politician who has sworn to act in the interests of citizens.

It is really not acceptable that producers of a medical vaccine thanks to the media campaign and taken advantage of fear that they should force government to take certain decisions; it is not acceptable for producers not to take responsibility for product for safety of patients and for undesirable side effects.

It is not acceptable that governments should become hostages to interest groups and should take decision in an atmosphere of panic resulting from alarmist announcements in the media or the opinion of experts who have an interest in the situation themselves and who have not based their analysis on scientific terms, that is not acceptable at all."

=> http://assembly.coe.int/ASP/NewsManager/EMB_NewsManagerView.asp?ID=5415

THE PARLIAMENT.COM
POLITICS, POLICY AND PEOPLE

Martin Banks

EU parliament urged to investigate H1N1 outbreak

The Parliament, 5 May 2010
https://web.archive.org/web/20100511140547/http://www.theparliament.com/no_cache/latestnews/news-article/newsarticle/eu-parliament-urged-to-investigate-h1n1-outbreak/

More than 200 deputies have signed a proposal calling for a special committee on the H1N1 pandemic.

The members, who come from across the political divide, said one of its aims would be to evaluate the EU's dependence on the World Health Organisation.

Speaking at a news conference in parliament on Wednesday, Belgian Greens MEP Isabelle Durant said the management of the outbreak had "seriously undermined the credibility of, and confidence in our institutions".

She is one of the MEPs who have sent a letter to parliament's president Jerzy Buzek asking him to set up a committee to investigate last year's outbreak.

The letter says, "Member states have reportedly spent billions on anti-H1N1 vaccines despite the fact that shortly after it emerged, it was found to cause only mild illness.

"The number of deaths due to H1N1 is very small compared to those estimated for seasonal influenza."

It adds, "It is of paramount importance to ensure future EU pandemic responses carefully assess the nature of the pandemic and the risks of vaccination strategies."

Another signatory, Polish EPP member Boguslaw Sonik said, "We want to know why the commission and public health authorities did not issue a statement modifying their initial strategy.

"Also, why did the EU institutions not provide the public and media with good, objective up-to-date communication?"

According to data from the European Centre for Disease Prevention and Control, H1N1 caused 1528 deaths.

In comparison, commission statistics show that seasonal influenza causes some 40,000 deaths in an average year and up to 220,000 in a severe year.

MailOnline

Fiona Macrae

The pandemic that never was:
Drug firms 'encouraged world health body to exaggerate swine flu threat'

Daily Mail, 4 June 2010, 23:49 BST
https://www.dailymail.co.uk/news/article-1284133/The-pandemic-Drug-firms-encouraged-world-health-body-exaggerate-swine-flu-threat.html

Declaring a swine flu pandemic was a 'monumental error', driven by profit-hungry drug companies spreading fear, an influential report has concluded.

It led to huge amounts of taxpayers' money being wasted in stockpiling vaccines, it added.

Paul Flynn, the Labour MP charged with investigating the handling of the swine flu outbreak for the Council of Europe, described it as 'a pandemic that never really was'.

The report accuses the World Health Organisation of grave shortcomings in the transparency of the process that led to its warning last year.

The MP said that the world relied on the WHO, but after 'crying wolf', its reputation was in jeopardy.

The report questions whether the pandemic was driven by drug companies seeking a profit. Mr Flynn said predictions of a 'plague' that would wipe out up to 7.5million people proved to be 'an exaggeration', with fewer than 20,000 deaths worldwide.

Britain braced itself for up to 65,000 deaths and signed vaccine contracts worth £540 million.

The actual number of deaths was fewer than 500 and the country is now desperately trying to unpick the contracts and unload millions of unused jabs.

The focus on swine flu also led to other health services suffering and widespread public fear.

Pharmaceutical companies, however, profited to the tune of £4.6billion from the sale of vaccines alone.

Mr Flynn said: 'There is not much doubt that this was an exaggeration on stilts. They vastly over-stated the danger on bad science and the national governments were in a position where they had to take action.

'In Britain, we have spent at least £1billion on preparations, to the detriment of other parts of the health system. This is a monumental failure on the WHO's part.'

The Council of Europe inquiry heard allegations that the WHO had downgraded its definition for declaring a pandemic last spring - just weeks before announcing there was a worldwide outbreak.

Critics said the decision to remove any need to consider the deadliness of the disease was driven by drug companies desperate to recoup the billions of pounds they had invested in developing pandemic vaccines after the bird flu scares.

But the WHO said its basic definition of a pandemic never changed.

Mr Flynn said: 'It doesn't make any sense as to why they should have changed the definition a month before declaring an outbreak.

'In this case, it might not just be a conspiracy theory, it might be a very profitable conspiracy.'

A Daily Mail investigation earlier this year revealed more than half of the swine flu taskforce advising the Government on its strategy had ties to drug companies.

Eleven of the 20 members of the Scientific Advisory Group for Emergencies had done work for the pharmaceutical industry or are linked to it through their universities.

Concerns about drug companies' influence are also highlighted by a separate investigation by the British Medical Journal and the London-based Bureau of Investigative Journalism.

It found that key scientists behind the WHO's advice on stockpiling pandemic flu pills such as Tamiflu had financial ties with the drug companies that stood to profit. The WHO last night firmly rejected all the criticism.

Spokesman Gregory Hartl said: 'There is no question of this being a fake pandemic. If fits the criteria for a pandemic, which is a new virus to which human beings have little or no immunity and which has spread around the world.

'It spread from zero to 74 countries in the space of 9 weeks – that's a pandemic.'

He said that not all ties to drug companies were necessarily conflicts of interest.

Parliamentary Assembly
Assemblée parlementaire

Paul Flynn
United Kingdom, SOC

The handling of the H1N1 pandemic: more transparency needed. Report

Strasbourg, Council of Europe, Social Health and Family Affairs Committee, 4 June 2010
http://assembly.coe.int/CommitteeDocs/2010/20100604_H1N1pandemic_e.pdf

Parliamentary Assembly
Assemblée parlementaire
http://assembly.coe.int

COUNCIL OF EUROPE CONSEIL DE L'EUROPE

PROVISIONAL VERSION

The handling of the H1N1 pandemic: more transparency needed

Report
Social Health and Family Affairs Committee
Rapporteur: Mr Paul FLYNN, United Kingdom, SOC

A. Draft resolution

1. The Parliamentary Assembly is alarmed about the way in which the H1N1 influenza pandemic has been handled, not only by the World Health Organization (WHO), but also by the competent health authorities at the level of the European Union and at national level. It is particularly troubled by some of the consequences of decisions taken and advice given leading to distortion of priorities of public health services across Europe, waste of large sums of public money, and also unjustified scares and fears about health risks faced by the European public at large.

2. The Assembly notes that grave shortcomings have been identified regarding the transparency of decision-making processes relating to the pandemic which have generated concerns about the possible influence of the pharmaceutical industry on some of the major decisions relating to the pandemic. The Assembly fears that this lack of transparency and accountability will result in a plummet in confidence in the advice given by major public health institutions. This may prove disastrous in the case of the next disease of pandemic scope - which may turn out to be much more severe than the H1N1 pandemic.

3. The Assembly recalls its previous work on good governance in the public health sector in Council of Europe member states, in particular Recommendation 1725 (2005) on "Europe and bird flu – preventive measures in the health field" and Recommendation 1787 (2007) on "The precautionary principle and responsible risk management". In Recommendation 1908 (2010) on "Lobbying in a democratic society (European Code of conduct on lobbying)", the Assembly noted that unregulated or secret lobbying may be a danger and can undermine democratic principles and good governance.

4. On a positive note, the Assembly welcomes the review and evaluation processes regarding the handling of the H1N1 pandemic recently launched or about to be launched by WHO, European institutions dealing with health issues and a number of national governments and parliaments. The Assembly urges all parties concerned to continue and reinforce dialogue between public health institutions at all levels and hold more regular exchanges on good governance in the health sector in the future.

5. Notwithstanding the willingness of WHO and the European health institutions concerned to enter into a dialogue and conduct a review of the handling of the pandemic, the Assembly seriously regrets that they have not been willing to share some essential information, in particular to publish the names and declarations of interest of the members of the Emergency Committee of WHO and relevant European advisory bodies directly involved in recommendations concerning the handling of the pandemic. Furthermore the Assembly regrets that WHO has not moved swiftly to revise or re-evaluate its position on the pandemic and the real health risks involved, despite the overwhelming evidence that the seriousness of the pandemic was vastly overrated by WHO at the outset. In addition the Assembly regrets the highly defensive stance taken by WHO, whether in terms of being unwilling to accept that a change in definition of a pandemic was made, or an unwillingness to revise its prognosis on the pandemic.

6. In the light of the widespread concerns raised over the handling of the H1N1 pandemic, the Assembly calls on public health authorities at international, European and national level – and notably WHO– to address in a transparent manner the criticisms and disquiet raised in the course of the H1N1 pandemic, by:

Parliamentary Assembly
Assemblée parlementaire

PACE Health Committee denounces 'unjustified scare' of Swine Flu, waste of public money

Strasbourg, PACE, 4 June 2010
https://pace.coe.int/en/news/2937/pace-health-committee-denounces-unjustified-scare-of-swine-flu-waste-of-public-money

Strasbourg, 04.06.2010 – The handling of the H1N1 pandemic by the World Health Organization (WHO), EU agencies and national governments led to a "waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public", according to a report by the Social, Health and Family Affairs Committee of the Parliamentary Assembly of the Council of Europe (PACE) made public today in Paris.

The report, prepared by Paul Flynn (United Kingdom, SOC) and approved today by the committee ahead of a plenary debate at the end of this month, says there was "overwhelming evidence that the seriousness of the pandemic was vastly overrated by WHO", resulting in a distortion of public health priorities.

Presenting his report, Mr Flynn told the committee: "this was a pandemic that never really was", and described the vaccination programme as "placebo medicine on a large scale" (see video below).

In its adopted text, the committee identifies what it calls "grave shortcomings" in the transparency of decision-making about the outbreak, generating concerns about the influence of the pharmaceutical industry on decisions taken. Plummeting confidence in such advice could prove "disastrous" in the case of a severe future pandemic, it warns.

In particular, the WHO and European health institutions were not willing to publish the names and declarations of interest of the members of the WHO Emergency Committee and relevant European advisory bodies directly involved in recommendations concerning the pandemic, the parliamentarians point out.

However, attending the meeting was Fiona Godlee, the Editor-in-Chief of the British Medical Journal, who told the parliamentarians that, according to an investigation by her journal, scientists who drew up key WHO guidelines on stockpiling flu vaccines and drugs had previously been paid by drug companies which stood to profit.

The WHO has been "highly defensive", the committee said, and unwilling to accept that a change in the definition of a pandemic was made, or to revise its prognosis of the Swine Flu outbreak.

The committee sets out a series of urgent recommendations for greater transparency and better governance in public health, as well as safeguards against what it calls "undue influence by vested interests". It also calls for a public fund to support independent research, trials and expert advice, possibly financed by an obligatory contribution of the pharmaceutical industry, as well as closer collaboration with the media to avoid "sensationalism and scaremongering in the public health domain".

The report is due to be debated by parliamentarians from all 47 Council of Europe member states on Thursday 24 June during PACE's summer session in Strasbourg.

Link: Mr Flynn's report (provisional version)
http://assembly.coe.int/CommitteeDocs/2010/20100604_H1N1pandemic_e.pdf

The Guardian

Randeep Ramesh

Report condemns swine flu experts' ties to big pharma
Trio of scientists who urged stockpiling had previously been paid, says report

The Guardian, 4 June 2010, 00.34 BST
https://www.theguardian.com/business/2010/jun/04/swine-flu-experts-big-pharmaceutical

Scientists who drew up the key World Health Organisation guidelines advising governments to stockpile drugs in the event of a flu pandemic had previously been paid by drug companies which stood to profit, according to a report out today.

An investigation by the British Medical Journal and the Bureau of Investigative Journalism, the not-for-profit reporting unit, shows that WHO guidance issued in 2004 was authored by three scientists who had previously received payment for other work from Roche, which makes Tamiflu, and GlaxoSmithKline (GSK), manufacturer of Relenza.

City analysts say that pharmaceutical companies banked more than $7bn (£4.8bn) as governments stockpiled drugs. The issue of transparency has risen to the forefront of public health debate after dramatic predictions last year about a swine flu pandemic did not come true.

Some countries, notably Poland, declined to join the panic-buying of vaccines and antivirals triggered when the WHO declared the swine flu outbreak a pandemic a year ago this week. The UK, which warned that 65,000 could die as a result of the virus, spent an estimated £1bn stockpiling drugs and vaccines; officials are now attempting to unpick expensive drug contracts.

The cabinet office has launched an inquiry into the cost to the taxpayer of the panic-buying of drugs.

Today, the Council of Europe, produces a damning report into how a lack of openness around "decision making" has bedevilled planning for pandemics.

"The tentacles of drug company influence are in all levels in the decision-making process," said Paul Flynn, the Labour MP who sits on the council's health committee. "It must be right that the WHO is transparent because there has been distortion of priorities of public health services all over Europe, waste of huge sums of public money and provocation of unjustified fear."

Although the experts consulted made no secret of industry ties in other settings, declaring them in research papers and at universities, the WHO itself did not publicly disclose any of these in its seminal 2004 guidance. In its note, the WHO advised: "Countries that are considering the use of antivirals as part of their pandemic response will need to stockpile in advance."

Many nations would adopt this guidance, including Britain. In 2005, the government said it had begun bulk-buying the drug Tamiflu, initially ordering 14.6m doses after bird flu killed 40 in Asia.

The specific guidance on antivirals was written by Professor Fred Hayden. He has confirmed in an email that he was being paid by Roche for lectures and consultancy work at the time the guidance was produced and published. He received payments from GSK for consultancy and lecturing until 2002. He said "[declaration of interest] forms were filled out for the 2002 consultation".

The previous year Hayden was also one of the main authors of a Roche-sponsored study that asserted what was to become a main Tamiflu selling point – its claim of a 60% reduction in flu hospitalisations.

Dr Arnold Monto was the author of the WHO annex dealing with vaccine usage in pandemics. Between 2000 and 2004, and at the time of writing the annex, Monto had openly declared consultancy fees and research support from Roche and GSK. No conflict of interest statement was included in the annex published by the WHO.

When asked if he had signed a declaration of interest form for WHO, Dr Monto said "conflict of interest forms are requested before participation in any WHO meeting".

The third scientist, Professor Karl Nicholson, is credited with the WHO's influential work Pandemic Influenza. According to declarations he made in the BMJ and Lancet in 2003, he had received sponsorship from GSK and Roche.

Even though the previous year these declarations had been openly made, no conflict of interest statement was included in the annex. Nicholson said he last had "financial relations" with Roche in 2001.

When asked if he had signed a declaration of interest form for WHO, he replied: "The WHO does require attendees of meetings, such as those held in 2002 and 2004, to complete declarations of interest."

A WHO official told the BMJ it had to balance an individual's privacy with the robustness of guidelines, which were subject to a wide external review process.

thebmj

Adrian O'Dowd

Council of Europe condemns "unjustified scare" over swine flu

BMJ, 7 June 2010; 340; doi: https://doi.org/10.1136/bmj.c3033
https://www.bmj.com/content/340/bmj.c3033

The Council of Europe has heavily criticised the World Health Organization, national governments, and EU agencies for their handling of the swine flu pandemic.

The parliamentary assembly of the council – the international organisation that protects human rights and the rule of law in Europe – published a draft of a report that reviewed how the H1N1 pandemic was handled.

National governments, WHO, and EU agencies had all been guilty of actions that led to a "waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public," says the report.

The conclusion came in the parliamentary assembly's social, health and family affairs committee report published on 4 June.

The report was prepared by Paul Flynn, socialist member of the assembly and Labour MP for Newport West and approved by the committee ahead of a plenary debate at the end of this month. It says there was overwhelming evidence that the seriousness of the pandemic was vastly over-rated by WHO, which led to a distortion of public health priorities.

Presenting his report at a committee meeting in Paris, Mr Flynn said, "This was a pandemic that never really was."

The committee said there were "grave shortcomings" in the transparency of decision making about the outbreak ...

…

=> https://www.bmj.com/content/340/bmj.c3033

Parliamentary Assembly
Assemblée parlementaire

Handling of the H1N1 pandemic
PACE calls for safeguards against 'undue influence by vested 'interests'

Strasbourg, Council of Europe, 24 June 2010
https://pace.coe.int/en/news/2996

Strasbourg, 24.06.2010 – At the end of a debate on the handling of the H1N1 pandemic, the Council of Europe Parliamentary Assembly (PACE) today endorsed the conclusions of its Health Committee, which were published on 4 June last.

According to the Assembly, the handling of the pandemic by the World Health Organization (WHO), EU health agencies and national governments led to a "waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public". The adopted text says there was "overwhelming evidence that the seriousness of the pandemic was vastly overrated by WHO", resulting in a distortion of public health priorities.

The parliamentarians indentified, as did the rapporteur Paul Flynn (United Kingdom, SOC), "grave shortcomings" in the transparency of decision-making about the outbreak, generating concerns about the influence of the pharmaceutical industry on decisions taken. Plummeting confidence in such advice could prove "disastrous" in the case of a severe future pandemic, they said.

The WHO has been "highly defensive", the adopted text underlines, and unwilling to accept that a change in the definition of a pandemic was made, or to revise its prognosis of the Swine Flu outbreak. The WHO and European health institutions were not willing to publish the names and declarations of interest of the members of the WHO Emergency Committee and relevant European advisory bodies directly involved in recommendations concerning the pandemic.

The Assembly did set out a series of urgent recommendations for greater transparency and better governance in public health, as well as safeguards against what it called "undue influence by vested interests". It called for a public fund to support independent research, trials and expert advice, possibly financed by an obligatory contribution of the pharmaceutical industry. " It also called the media to avoid "sensationalism and scaremongering in the public health domain".

Links

Adopted resolution

Adopted recommendation

Voting results

Mr Flynn's report (provisional version) (PDF)

Risk = Hazard + Outrage

Peter M. Sandman and Jody Lanard

The "Fake Pandemic" charge goes mainstream and WHO's credibility nosedives

Risk, Hazard, Outrage, 29 June 2010
http://www.psandman.com/col/WHO-credibility.htm

In other words, there is no clear evidence yet that pandemic H1N1 is or is not going to "act" like a seasonal flu strain from now on, which is what former pandemic flu strains have done after 1–3 years. That's certainly one of the possibilities, but there are two others. It could cause additional pandemic waves more or less like the ones it has already caused. Or it could get a lot more virulent – which most experts don't expect at this point but don't rule out either. (Experts do remember that the mild 1968 pandemic returned to cause a more severe European wave in the winter of 1969–1970, a full year after the very mild first European wave. Almost anything is possible with influenza.)

The pandemic is like a hurricane that initially and briefly looked like it might be a Category 4 whopper, turned out to be just barely a Category 1 hurricane – but still a hurricane – and then dissipated. But unlike a dissipated hurricane, the pandemic isn't completely gone.

In our daily lives, though, the pandemic feels like it's over, and for some people it feels like it never happened. Other than ongoing vigilance (surveillance and assessment), precautions are in abeyance in most of the world. The most expensive precaution, a new vaccine, wasn't ready until after the 2009 northern and southern hemisphere waves were over or receding. Still, the vaccine could have prevented a lot of morbidity and some mortality if it had been ready sooner. And if the pandemic comes roaring back, many people will wish they had availed themselves of the vaccine they so disdained as the last wave receded.

Today, the only individuals continuing to take pandemic precautions are obsessed, and the only individuals complaining that we should never have taken precautions in the first place are ignorant.

As we write this in late June 2010, there is now a huge gap between WHO's pandemic risk communication and the public's pandemic risk perception. That is, what most people think they just lived through – a mild pandemic that has virtually disappeared – is radically different from what WHO tells them they are living through: a "moderate" pandemic that is still ongoing.

The result: Widespread skepticism about WHO's credibility, and thus widespread receptiveness to previously fringe allegations.

"Widespread" is a relative term here. Most people pay virtually no attention to the World Health Organization. They didn't realize it had a lot of credibility, and they didn't notice when its credibility collapsed. And WHO's most devoted followers – many of them public health professionals – have tended to rally round the organization in its hour of need. (Some of them have supported WHO publicly while muttering to each other that it really should stand down from some of its earlier pronouncements.)

But there's a super-important group in the middle: people who don't follow WHO closely but who do pay enough attention to have learned first that it seemed to be overstating the seriousness of the swine flu pandemic and then that it was accused of doing so on purpose to help Big Pharma make big bucks. That group includes many of the world's opinion leaders: corporate executives, government officials, medical reporters, foundation heads, etc. Losing ground in their eyes matters for WHO, and may continue to matter for decades to come.

The collapse of WHO's credibility is important not just in general because the world needs a credible international health agency, but also, in particular, because WHO's pandemic warnings about the future (though not its status reports about the present) are right on target. H1N1 could mutate into a much deadlier virus. That would be unusual after a year, but not unprecedented. The world could also face another pandemic in the near future, caused by another novel flu virus. There was apparently a flu pandemic in 1830–31 and another in 1833. The 1968 pandemic started less than ten years after the 1957 pandemic ended. And of course all flu-watchers know that the extremely deadly H5N1 bird flu virus is still Out There. If bird flu ever starts transmitting easily from humans to humans, it's a whole new ball game.

It is very hard for WHO to convince people – governments, journalists, ordinary citizens – to take the near-term pandemic risk seriously as long as WHO keeps describing the past year's pandemic experience in ways they simply cannot take seriously.

...

=> a detailed story is here
http://www.psandman.com/col/WHO-credibility.htm

Report - A7-0035/2011
European Parliament

REPORT on evaluation of the management of H1N1 influenza in 2009-2010 in the EU

Report - A7-0035/2011

European Parliament, 9 February 2011

https://www.europarl.europa.eu/doceo/document/A-7-2011-0035_EN.html

Motion for a European Parliament Resolution

On evaluation of the management of H1N1 influenza in 2009-2010 in the EU (2010/2153(INI))

...

Explanatory Statement

"Unlike the avian virus, H1N1 presently causes mainly mild illness, with few deaths, outside the outbreak in Mexico. We hope this pattern continues." [Margaret Chan, Director-General of the World Health Organization, 18 May 2009]

According to the figures provided by the European Centre for Disease Prevention and Control (ECDC) at the end of April 2010, influenza A(H1N1) 2009 caused 2 900 deaths in Europe. These figures are low in comparison to the official mortality estimates for seasonal influenza, which the Commission put at 40 000 deaths in a moderate year and 220 000 in a particularly severe season. They are also significantly less than the most optimistic forecasts suggested by the health services of the EU Member States.

The moderate severity of H1N1 influenza was officially recognised by the WHO as early as May 2009, at a press conference given by Margaret Chan, the Head of the World Health Organisation (WHO) – which is to say one month prior to the WHO issuing a level-6 'pandemic' alert over H1N1.

Member States and European institutions accepted this maximum-level alert, triggering in some Member States a raft of measures that were very costly (e.g. the costs are put at EUR 1 300 million in Great Britain and EUR 990 million in France - compared to EUR 87 million against seasonal influenza), and in those cases disproportionate to the actual – and known – severity of H1N1 influenza. A majority in the committee stated that it was unforeseeable to predict how the virus would develop.

The rapporteur pointed to the case of Poland, where the government did not proceed to vaccination against H1N1, and where nevertheless the death rate was comparable to those countries which decided to go for national vaccination campaigns.

The WHO should urgently revise its definition to include the severity of a disease into its definitions on the stages of a pandemic to allow for more appropriate responses.

The European Union needs closer cooperation

The committee considered that better cooperation is needed in the response to pandemics. It called for a review of the prevention plans. It also called for a clarification and if necessary review of the roles and responsibilities of key actors, and for reinforced cooperation between Member States and coordination of Member States with ECDC.

It also supported the introduction of a procedure that would enable the Member States to make group purchases on a voluntary basis. The committee made it clear that manufacturers have to bear

full liability for the authorised indications of their products and that this should be fully applied by Member States in all contracts for the procurement of vaccines.

The European Union needs greater independence

According to the rapporteur, the analysis of the management of H1N1 influenza in Europe highlights an underlying problem: a lack of independent evaluation by our national and/or European health authorities, and a resulting failure to adapt the public health measures, as best as possible and in real time, to the actual clinical and epidemiological statistics available. The strategies adopted in the European Union and the Member States derived from preparedness plans drafted in 2005 or 2007, in conjunction with the WHO. In the majority of the Member States, the policies on the purchasing of vaccines had already been laid down in advance purchase agreements signed back in 2007 with pharmaceutical companies. The stock 'pandemic' vaccines given to millions of people in Europe were the subject of an accelerated authorisation procedures, based in fact on studies and vaccine formulae produced at the time of the H5N1 virus, which also dated from the years 2005/2007.

When asked about the safety of the adjuvants in the 'pandemic' vaccines, Zsuzsanna Jakab, former head of the ECDC, responded on 29 September 2009 in a letter to the rapporteur that 'it is true that no vaccine has ever been authorized on so little data, but it is expected that extrapolation can be done from the previous experience with the same adjuvants but with different flu strains'.

With ECDC, the EU has a dedicated agency with regard to the assessment of communicable diseases. ECDC should full apply its competences as an independent agency to assess and communicate the severity of infection risk and be given adequate means for all its tasks.

Various improvements to the accelerated authorisation procedure are needed to allow for a better assessment of vaccines in case of a pandemic.

Financing and upstream choices can play a decisive role in deciding whether a trial is successful or not. That is why there is a need for studies on vaccines and antiviral medications that are independent of the pharmaceutical companies, including as regards monitoring of the vaccination coverage.

The European Union needs greater transparency

The analysis of the EU's management of the H1N1 crisis also highlights another vital issue: that of the evaluation of the medicinal products recommended against influenza, and the way they are being used. The committee agreed that vaccination strategies should rely on three conditions to be successful: that the vaccine is efficacious, that it has a positive risk-benefit balance and that it is targeted to the risk groups. A report providing clarity on the number of vaccines purchased and used in the various Member States and on the disease and its side effects of vaccines and anti-viral treatments should be made by the Commission based on information by Member States. At the same time, an assessment of the influenza vaccination strategies recommended in the EU and applied in Member States against these criteria should be done.

Conflicts of interest immediately lead to suspicions of undue influence. All conflicts of interests need to be avoided. According to the rapporteur, at the very least, declarations of interest of all experts that advise the European public health authorities have to be published.

EUR-Lex
Access to European Union law

Management of H1N1 influenza: European Parliament resolution of 8 March 2011 on evaluation of the management of H1N1 influenza in 2009-2010 in the EU (2010/2153(INI))

Official Journal of the European Union, 7 July 2012: 2012/C 199 E.7 - C 199 E.15
https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52011IP0077

The European Parliament,

- having regard to Article 168 of the Treaty of the Functioning of the European Union,

- having regard to the International Health Regulations – IHR (2005) 2005, http://www.who.int/ihr/en/

- having regard to the Commission communication of 28 November 2005 on pandemic influenza preparedness and response planning in the European Community (COM(2005)0607),

- having regard to the Council working document of 30 November 2007 on health security related matters, http://register.consilium.europa.eu/pdf/en/07/st15/st15789.en07.pdf

- having regard to the Council Conclusions of 16 December 2008 on health security, http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/lsa/104770.pdf

- having regard to the ECDC interim guidance document on 'Use of specific pandemic influenza vaccines during the H1N1 2009 pandemic', http://www.ecdc.europa.eu/en/publications/Publications/0908_GUI_Pandemic_Influenza_Vaccines_during_the_H1N1_2009_Pandemic.pdf

- having regard to the WHO guidance document of April 2009 on pandemic influenza preparedness and response, http://www.who.int/csr/disease/influenza/pipguidance2009/en/index.html

- having regard to the Council Conclusions of 30 April 2009 (3) on Influenza A/H1N1 infection, http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/107492.pdf

- having regard to the exchange of views between the ECDC director and Parliament's Committee on the Environment, Public Health and Food Safety, which took place on 4 September 2009,

- having regard to the Commission communication of 15 September 2009 on Pandemic (H1N1) 2009, http://ec.europa.eu/health/archive/ph_threats/com/influenza/docs/com481_2009_en.pdf

- having regard to the Commission Staff Working Document of 15 September 2009 on Joint procurement of vaccine against influenza A (H1N1), http://ec.europa.eu/health/archive/ph_threats/com/influenza/docs/flu_staff1_en.pdf

- having regard to the Commission Staff Working Document of 15 September 2009 on communicating with the public and the media on Pandemic (H1N1) 2009), http://ec.europa.eu/health/ph_threats/com/Influenza/docs/flu_staff2_en.pdf

- having regard to the Commission Staff Working Document of 15 September 2009 on support to third countries to fight the Influenza A (H1N1), http://ec.europa.eu/health/archive/ph_threats/com/influenza/docs/flu_staff3_en.pdf

- having regard to the Commission Staff Working Document of 15 September 2009 on the regulatory process for the authorisation of antiviral medicines and vaccines in the protection against Pandemic Influenza (H1N1) 2009, http://ec.europa.eu/health/ph_threats/com/Influenza/docs/flu_staff4_en.pdf

- having regard to the Commission Staff Working Document of 15 September 2009 on vaccination strategies against pandemic (H1N1) 2009, http://ec.europa.eu/health/communicable_diseases/diseases/influenza/h1n1/index_en.htm#fragment2 and http://ec.europaeu/health/archive/ph_threats/com/influenza/docs/flu_staff5_en.pdf

- having regard to the document entitled 'European Strategy for Influenza A/H1N1 – Vaccine Benefit-Risk Monitoring' of October 2009, http://www.ema.europa.eu/docs/en_GB/document_library/Report/2010/01/WC500044933.pdf

- having regard to the Council Conclusions of 12 October 2009 on the Pandemic (H1N1) 2009 – a strategic approach, http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/110500.pdf,

- having regard to the Commission Staff Working Document of 23 November 2009 on Health Security in the European Union and Internationally (12), http://ec.europa.eu/health/preparedness_response/docs/commission_staff_healthsecurity_en.pdf

- having regard to the Assessment Report of 16 April 2010 on EU-Wide Response to the Pandemic (H1N1) 2009 (1), http://ec.europa.eu/health/communicable_diseases/diseases/influenza/h1n1/index_en.htm#fragment2

- having regard to the final report of January 2010 on the Evaluation of the European Medicines Agency, http://ec.europa.eu/health/files/pharmacos/news/emea_final_report_vfrev2.pdf

- having regard to Resolution 1749 (2010) 'Handling of the H1N1 pandemic: more transparency needed' adopted by the Parliamentary Assembly of the Council of Europe in June 2010, http://assembly.coe.int/Mainf.asp?link=/Documents/AdoptedText/ta10/ERES1749.htm

- having regard to the conclusions of the Conference on lessons learned from the A (H1N1) pandemic, held on 1 and 2 July 2010, http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/116478.pdf

- having regard to the recommendations of the European Ombudsman concerning the European Medicines Agency of 29 April and 19 May 2010, http://www.ombudsman.europa.eu/press/release.faces/fr/4940/html.bookmark http://www.ombudsman.europa.eu/ press/release.faces/fr/5251/html.bookmark

- having regard to the Assessment Report of 25 August 2010 on EU-Wide Pandemic Vaccine Strategies, http://ec.europa.eu/health/communicable_diseases/diseases/influenza/h1n1/index_en.htm#fragment2

- having regard to the Council Conclusions of 13 September 2010 on Lessons learned from the A/H1N1 pandemic – Health security in the EU, http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/116478.pdf

- having regard to the Commission Staff Working Document of 18 November 2010 on lessons learnt from the H1N1 pandemic and on health security in the European Union (SEC(2010)1440),

- having regard to the Annual epidemiological report on communicable diseases in Europe 2010 by the ECDC, http://www.ecdc.europa.eu/en/publications/Publications/1011_SUR_Annual_Epidemiological_Report_on_Communicable_Diseases_in_Europe.pdf

- having regard to the Workshop held on 5 October 2010 by the European Parliament's Committee on the Environment, Public Health and Food Safety on the Influenza Pandemic A (H1N1) - The response of Member States and the European Union,

- having regard to Rule 48 of its Rules of Procedure,

- having regard to the report of the Committee on the Environment, Public Health and Food Safety (A7- 0035/2011),

A. whereas the national and international health authorities, including the WHO, stated in May 2009 that the H1N1 influenza was at the time causing only mild illness, but that it could not be taken for granted that this pattern would continue,

B. whereas, under the International Health Regulations (IHR) – a legal instrument binding on the states parties to it – the remit of the WHO includes public health surveillance, coordinating international public health measures and, in relation to potentially pandemic viruses, determining current phases of alert on a scale of one to six,

C. whereas the phases of a global pandemic are determined in accordance with the provisions of the IHR and in consultation with other organisations and institutions and with the Member States affected,

D. whereas the criteria for defining a 'pandemic', as revised by the WHO in 2009, are based solely on the spread of the virus while disregarding the severity of the illness caused by it,

E. whereas Member States, the European Commission and external bodies such as the WHO should take into account the virulence of a future influenza outbreak as well as the propagation of the virus when making public health decisions which may affect public health and social policies in Member States,

F. considering the high degree of unforeseeability regarding the pandemic's severity and how it was going to unfold, and the possibility that the pandemic might worsen in Europe, as it did in 1918 and 1968,

G. whereas, on the basis of the WHO pandemic alert and subsequent recommendations, the Member States responded rapidly, in line with the precautionary principle, using what resources they had available to implement public health action plans; whereas the move to the highest level of alert, indicating the presence of a pandemic, gave rise in some cases to public health decisions that were disproportionate,

H. whereas the WHO called an end to the state of alert concerning H1N1 influenza only in August 2010 (statement by the WHO Director-General of 10 August 2010, http://www.who.int/mediacentre/news/statements/2010/h1n1_vpc_20100810/en/print.html

I. whereas, in accordance with the principle of subsidiarity, the preparation for and reaction to health risks in the European Union fall within the competence of the Member States; whereas the Treaty of Lisbon exhorts the Member States to strengthen cooperation, sharing of information and good practices within the framework of the WHO and the existing structures of the EU; whereas stronger coordination measures by the Commission, with the support of the ECDC and the EMEA within the framework of the International Health Regulation, reinforce the effectiveness of national measures,

J. whereas the pharmaceutical industry had to respond to a sudden, pressing and exponential demand for the supply of vaccines by the Member States; whereas the industry had to develop with very great urgency a new vaccine likely to be effective against the virus,

K. whereas the costs arising from the management of this crisis in the Member States were significant and could perhaps have been reduced by better cooperation between the Member States and better coordination between the Member States and ECDC,

L. whereas the expenditure committed by certain Member States to the response plans drawn up relates mainly to the purchase of vast quantities of vaccines and antiviral treatments, and whereas purchasing procedures led to concerns regarding compliance with rules on public procurement and transparency in some Member States,

M. whereas there were significant price disparities among the Member States that had prior purchase agreements for vaccines, based, among other factors, on the differentiated liability conditions of each agreement,

N. whereas lawsuits were taken in various Member States, alleging corruption and conspiracy on the part of civil servants in relation to contracts signed in summer 2009 between ministries of public health and manufacturers of H1N1 influenza vaccines,

O. whereas, according to the Commission the reluctance of vaccine suppliers to bear full product liability may have contributed to reducing citizens' trust in vaccine safety; whereas confidence in vaccines against H1N1 influenza was also undermined by incomplete and contradictory communication on the benefits and risks of vaccination and the potential risks of H1N1 influenza to the public,

P. whereas the differing recommendations made within the EU and the Member States on the subject of the priority groups targeted for vaccination illustrate the significant uncertainties and diverging views surrounding the appropriate response to H1N1 influenza,

Q. whereas pandemic influenza preparedness planning relies to a great extent on vaccination strategies; whereas vaccination strategies should rely on three conditions to be successful: efficacy of the vaccine, a positive benefit-risk balance for the vaccine, and targeting of risk groups,

R. whereas there needs to be transparency about the fulfilment of these conditions,

S. whereas the vaccines' benefit-risk ratio has now been demonstrated in tolerance and immunogenicity studies based on actual use,

T. whereas there is a need for studies on vaccines and antiviral medications that are independent from pharmaceutical companies so as to have a balance between private and publicly funded studies,

U. whereas, in the event of a future influenza pandemic, more work needs to be done to improve the performance of influenza vaccines, especially for high risk groups and against drifted variants,

V. whereas, due to the early acquisition of vaccines and systematic vaccination strategies, especially among the most vulnerable groups, the EU was the best prepared region in the world; whereas, however, considerable differences emerged between the preparedness of EU Member States and the lack of genuine cooperation weakened the EU's overall preparedness,

W. whereas the limited cooperation among Member States, especially the lack of joint public procurement of vaccines, the lack of joint stockpiles, the lack of a solidarity and brokerage mechanism between Member States, and the absence of prior purchase agreements in several Member States were the main factors undermining the EU's better preparedness,

X. whereas despite the repeated requests made by the European Ombudsman to the European Medicines Agency (EMA), the documents held by the EMA relating to research protocols, clinical trials and the undesirable effects of medicinal products submitted to it for assessment are not always accessible to the public,

Y. whereas the information and communication concerning H1N1 influenza in 2009-2010 in the EU have demonstrated the crucial role played by the media in relaying public health precautions and recommendations, but also in emphasising selected aspects of the outbreak and its consequences, thus potentially altering public opinion perceptions and the public authorities' responses,

Cooperation

1. Calls for the prevention plans established in the EU and its Member States for future influenza pandemics to be revised in order to gain in effectiveness and coherence and to make them sufficiently autonomous and flexible to be adapted as swiftly as possible and on a case-by-case basis to the actual risk, based on up-to date relevant information;

2. Requests clarification, and if necessary review, of the roles, duties, remits, limits, relationships and responsibilities of the key actors and structures at EU level for the management of medical threats – the European Commission, the ECDC, the EMA and the Member States, as well as more informal entities such as the Health Security Committee, the HEOF and the 'public health' group, composed of senior officials able to intervene in the decision-making process regarding the management of a health crisis – and calls for that information to be made publicly available;

3. Welcomes the fact that the Commission has committed itself to studying the possibility of a revision and a long-term reinforcement of the legal basis of the Health Security Committee;

4. Requests that special attention be paid to preparation between sectors within the framework of co-operation between Member States on the Health Security Committee;

5. Emphasises the need to reinforce cooperation between Member States, and coordination of Member States with the ECDC, so as to ensure coherent risk management in response to a pandemic in compliance with the International Health Regulation;

6. Calls for the continuation and improvement of cooperation and coordination among Member States, institutions and international and regional organisations, particularly in the early stages of a virus outbreak, in order to determine its severity and make appropriate management decisions;

7. Considers it advisable to reinforce the mandate of the Committee of Public Health, the action and role of which should be improved to provide better support for the Member States in achieving a coherent approach to preparedness for and response to public health threats and emergencies of international concern as defined in the IHR;

8. Urges the WHO to revise the definition of a pandemic, taking into consideration not only its geographical spread but also its severity;

9. Calls on the Member States to involve health professionals more closely at every stage in the preparation and application of strategies for preventing and combating pandemics;

10. Urges the European Union to allocate more resources to research and development regarding preventive measures in the field of public health care while conforming to its stated objective of allocating 3 % of European GDP to R&D; more specifically, calls for an increase in the investments dedicated to a better evaluation and anticipation of the impact of an influenza virus both between pandemics and at the beginning of a pandemic;

11. Calls for continued investment in national epidemiological, serological and virological surveillance centres;

12. Expresses its approval for the introduction of a procedure enabling the Member States to make group purchases of anti-viral vaccines and medicinal products on a voluntary basis, in order to obtain, for a given product, inter alia, equitable access, advantageous rates and flexibility for the order;

13. Recalls that according to current Union legislation on medicinal products, liability for the quality, safety and efficacy concerning the authorised indications of a medicinal product rests with the manufacturer, and calls for full application of this rule by Member States in all contracts for the procurement of vaccines, as an important factor in maintaining/regaining citizens' trust in vaccine safety;

14. Requests, within the framework of the common and responsible management of the supply of vaccines, that consideration be given to the possibility of easing access for developing countries to vaccine products in the event of a pandemic;

Independence

15. Takes the view that the European Centre for Disease Prevention and Control (ECDC) has to exercise its powers as an independent agency to assess and communicate the severity of infection risk and be given adequate means for all its tasks;

16. Invites the ECDC, with input from the WHO, to contribute to reviewing best practice on national influenza preparedness plans, and to make recommendations on best practice in areas such as crisis management techniques, vaccination and communication strategies;

17. Demands that increased vigilance and complete transparency be assured with regard to the evaluation of, and reporting on, medicinal products recommended in the event of health emergencies, and more particularly in genuine pandemic situations;

18. Underscores the need for studies independent of the pharmaceutical companies on vaccines and antiviral medications, including with regard to the monitoring of vaccination coverage;

19. Wishes to ensure that scientific experts have no financial or other interests in the pharmaceutical industry that could affect their impartiality; requests the development of a European code of conduct relating to the exercise of the function of a scientific expert in any European authority in charge of safety and of the management and anticipation of risks; requires that each expert subscribe to the ethical principles of this code of conduct before taking up his or her duties;

20. Asks that experts who are involved in the pharmaceutical sector, while they may be consulted, should be excluded from decision-making;

21. Calls in particular on the European Commission, with the support of the EMA, to improve the accelerated authorisation procedures for the placing on the market of medicinal products designed to respond to a health crisis - *inter alia* by making them suitable for different influenza strains varying levels of severity and differences in target groups - in such a way that proper clinical trials are carried out before a pandemic occurs, in order to ensure a full assessment of the risk-benefit balance associated with the use of those medicinal products for the relevant target groups and to come up with corresponding legislative proposals where necessary;

Transparency

22. Calls for an assessment of the influenza vaccination strategies recommended in the EU and applied in Member States, covering the efficacy of the vaccines, their risk-benefit balance and the different target groups recommended, with a view to safe and effective use;

23. Calls on Member States to report the following information to the Commission before 8 September 2011:

a) on different vaccines and anti-viral treatments, respectively:

(i) the number of doses purchased,

(ii) the total expenditure for the purchase,

(iii) the number of doses actually used,

(iv) the number of doses placed in storage, sent back to the manufacturer and reimbursed, or sold to other Member States or third countries,

b) on the disease and side effects of vaccines and anti-viral treatment, respectively:

(i) the number of H1N1 infections,

(ii) the number of deaths due to H1N1 infections,

(iii) the number and nature of adverse effects reported due to vaccinations or and anti- viral treatment against H1N1,

24. Calls on the Commission, with the support of ECDC and EMA, to make a summary report about the information referred to in paragraph 23, broken down by Member State, before 8 March 2012 and to make it publicly available as an important contribution to the review of the current pandemic influenza preparedness plans;

25. Reminds the EMA of the regulatory requirement to make access available to all the documents relating to clinical trials, research protocols and undesirable effects of the medicinal products evaluated by its experts, including the vaccines and anti-viral drugs recommended as a means of combating H1N1 influenza; welcomes the new rules on access to documents adopted by the EMA in October 2010;

26. Recognises that conflicts of interest among experts who advise European public health authorities lead to suspicions of undue influence and harm the overall credibility of these public health authorities and their recommendations; considers that all conflicts of interest must be avoided;

27. Requests the adoption of a definition common to all European public health authorities of what constitutes a conflict of interest;

28. Calls for such conflicts of interest to be brought to Parliament's attention by means of an internal investigation carried out by the Committee on Budgetary Control with a view to determining whether payments to the aforementioned experts were made in a correct and transparent manner and whether the procedures normally employed by the European institutions to forestall such conflicts of interest were followed;

29. Calls for the declarations of interest of all experts who advise the European public health authorities to be published, including those of members of informal groups;

30. Is aware of the need to communicate risks and benefits more clearly and transparently to the public; underlines the necessity to arrive at a coherent message to the citizens as soon as a health hazard is evaluated; insists on the importance of consistent communication by the Member States regarding the informative contents of the message (e.g. the nature of the virus, the nature of the risk, how best to prevent it and the risks and benefits of prevention and/or treatment);

31. Calls for a global European strategic approach for the so-called 'at-risk' groups on how to reach them and communicate with them in case of pandemics;

32. Calls for the building of relationships of trust with the media concerned with disseminating public health messages; requests the setting-up of a select group of available experts to answer questions from journalists at all times, as well as the availability of a spokesperson;

33. Stresses the need for accountability of information professionals and the prudence required in the processing of health information messages, a fortiori in the context of a pandemic;

34. Expects, in this regard, a more comprehensive collection and rapid submission of coherent data from national health monitoring authorities to competent EU authorities,

35. Considers it essential for the Commission and Member States to swiftly undertake the necessary revisions, including better vaccination and communication strategies, in order to build confidence in public health measures that seek to prepare and prevent pandemics;

36. Instructs its President to forward this resolution to the Council, the Commission, the WHO and national parliaments.

Chapter 17

Swine Flu (V): From the 'False Pandemic' to the End of the Pandemic and Beyond

Roadmap
of the Swine Flu Pandemic

Gain-of-Function research on viruses
since 1950s ...
Rescue of Spanish Flu virus in 2004

a Bird Flu Alarm: Manufacture of Bird Flu Vaccines
in 2007-2008

Decline of a Bird Flu Pandemic Alarm
2007-2008

Spreading Vaccine "contaminated" with a Bird Flu virus
in January 2009

a Lawsuit against Baxter (Austria)
8 April 2009

a Swine Flu Epidemic in Mexico
mid of April 2009

a Swine Flu Pandemic Alarm
25-29 April 2009

Decline of a Swine Flu Epidemic in Mexico
3 May 2009

Change of Swine Flu Reporting in the US
4 May 2009

Change of a Definition of a Pandemic on the WHO website
4/6 May 2009

Declaration of the Swine Flu Pandemic
11 June 2009

Global Vaccination Project
started in Fall 2009

Declaration of the National Emergency in the USA
24 October 2009

PACE: Health Committee Denounced 'Unjustified Scare' of a Swine Flu Pandemic by WHO
4/24 June 2010

a Swine Flu Pandemic is over
10 August 2010

英文中國郵報
The China Post

Professor James Chin

Downgrading the 2009 H1N1 scare

The China Post, 18 December 2009 10:11 am TWN
https://web.archive.org/web/20091221185040/http://www.chinapost.com.tw/commentary/the-china-post/special-to-the-china-post/2009/12/18/237032/Downgrading-the.htm

Berkeley, Calif. – Although the 2009 H1N1 swine flu pandemic appears to have peaked, Dr. Keiji Fukuda, the top flu expert of the World Health Organization (WHO), recently said a third wave could still be ahead. Third wave or not, there is sufficient data since April 2009 to show that this virus is less severe than normal seasonal flu and that efforts to prevent the spread of this pandemic were futile – especially hand-washing, still promoted by the WHO, the U.S. Centers for Disease Control and other national agencies.

According to WHO estimates, recent normal seasonal influenza viruses have killed between 250,000 to 500,000 people a year – about 0.005 percent of the world population. This can be used as a yardstick to compare the severity of past and current influenza pandemics.

The initial fear was that the 2009 H1N1 flu virus might be as deadly as the 1918 "Spanish" H1N1 influenza pandemic that killed an estimated 30 to 50 million people, or about 2.5 percent of the world population. The 1918 influenza pandemic was therefore 500 times as severe as recent seasonal outbreaks. In contrast, the death toll of the 1957 "Asian" H2N2 influenza pandemic was about 14 times, and the 1968 "Hong Kong" H3N2 influenza pandemic about six times more than the death toll of current seasonal influenza viruses.

As of late 2009, the new H1N1 virus has actually killed fewer people overall than recent seasonal influenza viruses, including the 32 so far in Taiwan and 178 in the PRC, although it may be more severe for children. Global transmission of the new H1N1 virus has apparently peaked or is just beginning to peak, and while it is definitely not over, its overall death toll may well end up lower than the death toll of recent seasonal flu viruses.

Initial fears of a repeat of the devastating 1918 influenza pandemic led to an unprecedented public health response, which included expanding the target groups to receive the H1N1 vaccine, travel bans from infected areas, isolating and quarantining suspected infected persons, school closures, canceling or limiting large public gatherings or events and recommending universal hand-washing.

Measures such as isolation or quarantine, school closures and so on were not implemented uniformly, but left to the discretion of national and often local health departments. At best, they may have slowed the spread of this virus in some areas.When I asked Ed Kilbourne, an Emeritus Professor at New York Medical College, who I consider to be the dean of influenza experts, about the effectiveness of hand-washing for preventing influenza transmission, he replied that influenza is transmitted through inhalation, rather than by touching contaminated objects: "Hand-washing does nothing to curtail the spread of influenza, but it may be a good substitute for hand-wringing."

No one opposes the promotion of hand-washing as a good hygienic practice in general, but it has been misleading for public health agencies to claim it is vital for preventing transmission of influenza viruses. Blind adherence to this scientifically unsupported measure threatens to erode the credibility of all public agencies that have aggressively implemented this recommendation. It is bizarre that many government health agencies, including the U.S. Centers for Disease Control, continue to promote it, despite lack of evidence.

It is now clear that the 2009 H1N1 virus is not as deadly as current seasonal influenza viruses, and that public health efforts to contain the spread of this virus were largely wasted. The WHO's graded alert phases for influenza pandemics may imply, but do not take into account, the severity (as measured by deaths) of the pandemic.

The WHO's alert for the 2009 H1N1 pandemic still stands at its top phase 6 which merely denotes "widespread human infections."

Based on the global influenza surveillance data collected, the WHO influenza forecast and advisory for 2010 should say: "The severity of the 2009 H1N1 influenza pandemic virus has been reduced from a potential maximum severity virus to a baseline severity seasonal influenza virus that may cause scattered outbreaks during the 2010 respiratory disease season. All of the additional high-risk populations identified in the 2009 pandemic should receive the 2010 seasonal influenza vaccine, and everyone should continue to wash their hands regularly, even though this practice does not prevent transmission of influenza viruses."

James Chin MD MPH is Clinical Professor of Epidemiology at the School of Public Health, University of California, Berkeley, and former chairperson of the U.S. national Advisory Committee for Immunization Practices (ACIP).

news.com.au

Jill Pengelley

Government wants right to detain sick people

News Com.au, 20 November 2009, 12:01am

https://web.archive.org/web/20091121135534/http://www.news.com.au/adelaidenow/story/0,22606,26375106-2682,00.html

HEALTH authorities want the power to detain people for up to three months if they refuse testing or treatment for infectious diseases.

Under draft legislation proposed by the State Government, someone with swine flu, measles or meningococcal disease could be forcibly held, examined and treated.

It is one of several wide-ranging powers sought to protect the public.

The Public Health Bill also would, for the first time, give authorities the power to override parents who refused treatment for their children with infectious conditions.

Other diseases that could be controlled include AIDS, polio, rabies, salmonella and cholera.

The tougher enforcement powers would come with a substantial increase in fines - up from $60,000 to $1 million and 10 years' jail - and relate to any serious risk caused to public health. SA Health public health director Kevin Buckett said the new legislation would give authorities wider powers to act more quickly.

"There's nowhere on Earth that is more than 36 hours from anywhere else and where people go, bugs can go," he said yesterday.

"We have to have legislation that can respond in that sort of time.

"The idea would be that we get them out of circulation, where they can't infect other people." Dr Buckett said there were many reasons people refused treatment, including mental health issues, language barriers and even malicious behaviour.

Non-communicable diseases, such as cancer and diabetes, could also be declared, allowing the Government to introduce codes of practice for certain industries or the community.

Opposition health spokesman Duncan McFetridge said he supported powers to protect the public from infectious diseases but feared parts of the Bill - to be debated next year - would allow the Government to control people with chronic conditions.

"It's bordering on nanny-state legislation," he said. "It's understandable but how far do we go?"

Australian Medical Association state president Andrew Lavender said he welcomed most of the changes. as important to protect the public.

THE FLU CASE

Jane Burgermeister

Lawyers will represent Bachelot at Court Hearing to Stop Swine Flu Vacinations in France

The Flu Case, 21 December 2009, 14:01
https://web.archive.org/web/20100102053438/http://theflucase.com/index.php?option=com_content&view=article&id=2364%3Alawyers-will-represent-bachelot-at-court-hearing-to-stop-swine-flu-vacinations-in-france&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A lawyer will represent the French Health Minister Roselyne Bachelot at a court hearing scheduled for January 4th in Paris on whether the mass swine flu vaccination programme should be suspended.

Bachelot received a summons after legal action was taken by a group led by Dr Marc Vercoutère and Christian Cotten, who argue the vaccine is untested and toxic and poses a danger to the people of France.

The judgement could be given on the same day as the hearing, but most probably it will come a few days later, Christian Cotten said.

He said he expected the hearing to be mostly symbolic in as far as the political and financial interests pushing the swine flu vaccination campaign remain powerful and are advancing the campaign in spite of polls showing that 76 % of the French now have no intention of taking the jab.

The citizen's group hopes to use the occasion to publicise the inadequate basis for the current mass swine flu vaccination campaign by compelling Bachelot and her lawyers to present arguments, evidence and facts to justify their actions.

The mass swine flu vaccination campaign has galvanised France and led to the create of a new alternative or independent networks on the internet as people have become increasingly aware that the government and the mainstream and government-controlled media are not giving adequate information.

Criminal complaints have also been filed in France.

Also, an appeal is due to be launched in Belgium in January against a court ruling that the government did not violate laws by recommending the untested Pandemrix swine flu jab to pregnant women.

This is the press release on Bachelot's summons in French:

Roselyne Bachelot assignée en référé le 4 janvier 2010 au TGI de Paris par Marc Vercoutère/Cri-Vie et Christian Cotten/Politique de Vie

Communiqué de presse - 19 décembre 2009 - Christian Cotten - Marc Vercoutère

Madame Roselyne Bachelot, Ministre de la Santé, a reçu vendredi 11 une assignation à comparaître en référé devant le Tribunal de Grande Instance de Paris le lundi 4 janvier prochain à 9 h, aux fins de mettre un terme dans les plus brefs délais à la campagne de vaccination contre la grippe H1N1.

etc...
see the link above

Information

Louise Voller, Kristian Villesen

Lægemiddelstyrelsen giver læge mundkurv på

H1N1-Pandemien er en af århundredets største medicinalskandaler'

Information, 21 December 2009
https://www.information.dk/indland/2009/12/laegemiddelstyrelsen-giver-laege-mundkurv-paa?lst_cntrb

Efter kritiske udtalelser om statens indkøb af Tamiflu, har en læge fra statens Institut for Farmakoterapi (IRF) fået mundkurv på. Det er, fordi indkøb til et influenzaberedskab ligger uden for instituttets område, forklarer lægemiddelstyrelsens direktør.

(Photo) *Det omtalte lægemiddel Tamiflu - som Danmark har købt en million doser af - kan ikke forebygge influenza. Det kan kun forsøge at bremse spredningen af influenzavirus i kroppen. Præparatet har bivirkninger som ligner influenza og kan svække modstandskraften mod den frygtede bakterie som forårsager lungebetændelse. Det har i det hele taget en begrænset klinisk effekt og reducerer sygdomsperioden med ca. en halv dag.*

Efter kritiske udtalelser om statens indkøb af influenzamidlet Tamiflu, må læger fra Institut for Rationel Farmakoterapi (IRF) ikke længere udtale sig til pressen om sagen. Ordren kommer for Lægemiddelstyrelsens direktør, Jytte Lyngvig.

I Informations artikel den 8. december rejste flere eksperter, herunder læge Niels Heebøll-Nielsen fra Institut fra Rationel Farmakoterapi, kritik af den danske stats store indkøb af Tamiflu. Dagbladet Information og British Medical Journal offentliggjorde samtidig en ny og omfattende gennemgang af videnskabelige data for Tamiflu. En undersøgelse, der viste, at Tamiflu har en »meget begrænset effekt« på følgesygdomme ved svineinfluenzaen og højest kan »dæmpe symptomerne én dag«.
I Danmark har vi indkøbt én million doser Tamiflu til en samlet værdi af 65 millioner kroner.

Fornuftigt

Institut for Rationel Farmakoterapi rådgiver om fornuftig brug af medicin, hvilket man umiddelbart skulle tro kvalificerede læge Niels Heebøll-Nielsen til at udtale sig om, at staten har handlet irrationelt og købt for stort ind.

Til Information sagde han blandt andet, at indkøbet bar præg af den panikstemning, der herskede efter SARS-udbruddet:

»Når frygten breder sig, og der opstår en stemning af død og ødelæggelse, så breder der sig også en forventning om, at der bliver gjort noget. Det er forståeligt nok. Og man må jo have troet på, at Tamiflu har en effekt.«

Desuden kritiserede han grundlaget for indkøbet:

»Når man indkøber store mængder medicin, så ville det være godt, hvis man havde vidst mere om, hvad vi fik for pengene. Den viden, viser det sig, har været mangelfuld, hvad angår Tamiflu. Men man må have stolet på, at det var godt nok. Man havde ingen alternativer,« sagde han.

Rationelt

Institut for Rationel Farmakoterapi hører under Lægemiddelstyrelsen, og i Lægemiddelstyrelsen har man slet ingen holdning til håndteringen af nødberedskabet, forklarer direktøren for Lægemiddelstyrelsen, Jytte Lyngvig:

»Lægemiddelstyrelsen har slet ikke noget med det at gøre. Det er Sundhedsstyrelsen, der står for indkøbet,« siger Jytte Lyngvig. Derfor må Niels Heebøll-Nielsen heller ikke udtale sig om pandemiberedskabet i sin egenskab af ansat i på Institut for Rationel Farmakoterapi:

»Han må sige, hvad han vil privat. Men det her er Sundhedsstyrelsens beslutning. Derfor er det kun rimeligt, at det også er dem, der udtaler sig om det.«

- Det er vel meget rart at have eksperter, der kan forholde sig kritisk til det?

»Så må du snakke med læger på hospitalerne.«

- Institut for Rationel Farmakoterapi forholder sig jo generelt kritisk til den måde vi bruger medicin på?

»Ja, men kun i forhold til daglig brug af medicin. Ikke i forhold til en pandemi. Instituttet har ingen rolle i en pandemi. Når han udtaler sig på instituttets vegne, så skal det være inden for det felt, som instituttet beskæftiger sig med. Man lukrerer jo på navnet, og folk bliver måske forvirrede over, at Institut for Rationel Farmakoterapi udtaler sig om det.«

- Han er jo vant til at vurdere, hvad der er fornuftig brug af medicin?

»Nej, for han har aldrig været med til at købe ind til et beredskab. Hvis han vil kritisere Sundhedsstyrelsens indsats, så må han gøre det som privatperson.

- Tror du, han har lyst til det fremover?

»Det ved jeg ikke. Men det tror jeg da, at han har.«

Information

Louise Voller, Kristian Villesen

Danish board of pharmaceuticals muzzles a medical doctor
Lægemiddelstyrelsen giver læge mundkurv på

Information, 21 December 2009
https://www.information.dk/indland/2009/12/laegemiddelstyrelsen-giver-laege-mundkurv-paa?lst_cntrb
(translation was taken from the website of Jane Burgermeister – The Flu Case)
https://web.archive.org/web/20100102045906/http://theflucase.com/index.php?option=com_content&view=article&id=2420%3Adanish-board-of-pharmaceuticals-muzzles-a-medical-doctor-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

After critical comments about the danish government's purchase of Tamiflu, a medicial doctor from the government institute for Rationel Pharmacotheraphia (IRT) has been muzzled.

The explanation is that purchases for flu emergencies lies beyond the competences of that institution, explains the director of the danish board of pharmaceuticals.

After critical remarks about the Danish government's purchase of the flu remedy, Tamiflu, medical doctors from the Institute for Rationel Pharmacotheraphia are no longer allowed to talk to the press on this subject.

The order was issued by the director of Danish Board of Pharmaceuticals (Laegemiddelstyrelsen), Jytte Lyngvig.

In a news item in the Danish daily newspaper, Information, on December 8, several experts, among them Niels Heebøll-Nielsen, from the Institute for Rationel Pharmacotherapia critisized the Danish government's purchase of significant quantities of Tamiflu.

Simultanously the daily Information and British Medical Journal published a new and extensive evaluation of scientific data concerning Tamiflu. The study made it clear, that Tamiflu has "a very limited effect" on the sickness accompanying swine flu and at best, might "suppress the symptoms one day".

In Denmark one million doses has been purchased at a cost of 65 million Danish crowns.

Reasonable

The Institute for Rationel Pharmacotheraphia gives advice concerning appropriate use of medicine, which would, so one might think, qualify medical doctor Niels Heebøll-Nielsen to give an opinion as to whether the state has acted irrationally and purchased too much.

To Information, he said among other things that the purchase was characterized by the atmosphere of panic prevailing after the outbreak of SARS:

"When fear arises and an atmosphere of doom and disaster is spreading then at the same time an expectation occurs that something will be done. It is understandable. And they must have believed in Tamiflu having an effect".

Furthermore he criticised the foundation for the purchase:
"When you buy great quantities of medicine, it would be convenient if you knew more about what you get for the money. That knowledge it seems has been insufficient concerning Tamiflu. But they must have trusted that it was efficient. There were no alternatives," he says.

Rationel

The Institute for Rationel Pharmacotherapia belongs to the Board of Pharmaceuticals, and in Board of Pharmaceuticals they don't hold opinions at all concerning the handling of the emergency, explains the director of that institution, Jette Lyngvig.

"The Board of Pharmaceuticals has absolutely nothing to do with this. It is Danish Board of Health who is the purchaser" says Jytte Lyngvig.

Accordingly, Niels Heebøl-Nielsen as an employee of Institute for Rationel Pharmacotheraphia is not allowed to express opinions concerning the pandemic emergency.

"He may say whatever he wants as a private person. But this one is the decision of Danish Board of Health. Therefore it is only reasonable, that it is up to them to comment on this matter."

It would be reassuring to know there are experts who are able to give a critical evalunation?

"Then you will have to speak to medical doctors at the hospitals".

"Is Institute for Rationel Pharmacotheraphia generally allowed to be critical about the way we use medicines?

"Yes but only the daily use of medicine. Not in relation to a pandemic. The institute has no role to play in a pandemic. When he speaks on behalf of the institute, it has to fall inside the limits of the activities of this institute. When one profits by the name, people could get confused because the Institute for Rationel Pharmacotherapia holds an opinion about this matter."

But he usually evaluates what is a proper use of medicine?

"No, for he has never been part of the purchasing for an emergency. If he criticises the efforts of Danish Board of Health, he must do so as a private person".

Do you think he would like to do that in the future?

"I don't know. But I could well image that he would".

THE FLU CASE

WHO gets 81% of Funding from private Corporations
CFR website reveals member states did not want to declare a Pandemic Emergency

The Flu Case, 22 December 2009 10:16
https://web.archive.org/web/20100117085650/http://theflucase.com/index.php?option=com_content&view=article&id=2381:who-gets-81-of-funding-from-private-corporations-cfr-website-reveals-member-states-did-not-want-to-declare-a-pandemic-emergency&catid=41:highlighted-news&Itemid=105&lang=en

The WHO's annual budget for 2010 will be almost $5 billion with 81 % of the funding – or $4 billion – coming from voluntary contributions from pharmaceutical companies, foundations and other donors, according to a WHO draft budget, available on the website of the Rockefeller affiliated think-tank, the Council of Foreign Relations. => Johnson T. The World Health Organization. 10 August 2009 https://web.archive.org/web/20090822113126/http://www.cfr.org/publication/20003/world_health_organization.html

A table on page 13 of the document, which is called "Draft proposed programme budget for 2010-2011", reveals that the proportion of funding that WHO gets from voluntary contributions has been rising steadily from 71% in 2006-2007 to 77.3% in 2008-2009 to 81% in 2010-2011.

Total funding in 2006-2007 was just over US$ 3 billion. Draft proposed programme budget 2010–2011 https://web.archive.org/web/20090801211032/http://www.paho.org/english/gov/cd/cd48-whobpb-e.pdf

WHO appears reluctant to release a copy of its actual annual budget. A WHO employee working in the publications department in Geneva said that it was a "very internal document" and not every one was entitled to see it.

I have emailed the WHO publications department and requested a copy.

The gigantic and growing amounts of funding that WHO receives from pharmaceutical corporations and private foundations is bound to raise questions about the influence that these entities exercised on WHO's declaration of a pandemic level 6 emergency this June.

The CFR website also reveals that "some" delegates of the the World Health Assembly (WHA), which acts as WHO's governing body, did not want to declare a pandemic emergency level 6 over the mild swine flu.

"It took nearly two months of lobbying and a three-day emergency session to get enough members on board for the pandemic declaration," says the CFR website.

It is not clear who was doing the lobbying to persuade WHA members to agree to a pandemic level 6 declaration.

It is not clear whether pharmaceutical company representatives participated in this three-day emergency session.

WHO has refused to give the names of 18 members of a key secret committee that played a key role in the pandemic emergency declaration. Therefore, it is not possible to assess how many have ties to the pharmaceutical industry.

It is, however, known that at least 7 members of a key vaccine advisory board, SAGE, have financial links to pharmaceutical companies, raising fears of conflicts of interest.

Also, dozens of pharmaceutical executives were present allegedly as „observers“ at a meeting of Sage in July.

WHO refused to release the minutes of this meeting, reinforcing the impression that WHO is engaged inc concealing the influential role of pharmaceutical companies in its decision-making process.

Given the substantial contributions for the private sector, it is legitimate to ask whether the pharmaceutical companies and allied foundations leveraged their financial clout to push through a pandemic level 6 declaration over the mild swine flu so ensuring themselves windfall profits from pre negotiated contracts with governments for vaccines.

The CFR website also states the International Health Regulations are "a legally binding policy for infectious diseases for all WHO member countries."

"In 1995, the WHO began revising the International Health Regulations (PDF), a legally binding policy for infectious diseases for all WHO member countries."

This will raise fears of whether private corporations controlling WHO have also gained control of key functions of national governments in the event of a pandemic declaration.

In addition, the CFR says that the „World Bank and International Monetary Fund have a growing influence on population health that outweighs WHO's.“

What kind of an influence do these banks have since they are known for their predatory approach, and for slashing health programmes as a condition of funding?

"The 2005 Global Health Watch report found that "transnational corporations and other global institutions--particularly the World Bank and International Monetary Fund--have a growing influence on population health that outweighs WHO's" and "some of these institutions, the Bank in particular, now operate in direct competition with WHO."

Furthermore, the significant influence of the eugenicist Bill and Melinda Gates Foundation on global health is referred to.

Extracts from the CFR website: => Johnson T. The World Health Organization. 10 August 2009 https://web.archive.org/web/20090822113126/http://www.cfr.org/publication/20003/world_health_organization.html

The WHO's estimated budget (PDF) is $4.9 billion for 2010, more than $1 billion of which is allocated for "partnerships and collaborative arrangements," such as the Global Alliance for Vaccines and Immunizations (GAVI). Another $2.2 billion is targeted at combating HIV/AIDS ($731 million) and infectious diseases ($1.5 billion). Health experts say funding for the organization is inadequate given the WHO's mandate and that a significant portion of the budget is targeted by donors toward particular programs, similar to the earmarking done by the U.S. Congress.

WHA members finance the WHO with dues based on their individual gross domestic products (GDPs). Garrett says this means, in essence, that countries with the greatest health needs have to listen to the countries with the most money. The 2005 Global Health Watch report says the United States, in particular, uses its funding leverage to continually pressure WHO (PDF) "to steer clear of 'macroeconomics' and 'trade issues' that it says are outside its scope, and to avoid such terminology as 'the right to health.'"

Since the organization was created, the number of global health bodies has ballooned, including those within the UN framework like UNAIDS and UNICEF, numerous HIV/AIDS programs, large private entities such as the Bill and Melinda Gates Foundation, and nongovernmental organizations

such as Doctors without Borders. Experts say the rise of these other organizations, especially those with vastly more resources, is testing the WHO's leadership role. "It's chaos," CFR's Garrett says, adding that WHO's job is sometimes akin to "corralling kittens." The 2005 Global Health Watch report found that "transnational corporations and other global institutions--particularly the World Bank and International Monetary Fund--have a growing influence on population health that outweighs WHO's" and "some of these institutions, the Bank in particular, now operate in direct competition with WHO."

The WHO's funding is overshadowed by that of newly emerging organizations, such as the Bill and Melinda Gates Foundation, the Global Fund for AIDS, Tuberculosis, and Malaria, and PEPFAR (the U.S. President's Emergency Fund for AIDS Relief). The Centers for Diseases Control (CDC), for example, has nearly twice the budget (PDF) of the entire WHO. The Gates Foundation's budget for global health (PDF) is around $2 billion per year, about twice the WHO's core budget.

Experts contend that the WHO, challenged though it might be, is still needed. "There is no alternative to the World Health Organization," says the CDC's Scott Dowell. "We all contribute but we will only succeed if the WHO succeeds." A 2008 report from the British parliament points out that the WHO is still extremely influential among middle- and low-income countries, and has an image of being more neutral than U.S.- or British-based organizations. The report suggests WHO's mission statement be revised to specifically give it a mandate of "preparing a strategy for global health governance." Many health experts suggest Geneva should have more control over the WHO's resources for health programs.

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Washington DC

Kathleen Blanchard

First autopsies show pattern of lung injury causing H1N1 deaths

Examiner, 23 December 2009, 7:50 AM

https://web.archive.org/web/20100405113934/http://www.examiner.com/x-14041-Charlotte-Health-and-Happiness-Examiner~y2009m12d23-First-autopsies-show-pattern-of-lung-injury-causing-H1N1-deaths

Researchers from Brazil have performed the first autopsies, finding a pattern associated with H1N1 flu deaths from pneumonia. The findings are hoped to lead clinicians to better management of H1N1 flu and pneumonia by providing clues about the need for antibacterial and antiviral medications to limit lung damage and deaths from the pandemic flu.

"The lack of information on the pathophysiology of this novel disease is a limitation that prevents better clinical management and hinders the development of a therapeutic strategy," said lead author, Thais Mauad, M.D., Ph.D., associate professor of the Department of Pathology at São Paulo University, in Brazil.

The study, due for publication January 1 in the American Journal of Respiratory and Critical Care Medicine, found that 75 percent of 21 patients autopsied who died from H1N1 influenza had underlying medical conditions such as cancer or heart disease. The patients died in São Paulo with confirmed H1N1 infection in July and August, 2009.

One fourth of those autopsied with H1N1 flu had no underlying medical condition. All of the H1N1 patients who died experienced rapid progression of flu symptoms that lead to death, and were between age 39 to 50.

According to Dr. Mauad, body aches and fever were less frequently present in patients who died from rapid progression of respiratory symptoms associated with H1N1 flu. "Most patients with a fatal form of the disease presented with difficulty breathing (dyspnea), with fever and myalgia being less frequently present."

All of the patients who died from H1N1 flu had acute lung injury that followed three distinct patterns. "All patients have a picture of acute lung injury," said Dr. Mauad. "In some patients this is the predominant pattern; in others, acute lung injury is associated with necrotizing bronchiolitis (NB); and in others there is a hemorrhagic pattern." Bronchiolitis is an inflammation of the small airways in the lung. Necrotizing refers to destruction of the lung tissue.

Patients with underlying medical conditions such as heart disease and cancer who died from H1N1 flu were more likely to have a hemorrhagic lung condition. Bacterial co-infections were associated with necrotizing bronchiolitis (NB).

"It is important to bear in mind that patients with underlying medical conditions must be adequately monitored, since they are at greater risk of developing a severe H1N1 infection," said Dr. Mauad. In these patients, H1N1 infection may present as a potential fatal disease, requiring early and prompt intensive care management, including protective ventilation strategies and adequate hemodynamic management. "We found that 38 percent of these patients had a bacterial infection (bronchopneumonia). This has important consequences because these patients need to receive antibiotic therapy, in addition to antiviral therapy."

Cytokine storm was also found to play a role in deaths from H1N1 influenza. Cytokine storm leading to H1N1 flu deaths is the result of an overly vigorous inflammatory response that causes acute lung injury.

The scientists say the first autopsies uncovering distinct patterns of infection from H1N1 flu in the lungs should lay some groundwork for a better understanding of the disease. "We would like to deepen our efforts into the understanding of the immune responses in cases of severe infection," said Dr. Mauad. "This could ultimately lead to new therapeutic approaches".

Reference to

AJRCCM
American Journal of Respiratory and Critical Care Medicine

Thais Mauad, Ludhmila A Hajjar, Giovanna D Callegari,
Luiz F F da Silva, et al.

Lung pathology in fatal novel human influenza A (H1N1) infection

Am J Respir Crit Care Med. 2010 Jan 1;181(1):72-9.
doi: 10.1164/rccm.200909-1420OC. Epub 2009 Oct 29. PMID: 19875682.
https://pubmed.ncbi.nlm.nih.gov/19875682/

Abstract

Rationale: There are no reports of the systemic human pathology of the novel swine H1N1 influenza (S-OIV) infection.

Objectives: The autopsy findings of 21 Brazilian patients with confirmed S-OIV infection are presented. These patients died in the winter of the southern hemisphere 2009 pandemic, with acute respiratory failure.

Methods: Lung tissue was submitted to virologic and bacteriologic analysis with real-time reverse transcriptase polymerase chain reaction and electron microscopy. Expression of toll-like receptor (TLR)-3, IFN-gamma, tumor necrosis factor-alpha, CD8(+) T cells and granzyme B(+) cells in the lungs was investigated by immunohistochemistry.

Measurements and main results: Patients were aged from 1 to 68 years (72% between 30 and 59 yr) and 12 were male. Sixteen patients had preexisting medical conditions. Diffuse alveolar damage was present in 20 individuals. In six patients, diffuse alveolar damage was associated with necrotizing bronchiolitis and in five with extensive hemorrhage. There was also a cytopathic effect in the bronchial and alveolar epithelial cells, as well as necrosis, epithelial hyperplasia, and squamous metaplasia of the large airways. There was marked expression of TLR-3 and IFN-gamma and a large number of CD8(+) T cells and granzyme B(+) cells within the lung tissue. Changes in other organs were mainly secondary to multiple organ failure.

Conclusions: Autopsies have shown that the main pathological changes associated with S-OIV infection are localized to the lungs, where three distinct histological patterns can be identified. We also show evidence of ongoing pulmonary aberrant immune response. Our results reinforce the usefulness of autopsy in increasing the understanding of the novel human influenza A (H1N1) infection.

NOS

Epidemie Mexicaanse griep voorbij
Mexican flu epidemic over

Nederlandse Omroep Stichting (NOS), 24 December 2009, 13:51
https://web.archive.org/web/20091226165729/https://nos.nl/artikel/124994-epidemie-mexicaanse-griep-voorbij.html

De epidemie van de Mexicaanse griep is volgens het RIVM voorbij. Op dit moment hebben 41 op de 100.000 mensen griepverschijnselen. Daarmee is er geen sprake meer van een epidemie, want de grens daarvoor is 51 op de 100.000 mensen.

Het RIVM baseert zich op cijfers van huisartsen in het hele land. Nederland is tien weken in de greep van de Mexicaanse griep geweest. Een griepepidemie duurt meestal zo lang.

Overleden

Sinds de uitbraak van de Mexicaanse griep zijn 51 mensen eraan overleden. In de meeste gevallen waren ze al ziek.

Dat de epidemie voorbij is, betekent niet dat het virus dat de Mexicaanse griep veroorzaakt, helemaal het land uit is. Nog altijd raken mensen besmet met de griep, er is alleen geen sprake meer van een epidemie.

THE IRISH TIMES

Eithne Donnellan

Swine flu rate falls but high among under-5s

The Irish Times, 24 December 2009, 00:00
https://www.irishtimes.com/news/swine-flu-rate-falls-but-high-among-under-5s-1.795086

Rates of swine flu infection in the Republic continued to decline over the past week, according to latest figures from the Department of Health.

In a statement yesterday, it said the rate of influenza-like illness in the population dropped to 42.4 cases per 100,000 population over the past week, down from a rate of 51.3 per 100,000 a week earlier.

That is the equivalent of about 2,000 people succumbing to the virus over the past week, down from about 30,000 cases a week in early November.

Rates of infection among children under 5 remain high, at 113.7 cases per 100,000. In school-going children aged 5 to 14, rates of infection stand at 36 cases per 100,000.

No additional deaths from swine flu have been reported in the past week. The total number of deaths from the H1N1 virus in the State to date stands at 22.

The Department of Health stressed that because the rate of infection in children under 5 is significantly higher than that in the rest of the population, it was important to vaccinate them.

The HSE said the vaccination programme in schools will resume after the Christmas holidays.

Over-65s are also being invited to get vaccinated at mass vaccination clinics, as are families of babies under six months, to protect such babies who are too young to be vaccinated. A plan to roll out vaccinations to the rest of the population will be unveiled in January.

The Irish Medicines Board said yesterday 883 reports of adverse reactions to the vaccine had been reported to it. No serious unexpected safety issues had arisen.

A two-year-old child became the latest victim of swine flu in Northern Ireland, it was announced yesterday.

THE FLU CASE

Barry Donegan

How the Swine Flu boondoggle reinforces the need for separation of Science and State

The Flu Case, 24 December 2009
https://web.archive.org/web/20100102030445/http://theflucase.com/index.php?option=com_content&view=article&id=2404%3Awhy-science-and-the-state-need-to-be-kept-separate-for-the-swine-flu-by-barry-donegan-&catid=1%3Alatest-news&Itemid=64&lang=en

Before we begin, one can already hear the rumble of well-intentioned and college educated non-scientists crying out to title this a Flat Earth piece. However, this text is motivated by a desire to see the flourishing of scientific advancement. There is nothing more repugnant to the free exchange of ideas than the manipulation of the legislative process. What is even worse than that is the effect of appointed bureaucracies upon the same.

To begin, science is the pursuit of new ways to see the world. It is not intended to be a belief system about the way the world works. That would be a religion. The way most modern people consider science is much closer to that of a religion. They believe that there are a broad set of points of consensus found by academia, and that these beliefs are scientific truths. This could be the most unscientific line of thinking possible, and it is the closest thing we have to an attitude of true Flat Earth-ery.

World governments and world government itself believe that the legislative process can give science a little "leg up." They do this through Research and Development. The U.S. Government attempted to solve a scientific health problem during the Swine Flu outbreak. In an attempt to improve the health of the people, the legislative process managed to badly distort the traditional mechanisms that allow science to solve these problems for us.

Swine Flu was touted as a global pandemic. The World Health Organization attributed doom-like categories of description to this serious-but-manageable disease. Since political rhetoric of the day prefers fear to other techniques, it was important for rhetoreticians to describe the Swine Flu in terms of a global killer. This was done to motivate research grants for a few connected companies. This is typical of the corporatist government that we have.

Vaccines are touted as "proven safe" despite the fact that insurance companies will not provide liability coverage for individuals that are harmed by a vaccine. That is the free market's way of telling you that vaccines are actually not very safe. There is a variety of data on different views about the effectiveness of vaccines. Regardless of the data, giving Baxter pharmaceuticals the ability to create a rushed vaccine without any liability for wrongful death does not a process for the creation of a healthy vaccine make. So it came to pass that many became sick due to the Swine Flu vaccine. People that did not take the vaccine were not in the level of jeopardy that the corporate Old Media promised. The disease came and went. It was just another ordinary seasonal flu. It had some different demographic data points, but the mortality figures were comparable to other seasonal flus.

Essentially, the legislative process failed us in this case. We spent tons of money creating an unhealthy pharmaceutical product that was not properly tested. We attempted to give this to everyone, and ran out. The "scientific consensus" accepted by the state was motivated by providing money for pharmaceutical companies. It failed at the task of improving public health and at a fiscally irresponsible cost.

Humanity, science, and the medical industry had the tools to deal with the Swine Flu already. The government did not help prevent any damage. We must remember that the U.S. Congress is populated by individuals who tend to run for office on populist anger. They do not have any special ability to determine the scientific capability of various individuals that they appoint. They are also not usually medical experts and are not especially qualified to make decisions about global pandemics.

The scientific community has the ability to solve problems for us. However, we do not need to distort these truths through grant funding, regulation, and data manipulation. Over time, the truth will win out in application. The best scientific tactics will generate funding after the fact when they are turned into technologies that consumers and businesses use. This is a time-tested tactic. History does not provide plenty of examples of governments helping science flourish. In fact, quite the opposite, it records a long history of boondoggles like the Swine Flu. The most popular example of Flat Earth-ery was the Flat Earth belief itself... which was very much accepted by the governments of the time and instrumental in creating global policy.

Barry Donegan is vocalist of the band 'Look What I Did'

THE FLU CASE

Jane Burgermeister

The Media: Pandemics and Power

BBC5 TV // The Flu Case, 28 December 2009, 10:10
https://web.archive.org/web/20100102041622/http://theflucase.com/index.php?option=com_content&view=article&id=2423%3Athe-media-pandemics-and-power-by-jane-burgermeister&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Jane Burgermeister talks of the mainstream media's role in shaping the public perception of a flu pandemic that is designed to promote an elitist agenda of mass vaccination and centralisation of power.

Jane Burgermeister was born in Switzerland of an Irish mother and an Austrian father. She is a dual Irish/Austrian national and lives in Vienna, Austria.

With an MA Honours degree from Edinburgh University, Scotland, she has written for Nature, the British Medical Journal, The Scientist, Reuters Health, and The Guardian among other publications.

She was European Correspondent for the website of Renewable Energy World, a position from which she was suddenly dismissed in July 2009 after filing a series of criminal charges against Baxter, WHO and others alleging bioterrorism with the intent to commit mass murder.

The focus of the action is an episode in February 2009 when Baxter's Austrian subsidiary distributed 72 kilos of vaccine material contaminated with live bird flu virus to sixteen laboratories, a case now being investigated by the Austrian police after criminal charges were filed in April 8th in Vienna.

More charges were filed with the FBI (US embassy, Vienna) in June.

Canadian doctor Ghislaine Lanctot – who has written a book, The Medical Mafia´– supported these charges against the WHO, the UN, and several high ranking government and corporate officials.

BBC5

https://web.archive.org/web/20100105160245/http://www.**bbc5.tv**/eyeplayer/video/media-pandemics-and-power

Something went wrong :(

StN.DE STUTTGARTER NACHRICHTEN

Wolfgang Molitor

Schweinegrippe aufgebauscht

Stuttgarter Nachrichten, 28 Oktobre 2009, 19:32 Uhr
https://web.archive.org/web/20100102022735/http://www.stuttgarter-nachrichten.de/stn/page/detail.php/2331609

Berlin - Transparency International hat wegen der Schweinegrippe-Impfung schwere Vorwürfe gegen die Pharmaindustrie erhoben. Die Krankheit sei "katastrophenmäßig aufgebauscht" worden.

Kommentar Ihre Meinung ist gefragt

Die Grippe habe sich als "Papiertiger entpuppt", sagte Anke Martiny, Vorstandsmitglied der Anti-Korruptions-Organisation. Sie äußerte den Verdacht, "dass es im Wesentlichen den Anbietern der Impfstoffe genützt hat". Zudem kritisierte sie die Verbindungen von Mitgliedern der Ständigen Impfkommission (Stiko), die die Schweinegrippe-Impfung empfohlen hat, zu Pharmaherstellern. Im konkreten Fall "hätte von der Stiko der Nachweis erbracht werden müssen, dass Interessenkonflikte keine Rolle spielten", so die frühere SPD-Abgeordnete. Die Bundesregierung bestätigte, dass sie afrikanische Länder bei der Bekämpfung der Schweinegrippe mit 14 Millionen Euro unterstützt.

Millionen Krankenversicherten drohen unterdessen die ersten Zusatzbeiträge. Im Jahresverlauf müssen wohl immer mehr die acht oder mehr Euro im Monat zahlen. Es könnte sogar noch teurer werden, sollte der Staat angesichts der ab 2011 greifenden Schuldenbremse den Geldhahn drosseln. Trotz eines einmalig um 3,9 Milliarden erhöhten Zuschusses fehlen den Kassen 2010 fast vier Milliarden Euro. "Wir wissen nicht, ab wann die Zusatzbeiträge in welchem Umfang genau kommen - dass sie kommen, ist aber gewiss", so Kassenverbandschefin Doris Pfeiffer. Finanzminister Wolfgang Schäuble (CDU) kündigte am Sonntag mittelfristig die Reduzierung der Steuerfinanzierung für das Gesundheitswesen an.

Auch ein mögliches Aus der Praxisgebühr wird laut AOK Baden-Württemberg die Patienten finanziell nicht entlasten. Vorstandschef Rolf Hoberg: "Man muss genau hinschauen, ob im Geschenk nicht die bittere Pille der Leistungseinschränkung eingepackt ist." Bundesgesundheitsminister Philipp Rösler (FDP) stellte am Sonntag klar, dass die Praxisgebühr nicht ersatzlos abgeschafft werden soll. Im Koalitionsvertrag sei lediglich vereinbart, dass die Lenkungswirkung der Praxisgebühr überprüft wird.

German corruption Watch Dog criticises Big Pharma over Swine Flu

The Flu Case, 28 December 2009, 11:56
https://web.archive.org/web/20100102005512/http://theflucase.com/index.php?option=com_content&view=article&id=2417%3Agerman-corruption-watch-dog-criticises-big-pharma-over-swine-flu&catid=1%3Alatest-news&Itemid=64&lang=en

Transparency International, a corruption watch dog based in Germany, has criticised the mass swine flu vaccination campaign for being "blown up to a catastrophe" in order to serve the interests of pharmaceutical companies.

Anke Martiny, former SPD MP, said the swine flu had turned out to be a "paper tiger." She criticised the links between the members of Germany’s permanent vaccine commission (Stiko) and pharmaceutical companies. Stiko "should have given proof that there was no conflict of interests," she said.

In the meantime, millions of Germans are facing a rise in their contributions for indebted medical insurance of eight euros or more in 2010, in part to pay for the billion-euro swine flu campaign.

L'OBS

L'OMS ne veut pas crier victoire avant 2011

L'OBS, 29 December 2009, à 17h54
https://web.archive.org/web/20160205063338/http://tempsreel.nouvelobs.com/la-grippe-a/20091229.OBS2023/l-oms-ne-veut-pas-crier-victoire-avant-2011.html

"Il est trop tôt pour affirmer que l'on a passé le pic de la pandémie de grippe A au niveau mondial", estime Margaret Chan, directrice générale de l'OMS.

La pandémie de grippe A (H1N1) pourrait ne pas être vaincue avant 2011, estime Margaret Chan, directrice générale de l'Organisation mondiale de la santé (OMS), dans un entretien publié mardi 29 décembre par le journal Le Temps.

"Sur la base de mon expérience avec les nouvelles maladies et des leçons tirées des pandémies passées, je pense qu'il faut rester prudent et observer l'évolution de la pandémie au cours des six à douze prochains mois avant de crier victoire", dit-elle au quotidien suisse.

"Il est trop tôt pour affirmer que l'on a passé le pic de la pandémie de grippe A au niveau mondial. Mais, il est vrai que dans certains pays de l'hémisphère nord comme le Canada ou les Etats-Unis, on a passé le pic de la deuxième vague de la pandémie. Mais tous les pays n'en sont pas là. L'hiver est encore long."

"Pas prêts" pour la grippe aviaire

Interrogée sur une éventuelle pandémie de grippe aviaire, due au virus H5N1, dont le taux de mortalité est beaucoup plus élevé, la directrice de l'OMS juge que les autorités sanitaires n'y sont pas préparées.

"Je le dis sans hésitation: nous ne sommes pas prêts du tout. Je souhaite vraiment que le monde n'ait jamais à affronter une pandémie de grippe aviaire", dit-elle.

Près de 12.000 décès dus à la grippe A et confirmés par des analyses ont été recensés dans le monde, précise Margaret Chan, ajoutant que l'étendue réelle du bilan ne pourra être évaluée avant deux ans, "quand tous les pays appliqueront la même méthodologie pour mesurer la hausse de la mortalité".

The Himalayan
T I M E S

WHO chief yet to be vaccinated against swine flu

The Himalayan, AFP, 30 December 2009, 11:33 pm
https://thehimalayantimes.com/news-archives/who-chief-yet-to-be-vaccinated-against-swine-flu

Geneva: World Health Organization chief Margaret Chan revealed Tuesday that she has yet to be vaccinated against the swine flu virus, which has killed over 11,500 people world-wide.

"I have asked my medical service to enquire where I can go to get my vaccination," she told reporters in Geneva, pointing out that she has just returned from leave.

The WHO director-general stressed that she would "of course" get vaccinated and that "many of my staff" at the WHO have already taken their jabs against the A(H1N1) virus.

Many countries rolled out their vaccination programmes over the past two months, but the take-up rate has been lower than expected.

Germany said in early December it wants to sell spare vaccines to other countries, while Switzerland said in mid-December that it would give away part of its stock to developing countries and sell another part to countries that are still trying to procure vaccines.

A/H1N1 pandemic not over yet, warns WHO chief

CCTV, 30 December 2009, 07:58 BJT
http://english.cctv.com/20091230/100866.shtml

Geneva, Dec. 29 (Xinhua) - The head of the World Health Organization (WHO) warned on Tuesday that the A/H1N1 pandemic influenza is not over yet and the world needs to continue monitoring the evolution of the disease in 2010.

"It's too premature, too early for us to say we have come to an end of the pandemic influenza worldwide," Dr Margaret Chan told a news conference at the WHO headquarters in Geneva.

It's true that many countries in the northern hemisphere have passed the peak of the pandemic, notably in the United States, Canada and parts of Europe, but on the other hand there are still intensive influenza activities in countries like Egypt and India, Chan said.

The current pandemic caused by the H1N1 flu virus has been described as "moderate", but scientists cannot rule out the possibility that the virus could mutate and become more dangerous given the fact that flu virus are highly unpredictable.

So "it would be prudent and appropriate for the WHO together with our members' states to continue to monitor the evolution of this pandemic for the next six to 12 months," Chan said.

So far nearly 12,000 people worldwide have been killed by the A/H1N1 influenza since the disease first emerged in April, according to an update released by the WHO last week.

But Chan noted that was a laboratory confirmed number, and it actually underestimates the real number of deaths caused by the pandemic.

"Many countries don't have the capacity for surveillance, for diagnosis and for confirmation. So there would be some deaths in some countries that are not reported," Chan said.

According to the WHO chief, the handling of the A/H1N1 pandemic has shown that the world is much better prepared now than five years ago to deal with such diseases. But there are still many gaps in the health systems in many countries.

She warned that the world is not yet ready for dealing with a pandemic caused by the H5N1 bird flu virus, which is "much more toxic and deadly" than the H1N1 virus.

"I just wish that the world does not have to deal with a pandemic ignited by a much more toxic and deadly virus, the avian flu virus H5N1," Chan said.

the WHITE HOUSE
PRESIDENT BARACK OBAMA

Barack Obama

Establishing Federal capability for the timely provision of Medical Countermeasures following a Biological Attack

The White House, Executive Order 13527, 30 December 2009.
https://obamawhitehouse.archives.gov/the-press-office/executive-order-medical-countermeasures-following-a-biological-attack

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. Policy. It is the policy of the United States to plan and prepare for the timely provision of medical countermeasures to the American people in the event of a biological attack in the United States through a rapid Federal response in coordination with State, local, territorial, and tribal governments.

This policy would seek to:

(1) mitigate illness and prevent death;

(2) sustain critical infrastructure; and

(3) complement and supplement State, local, territorial, and tribal government medical countermeasure distribution capacity.

Section 2. United States Postal Service Delivery of Medical Countermeasures. (a) The U.S. Postal Service has the capacity for rapid residential delivery of medical countermeasures for self administration across all communities in the United States. The Federal Government shall pursue a national U.S. Postal Service medical countermeasures dispensing model to respond to a large-scale biological attack.

(b) The Secretaries of Health and Human Services and Homeland Security, in coordination with the U.S. Postal Service, within 180 days of the date of this order, shall establish a national U.S. Postal Service medical countermeasures dispensing model for U.S. cities to respond to a large-scale biological attack, with anthrax as the primary threat consideration.

(c) In support of the national U.S. Postal Service model, the Secretaries of Homeland Security, Health and Human Services, and Defense, and the Attorney General, in coordination with the U.S. Postal Service, and in consultation with State and local public health, emergency management, and law enforcement officials, within 180 days of the date of this order, shall develop an accompanying plan for supplementing local law enforcement personnel, as necessary and appropriate, with local Federal law enforcement, as well as other appropriate personnel, to escort U.S. Postal workers delivering medical countermeasures.

Section 3. Federal Rapid Response.

(a) The Federal Government must develop the capacity to anticipate and immediately supplement the capabilities of affected jurisdictions to rapidly distribute medical countermeasures following a biological attack. Implementation of a Federal strategy to rapidly dispense medical countermeasures requires establishment of a Federal rapid response capability.

(b) The Secretaries of Homeland Security and Health and Human Services, in coordination with the Secretary of Defense, within 90 days of the date of this order, shall develop a concept of operations and establish requirements for a Federal rapid response to dispense medical countermeasures to an affected population following a large-scale biological attack.

Section 4. Continuity of Operations.

(a) The Federal Government must establish mechanisms for the provision of medical countermeasures to personnel performing missionessential functions to ensure that mission-essential functions of Federal agencies continue to be performed following a biological attack.

(b) The Secretaries of Health and Human Services and Homeland Security, within 180 days of the date of this order, shall develop a plan for the provision of medical countermeasures to ensure that mission-essential functions of executive branch departments and agencies continue to be performed following a large-scale biological attack.

Sec. 5. General Provisions.

(a) Nothing in this order shall be construed to impair or otherwise affect:

(i) authority granted by law to a department or agency, or the head thereof; or

(ii) functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity, by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

The NEW ENGLAND JOURNAL of MEDICINE

Cauchemez S, Donnelly CA, Reed C, Ghani AC,
Fraser C, Kent CK, Finelli L, Ferguson NM.

Household transmission of 2009 pandemic influenza A (H1N1) virus in the United States

N Engl J Med. 31 December 2009; 361(27):2619-27
doi: 10.1056/NEJMoa0905498. PMID: 20042753; PMCID: PMC3840270.

Abstract

Background: As of June 11, 2009, a total of 17,855 probable or confirmed cases of 2009 pandemic influenza A (H1N1) had been reported in the United States. Risk factors for transmission remain largely uncharacterized. We characterize the risk factors and describe the transmission of the virus within households.

Methods: Probable and confirmed cases of infection with the 2009 H1N1 virus in the United States were reported to the Centers for Disease Control and Prevention with the use of a standardized case form. We investigated transmission of infection in 216 households-including 216 index patients and their 600 household contacts--in which the index patient was the first case patient and complete information on symptoms and age was available for all household members.

Results: An acute respiratory illness developed in 78 of 600 household contacts (13%). In 156 households (72% of the 216 households), an acute respiratory illness developed in none of the household contacts; in 46 households (21%), illness developed in one contact; and in 14 households (6%), illness developed in more than one contact. The proportion of household contacts in whom acute respiratory illness developed decreased with the size of the household, from 28% in two-member households to 9% in six-member households. Household contacts 18 years of age or younger were twice as susceptible as those 19 to 50 years of age (relative susceptibility, 1.96; Bayesian 95% credible interval, 1.05 to 3.78; P=0.005), and household contacts older than 50 years of age were less susceptible than those who were 19 to 50 years of age (relative susceptibility, 0.17; 95% credible interval, 0.02 to 0.92; P=0.03). Infectivity did not vary with age. The mean time between the onset of symptoms in a case patient and the onset of symptoms in the household contacts infected by that patient was 2.6 days (95% credible interval, 2.2 to 3.5).

Conclusions: The transmissibility of the 2009 H1N1 influenza virus in households is lower than that seen in past pandemics. Most transmissions occur soon before or after the onset of symptoms in a case patient.

Calum MacLeod

Garlic prices soar in China amid flu fears

USA Today, 31 December 2009, 01:01 am
https://web.archive.org/web/20100117142042/http://www.usatoday.com/NEWS/usaedition/2009-12-31-garliccraze31_ST_U.htm?csp=34

Beijing – Wrapped up in earmuffs and a heavy jacket to fight the Beijing winter, Liu Zhan shows little sign of soaring wealth. Until he removes his gloves — and reveals a large gold ring. At the Chinese capital's biggest vegetable wholesale market, other traders call him "Millionaire Liu."

The pungent root of that nickname is stacked in bags on and around Liu's haulage truck. Garlic prices have jumped so high in China that the crop has outperformed gold and stocks to be the country's best performing asset this year.

As H1N1 swine flu continues to worry China's leaders – who are rolling out a nationwide vaccine program – its people seek a more traditional remedy. Just as some Chinese turned to turnips to prevent the SARS virus in 2003, garlic has emerged as a swine flu fighter in 2009.

"Garlic kills bacteria, and I eat at least half a bulb each day," says Liu, 43, whose prices have leapt from just five cents a pound in February to almost 55 cents today.

Although Chinese government experts have cautioned consumers about the lack of scientific proof for garlic's flu-killing powers, its supporters remain adamant. "Garlic can definitely help prevent swine flu," claims Li Jingfeng, chairman of the Jinxiang Garlic Association in eastern China's Shandong province.

Self-promoted as China's "hometown of garlic," Jinxiang county grows a quarter of all garlic in China, which in turn provides more than a quarter of global output, says Wang Hao, marketing manager for the China Garlic website. Jinxiang, whose name means Gold Village, has enjoyed its best-ever sales year, says Li.

"Next year, the price will be even higher, but our American and European buyers still think it's cheap, as garlic sells for $6.60 for a pound in their countries," he says.

A windfall for U.S. producers

The Chinese price hike has been a boon to U.S. garlic producers, says Bill Christopher, owner of Christopher Ranch in Gilroy, Calif., the largest U.S. garlic producer.

"There's a lot less Chinese garlic being shipped over here, and what is being shipped is being shipped at prices three times more than last year," Christopher says. "There's a bit of a world shortage and of course that raises the price."

Chinese garlic usually accounts for 90% of the U.S. import market, which supplies more than half of the bulbs consumed in the nation, Christopher says. This year, the Chinese have shipped about half the usual 200 million pounds of garlic, and the price has tripled since last year, from about $8 to $24 for a 30-pound box. For U.S. producers, whose higher quality bulbs sell for $40 to $50 a box and are marketed to restaurant chefs, prices have risen 15% to 20%, he says.

The cost of U.S. garlic rises every year, in part because of ongoing water shortages in California, "but (this year) that's more than going to be offset by increases in the sale price due to the Chinese not shipping as much garlic," Christopher says.

H1N1 only partly explains the garlic fever, Li says. Rising prices in 2006 sparked a rush to plant garlic that created a market glut over the next two years. Falling acreage and bad weather combined to leave suppliers in the driver's seat this year, he says.

The real winners appear to be speculators such as Shao Mingqing, a jobless 22-year-old who borrowed money to buy 100 tons of garlic in September, then made a $59,000 profit selling in October, the state-run *China Daily* reports. He now drives a $26,360 Toyota, it says.

The volatile nature of the garlic market is typical of a cyclical product, says Chen Shuwei, an analyst at Beijing Orient Agribusiness Consultants. "There is a lot of money in China, but private businessmen don't have many avenues for investment as state-owned companies control many large industries. But it's easy for them to enter a sector like garlic and make some short-term profits.

"Their money may head to another product soon," he warns.

While Beijing closely watches potential bubbles in key industries such as real estate, the pricey bulb remains a minor concern, Chen says.

"The price of garlic is rising, and Chinese people need it for their daily cooking, but the rise does not have a big impact on household consumption, and matters less than key crops like corn and wheat," he says.

Sticker shock

The soaring costs still raise eyebrows on China's streets. "How can it be this expensive?" asks Zhao Wenjing, a Beijing nurse buying garlic Monday. "I haven't cooked for a long time, but I heard some doctors said it could prevent H1N1, so I came to buy some, although I don't actually like the smell," says Zhao, 26.

Unlike some Chinese business booms, the garlic surge might help American businesses, at least in the short term. Garlic growers in the USA have long complained about their Chinese competition.

"Chinese garlic's major price bump is a boon for California growers looking to recoup business that has been lost to cheaper Chinese garlic," reads a blog post on the site of a major California grower.

CCTV.com

A/H1N1 pandemic death toll rises to 12,220, says WHO

CCTV, 31 December 2009, 08:18 BJT
http://english.cctv.com/20091231/101007.shtml

Geneva, Dec. 30 (Xinhua) – The global death toll of the A/H1N1 pandemic influenza has risen to at least 12,220, an increase of over 700 in a week, the World Health Organization (WHO) said in a weekly update on Wednesday.

The death toll in the Americas remains at some 6,670, with no new deaths reported in the past week. But more deaths were recorded in all the other five regions, notably in Europe and the Western Pacific, the UN agency said.

According to the WHO's tally, A/H1N1 pandemic deaths in Europe increased more than 300 from a week ago, reaching at least 2,422, while the number of deaths in the Western Pacific rose to 1,249, from 1,030 last week.

The pandemic death numbers in South-East Asia, East Mediterranean and Affica increased to 1,056, 693 and 130 respectively.

The reported number of fatal cases is an under representation of the actual numbers as many deaths are never tested or recognized as influenza related, the WHO has noted.

The H1N1 flu virus was first identified in North America in April, and the WHO declared the new influenza as a pandemic in June. So far the virus has caused infections in more than 208 countries and overseas territories or communities.

WHO Director-General Dr Margaret Chan warned on Tuesday that the A/H1N1 pandemic influenza is not over yet and the world needs to continue monitoring the evolution of the disease in 2010.

Although the pandemic has passed its peak in many countries in the northern hemisphere, notably in the United States, Canada and parts of Europe, but "it's too premature, too early for us to say we have come to an end of the pandemic influenza worldwide," Chan told a press conference in Geneva.

She said the WHO and its members states should continue to monitor the evolution of this pandemic for the next six to 12 months, given the fact that flu viruses change constantly and the current "moderate" pandemic could become more fatal.

The New York Times

Donald G. McNeil Jr.

U.S. Reaction to Swine Flu: Apt and Lucky

The New York Times, 1 January 2010
https://www.nytimes.com/2010/01/02/health/02flu.html

Although it is too early to write the obituary for swine flu, medical experts, already assessing how the first pandemic in 40 years has been handled, have found that while luck played a part, a series of rapid but conservative decisions by federal officials worked out better than many had dared hope.

The outbreak highlighted many national weaknesses: old, slow vaccine technology; too much reliance on foreign vaccine factories; some major hospitals pushed to their limits by a relatively mild epidemic.

But even given those drawbacks, “we did a lot of things right,” concluded Dr. Andrew T. Pavia, chairman of the pandemic flu task force of the Infectious Diseases Society of America.

Federal officials deserve “at least a B-plus,” said Dr. William Schaffner, chairman of preventive medicine at Vanderbilt University’s medical school.

Even Dr. Peter Palese, a leading virologist at Mount Sinai Medical School, who can be a harsh critic of public policies he disagrees with, called the government’s overall response “excellent.”

About 10,000 people had died by mid-November, the Centers for Disease Control and Prevention estimated; the pandemic seems unlikely to reach even the lower end of a forecast of 30,000 to 90,000 deaths made in August by the President’s Council of Advisers on Science and Technology.

The virus and the vaccine cooperated. While the former proved highly transmissible in children, it was only rarely lethal, remained susceptible to drugs and has not thus far mutated into an unpredictable monster. Vaccine supply was a problem, but one small dose was enough. (By contrast, an experimental avian flu vaccine protected people only when it was six times as strong.)

For that reason, the relatively cautious decisions by the nation’s medical leadership contained the pandemic with minimal disruption to the economy.

For example, in the early days, they ignored advice to close the Mexican border and pre-emptively shut school systems. They released part of the national Tamiflu stockpile, but did not give it to millions of healthy people prophylactically, as Britain did. They ordered vaccine made with a 50-year-old egg technology rather than experimental methods. They bought adjuvants – chemical “boosters” – that could have stretched the first 25 million vaccine doses into 100 million, but did not use them for fear of triggering a backlash among Americans made nervous by the messages of the antivaccine movement.

To alert the public without alarming it, a stream of officials – from doctors in the navy blue and scrambled-eggs gold of the Public Health Service to a somber President Obama in the White House – offered updates, at least twice a week for months.

It is now clear that this is the least lethal modern pandemic. The flu appears to kill about one of every 2,000 people who get it, American researchers say. (British researchers found half that death rate.) By contrast, the Spanish flu of 1918 killed about 50 of every 2,000, and the 1957 and 1968 pandemics killed about 4 of every 2,000.

The flu has reached more than 200 countries and is still peaking in places like Eastern Europe and Russia. Even though there was no vaccine yet, it killed fewer than expected during the Southern Hemisphere's winter, June through August.

Officials in the United States conceded that some mistakes were made.

For example, they could have spotted the new virus earlier if there had been better cooperation with Mexico. In late April, the United States isolated it in samples from Texas and California just as Canadian officials were testing Mexican ones. The outbreak probably began in rural Mexico in January, but was spotted only when thousands fell ill in late March or early April in Mexico City.

The C.D.C. tests viruses in Southeast Asia, where new flus are usually born. "This time," said Dr. Thomas R. Frieden, the C.D.C. director, "one happened to emerge in a place where we don't have a surveillance system."

Also, the government predicted in early summer that it would have 160 million vaccine doses by late October. It ended up with less than 30 million, leading to a public outcry and Congressional investigations.

"Imagine if they'd managed the expectations better," said Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota. "If they'd said, 'We won't have any till December,' and had some in October, they would have looked like heroes."

Robin Robinson, chief of vaccine purchasing for the Department of Health and Human Services, was the most overly optimistic. In an interview, Dr. Robinson said he had actually tried to be conservative, assuming that manufacturers would get 1.4 doses per egg, when they typically got two or more.

Until the eggs could be tested in August, "we didn't know that we had one of the poorest-producing viruses in the last 50 years," he said. Good batches had 0.6 doses per egg, he said, bad ones had 0.2.
If he had it to do over again, he said, "I'd factor in the worst-case scenario – which was 2009."

Another controversial decision – sending a few early vaccine doses to Wall Street firms like Goldman Sachs and Citibank – was more of a bad public relations move than a bad public health one, experts said. That choice was made by the New York City Health Department, "and we made the decision not to second-guess local health authorities," Kathleen Sebelius, secretary of health and human services, said in an interview.

The government allotted vaccine to states based on population size. Some local health officials had thousands line up in parking lots for shots, some sent teams into schools and some relied on private doctors.

Distribution of the vaccine could have been focused more precisely, experts said, directing it to hospitals first, or to doctors treating children and pregnant women, or to cities with big outbreaks.
"I still think sending it out on a per capita basis was the fairest and most equitable way," Ms. Sebelius said.

The early combination of fears about the vaccine and anger over shortages, said Dr. Paul Offit, chief of infectious diseases at Children Hospital of Philadelphia, reminded him of an old Borscht Belt joke: "The food at this resort is so terrible," one patron complains. "Yes," agrees her companion. "And such small portions!"

One real triumph, several experts said, was how little damage misinformation did. In 1976, many people refused shots after three elderly Pittsburgh residents died shortly after getting theirs; it took the C.D.C. five days to explain that it was just a coincidence.

This time, many rumors arose but were quickly debunked: That thousands had died in Mexico. That the virus had circulated in the Midwest for a decade, undetected. That it had escaped from a laboratory. That seasonal flu shots made catching swine flu more likely. That flu shots did not work or caused autism. That the administration would make them mandatory. That Tamiflu resistance was widespread in Northern California. That a flu shot had disabled a Washington Redskins cheerleader, or that she was cured by chelation therapy by a doctor associated with the antivaccine movement. That mutant killer flu strains were circulating in Argentina or Ukraine or North Carolina.

The debunking succeeded, Dr. Osterholm said, “despite the fact that there are many fewer reporters who understand medical issues than there used to be.”

This time, both the C.D.C. and the World Health Organization responded quickly to almost every rumor. At the epidemic’s height, they held several news conferences a week, taking questions by phone from all over the world.

They also invited dozens of reporters to daylong seminars on influenza at C.D.C. headquarters in Atlanta and to exercises around the country led by the former anchorman Forrest Sawyer, at which they debated, for example, whether a miscarriage by one woman after getting a flu shot was a big scoop or a nonstory.

Remaining to be seen is what effect the pandemic has had on Americans’ feelings about vaccines.

Dr. Frieden said he thought a victory over the antivaccine movement had been scored. Nearly 60 million people have been vaccinated, including many pregnant women and children, with no surge in side effects.

John P. Moore, an AIDS researcher at Weill Cornell Medical College, was less sure. Dr. Moore, who spent years fighting AIDS denialism, has called skepticism about flu vaccine “an unholy alliance of the left and right” because it joined the liberal natural-medicine proponents with anti-big-government conservatives.

“It’s hard to say if it hurt or helped,” Dr. Moore said, pointing out that polls still show a large minority of Americans rejecting the vaccine. “As with AIDS, people have to die before others understand the consequences of ignoring science-based medicine.”

THE FLU CASE

January 2010 opens with Barrage of Media Hype over Swine Flu Pandemic

The Flu Case, 1 January 2010, 19:05
https://web.archive.org/web/20100102051810/http://theflucase.com/index.php?option=com_content&view=article&id=2440%3January-2010-opens-with-barrage-of-media-hype-over-swine-flu-pandemic&catid=41%3Ahighlighted-news&Itemid=105&lang=en

There have been only 201 cases of swine flu confirmed in laboratories in the German city of Celle according to the Cellesche Zeitung, and yet the newspaper is claiming there is a pandemic raging.

http://www.cellesche-zeitung.de/index.php/cz/Inhalt/Aktuelles/Region/Stadt-Celle/Celler-Arzt-stellt-unrechtmaessige-Rechnung-aus - deleted

"Every one wants to be vaccinated as quickly as possible against the swine flu jab," proclaims the Lower Saxony newspaper in its January 1st, 2010 edition, heralding yet another year of media swine flu hype.

201 lab confirmed cases of swine flu mean that less than 0.3 % of the people are infected with the mild swine flu disease in Celle, which has a population of more than 71,000 people according to Wikipedia.

This fact underlines that the swine flu pandemic is a media event in the sense that there are almost no laboratory-confirmed cases and very few deaths.

Morever most of the cases of swine flu are mild, milder even than the seasonal flu.

By any standards, this is no pandemic

The low incidence rate means there is no pandemic even according to WHO's relaxed definition.

The corporate media has blown the story out of proportion by focusing on the few deaths attributed to the swine flu and by saturating society with “expert opinions”, “government statistics” and images of sick of children in hospital beds; patients on respirators, pigs in the mud.

The French government has found a means of pumping up the figures of people infected with swine flu without the need to provide data.

The French Health Surveillance Institute (INVS) released has just published its "estimate that 13 to 24 per cent of people in FRance or between 7.9 and 14.8 million people have been infected in France so far.

The number assumes about 30 percent of all infected people did not show symptoms, making it even simpler for the INVS to justify the acceleration of the country's mass swine flu vaccination campaign announced on December 31st by the French Interior Minister.

http://www.invs.sante.fr/surveillance/grippe_dossier/docs_professionnels/estimation_cas_graves_grippe_a_h1n1_171209.pdf

This make the swine flu appear omnipresent in France in spite of the fact there is negligible danger in reality.

The swine flu needs to be understood as consciously crafted media event concocted by the corporate media, the pharmaceutical companies, WHO and governments to get people to take the untested vaccine.

And there is no sign that 2010 will bring any relief from this horror. On the contrary, the New Year has opened with yet more media hype, and government massaging of data and downright fraud.

THE EUROPEAN UNION TIMES

Obama Orders US Government to begin Preparing for Biological Attack

The European Union Times, 2 January 2010
https://web.archive.org/web/20100104174832/http://www.eutimes.net/2010/01/obama-orders-us-government-to-begin-preparing-for-biological-attack/

The US Post Office could play a key role in distributing medical aid in the event of a biological attack, according to an executive order released by the White House.

The order signed by President Barack Obama directs government agencies, local law enforcement and the US Post Office to work on a model for distribution of medical countermeasures in the wake of a biological attack.

"This policy would seek to:
(1) mitigate illness and prevent death;
(2) sustain critical infrastructure; and
(3) complement and supplement State, local, territorial, and tribal government medical countermeasure distribution capacity," the order said.

"The US Postal Service has the capacity for rapid residential delivery of medical countermeasures for self administration across all communities in the United States," the order added.

The US Health and Human Services Secretary Kathleen Sebelius and Homeland Security Secretary Janet Napolitano were instructed to work with the post office to develop a "dispensing model for US cities to respond to a large-scale biological attack, with anthrax as the primary threat consideration."

The order calls for the model to be drawn up within 180 days, but gives no details as to whether the idea of using the US postal system to assist Americans in the wake of a biological attack is a new one.

The United States has sought to bolster its capacity to respond to biological attacks since 2001, when anthrax-laced letters mailed to people across the United States led to five deaths.

The order came amid heightened security concerns here following an attempt to bring down a US-bound jetliner on Christmas Day. A 23-year-old Nigerian has been charged in the case.

Irish Independent

Eilish O'Regan

Swine flu death rate here one of highest in Europe

Irish Independent, 2 January 2010
https://www.independent.ie/irish-news/swine-flu-death-rate-here-one-of-highest-in-europe/26619373.html

The death toll here from swine flu is disproportionately high compared with other European states.

A total of 22 people have died here as a result of the virus, putting Ireland 12th in Europe for fatalities. In contrast, the Netherlands, with a population of more than 16.5 million people, has had just 52 deaths.

A table, covering 29 countries, was released by the the European Centre for Disease Prevention and Control.

It sets out the number of reported deaths up to Christmas Eve from the pandemic virus that caused a worldwide alert last year.

It comes as the Department of Health has reported no new deaths from swine flu in the Republic over Christmas, during which time the spread of the disease fell significantly, affecting 1,034 people compared with more than 2,000 the previous week.

Lethal

However, although the trends are reassuring, the latest European report reveals how the virus, although mild for most sufferers, has been lethal for at least 832 people. It has claimed the most lives in Britain (156), followed by France (150), Germany (123), the Netherlands (52) and Greece (49).

During Christmas, 149 Irish people remained hospitalised with swine flu and 10 of these were seriously ill in intensive care.

According to the European report, Bulgaria continues to have a high intensity of swine flu along with Greece.

Ireland is categorised as having medium intensity, while countries seeing relatively low spread of the virus include Britain, Belgium, the Netherlands and Cyprus.

The age groups who most needed to be hospitalised with the virus in the Republic so far have been children under 15 years of age followed by people under 24 years of age. The lowest rate has been among people over 65. About 42pc of those who were hospitalised had pre-existing conditions such as chronic heart disease, liver disease, kidney disease, asthma and diabetes.

The rate of swine flu illness has been highest in the west and south of the country, while the midlands has seen the lowest level of swine flu infections.

Up to last Sunday, the rate of infection among the 0-4 years of age group also fell to 27.6 per 100,000 compared with 113.7 per 100,000 for the previous week. The rate among the 5-14 years of age group also halved to 19.2 per 100,000.

The closure of schools and creches due to the holiday season was expected to be one of the factors leading to the drop among young children and teenagers. The department stressed, however, that the rates among children under five years of age were still relatively high.

"Children in this age group are more at risk of being hospitalised from flu complications and the department and the Health Service Executive would urge all parents to arrange to have their children under five vaccinated as soon as possible," a spokesman said.

"The vaccine programme through schools will resume after the holidays. Babies aged under six months cannot get the swine flu vaccine, but we will offer a vaccine to everyone living with a child under six months to protect the baby. Appointments can be made for a vaccination clinic on www.swineflu.ie or by contacting the HSE Information Line on 1850 24 1850."

The Irish Medicines Board said that up to last Wednesday, 907 reports of suspected adverse reactions to the swine flu vaccine were received.

The reports received remained consistent with the expected pattern of adverse effects for the pandemic vaccines. The benefits versus the risks of both vaccines remained positive, said the spokesman.

China reports 648 deaths from A/H1N1 flu

CCTV, 3 January 2010, 08:13 BJT
http://english.cctv.com/20100103/100837.shtml

Beijing, Jan. 2 (Xinhua) – The Chinese mainland reported 648 deaths from the A/H1N1 influenza as of Dec. 31, the Ministry of Health said on Saturday.

More than 120,000 A/H1N1 flu cases were reported up to the last day of 2009, 110,000 cases of which had recovered, the ministry said.

A/H1N1 accounted for 85.9 percent of flu cases, a minor drop from November, it said.

The ministry said there were fewer cases of large outbreak in schools of major cities such as Beijing and Shanghai last month, but the epidemic still spread in the countryside and urban communities.

There was also a drop in the weekly reported number of new cases but the number of serious cases and deaths, especially those of chronic patients, obese people and pregnant women, increased sharply, it said.

As of Dec. 31, more than 49.9 million people nationwide had been inoculated against the A/H1N1 flu, it said, adding about 12 people for every 100,000 were suspected of having adverse reaction related to the vaccine, similar to data from the World Health Organization.

The ministry said last month that China would face increasing pressure of flu control in the next two months due to nationwide flow of large population during the New Year and Spring Festival holidays.

YAHOO! ACTUALITÉS FRANCE

Grippe A: Bachelot change de stratégie.

Yahoo, Fr., 5 janvier 2010, 20h19
https://web.archive.org/web/20100110130439/http://fr.news.yahoo.com/63/20100105/tpl-grippe-a-bachelot-change-de-stratgie-5cc6428.html#ynw-article-part2

En replis ces derniers jours, l'épidémie de grippe A semble bel et bien s'être transformée en crise politique. Depuis l'annonce de la revente de vaccins à l'étranger, les critiques ont monté d'un cran à l'encontre d'une campagne de vaccination qualifiée de "fiasco", "scandaleux échec", "faute stratégique lourde", rapporte Le Monde.

Conséquence: le gouvernement semble vouloir changer de stratégie. La preuve par quatre.

1. La commande 50 millions de doses de vaccins est résiliée

Ces doses, "ni livrées ni payées", représenteraient une économie de plus de 350 millions d'euros, a annoncé la ministre de la Santé lundi sur TF1.

Plusieur dose du vaccin contre la grippe A

2. Une nouvelle vague de vaccination débute

Dans les collèges et lycées. La première a rencontré un très faible succès avec moins de 9% des élèves vaccinés. Cette fois, le personnel des établissements pourra bénéficier des bons soins des médecins et infirmières scolaires, note 20minutes.fr.

Dans les entreprises. "Celles qui le souhaitent pourront en effet procéder de manière autonome à la vaccination de leurs salariés, voire à celle de leur famille", explique 20minutes.fr.

3. Finalement, les généralistes peuvent vacciner dans leurs cabinets

Dès la semaine prochaine. On peut dire que la ministre a pris les médecins libéraux de court. Ces derniers attendent de savoir dans quelles conditions cette vaccination aura lieu, écrit TF1. Et surtout qui en supportera le coût.

Après avoir refusé, depuis le début de la campagne de vaccination, que les généralistes aient le droit de vacciner à leur cabinet, Roselyne Bachelot a fait volte-face: "Nous pouvons maintenant les associer à la campagne de vaccination car la donne logistique a changé", s'est justifiée Roselyne Bachelot sur RTL.

4. Bientôt une commission d'enquête parlementaire?

Est-ce une désaveux du gouvernement pour sa propore politique? C'est ce que sous-entend le parti socialiste.

"[Avec l'annonce] du non achat de 50 millions de doses non produites et le recours possible aux généralistes, Roselyne Bachelot désavoue sa propre politique", a remarqué la secrétaire nationale à la Santé et à la sécurité sociale du Parti socialiste, Marisol Touraine, selon Europe 1.

En tous cas, la ministre de la Santé s'est dit prête à accepter une commission d'enquête parlementaire sur le sujet.

"Je viens régulièrement devant l'Assemblée nationale et le Sénat rendre compte du déroulement de la campagne de vaccination, cela ne me gêne absolument pas, au contraire", a-t-elle assuré sur RTL.

Bientôt une enquête parlementaire sur le sujet comme le réclament le PS et le Modem?

Roselyne Bachelot hier au Tribunal: C'est parti!

Francoise Blanche, 5 Janvier 2010
https://web.archive.org/web/20100110063922/http://francoiseblanche.hautetfort.com/archive/2010/01/05/roselyne-bachelot-hier-au-tribunal-c-est-parti.html

Hier matin, lundi 4 janvier 2010, Roselyne Bachelot était officiellement entendue par les juges... Pour tenter de se défendre face à une plainte pour «empoisonnement à grande échelle»

Pourtant les médias se sont tus, et c'est bien pour ça que je vous informe de ce que j'en sais.

En tout cas, je ne sais pas quand... Mais je peux vous affirmer que si vous habitez Pau , Toulouse et Bordeaux, l'information sortira sur vos antennes locales de France 3. Des journalistes de cette chaîne, connue pour être normalement au service de la population, ont travaillé pour rien puisque leurs reportages ne seront pas diffusés

Pour les autres villes, rien n'est prévu...

C'est la nouvelle éthique des médias ça ! Pour l'instant, ils ont une feuille de route transmise par leur patron et ils veulent nous imposer de penser à la revente des vaccins. Un petit scandale financier, ou bien le débat sur l'identité nationale bien relancé nous occuperont à raisonner sur autre chose qu'à l'affaire «Bachelot l'empoisonneuse»

En communication, ça s'appelle la stratégie du hareng rouge. On vous brandit un truc devant le nez en faisant plein de bruit pour fixer votre attention ailleurs que sur ce qui fâche. Une spécialité de Sarkozy.

C'est le coup de la cape du torero quoi, pour placer sa banderille...

Mais revenons au tribunal.

Donc, hier matin notre commerciale en spécialités pharmaceutiques nationale était assignée en référé devant les juges.

Le tribunal a fait son travail... d'audition. Et puis a reporté sa réponse au 25 janvier... C'est tout ! Enfin presque...

J'espère que les juges vont aller jusqu'au bout sans prétexter qu'ils sont incompétents sur le plan médical.

Ce serait grave que je système judiciaire français s'estime incompétent pour répondre avec partialité dans une telle affaire. Si c'était le cas, ça voudrait dire que les juges ne peuvent traiter que des divorces, des accidents de scooters, ou des broutilles du genre... Ou suivre, eux aussi, les feuilles de route transmises par le gouvernement.

Bref ! ça a duré 1 h 22. Chacun a pu s'exprimer, Roselyne portait une veste tailleur beige et s'était moins maquillée que d'habitude. Du coup, on voyait qu'elle était mal à l'aise et qu'elle n'avait pas fermé l'œil de la nuit. Une sale tête quoi. Elle a bafouillé deux ou trois fois et a été obligée de s'éclaircir souvent la voix tant elle avait du mal à sortir ses arguments.

J'attends des informations plus précises d'une personne qui a assisté à l'audition et qui voudra bien m'informer davantage.

21 jours pour que le gouvernement trouve le moyen de s'en sortir en nous envoyant des «infos polémiques» pour nous occuper à autre chose. ... 21 jours, le temps d'une révolution...

Around 150 people are believed to have caught swine flu in Dumfries and Galloway last week

Daily Record, 6 January 2010
https://www.dailyrecord.co.uk/news/local-news/around-150-people-believed-caught-2597671

Health officials revealed that rising numbers of people are contacting their GP with flu-like illnesses.

Health Protection Scotland said consultation rates showed 117 people per 100,000 population contacted their GP with the swine flu bug.

But when they included those people who did not see their doctor, they estimated the total H1N1 infection rate to be much higher. Across Scotland the number of people believed to have caught the bug rose by almost 15 per cent.

It is estimated 7,240 people across the country caught the infection in the seven day period: a 14.7 per cent increase on the previous week's total of 6,310.

A spokesman from NHS Dumfries and Galloway said: "Anyone who thinks they have influenza A (H1N1) should stay at home and call their GP practice or call NHS 24 on 08454 242424 if it is outwith normal hours.

"They will give you advice and arrange for you to see a health professional if required."

However Health Secretary Nicola Sturgeon said the number of people infected tended to fluctuate from week to week but that the number of cases has generally been in decline.

She said: "Although this week's figures show a slight increase in the estimated number of people having contracted H1N1, this is not statistically significant as numbers have a tendency to fluctuate from week to week. Nor is it evidence that the pandemic is entering a new phase. The overall trend over the past nine weeks has been a continued decline."

She added: "*The figures are a reminder of the importance of vaccination*. *I would encourage all those who have been invited for vaccination to come forward*. As the programme enters its second phase, with children under five being offered the jag, we should see a further decline in the number of cases."

People are being reminded to follow good hygiene practices to protect themselves and others against flu. These will help to slow the spread of the virus.

The New York Times

Donald G. McNeil Jr.

The Official Word to all, get a Swine Flu Vaccination now

The New York Times, 7 January 2010
https://www.nytimes.com/2010/01/08/health/policy/08flu.html

Citing mistakes made in the 1957 flu pandemic, federal officials on Thursday urged hesitant Americans to get vaccinated now against swine flu to prevent any possibility of another wave of illness and deaths.

Vaccine is now plentiful across the country, and most states are encouraging people of all ages to get shots, said Dr. Anne Schuchat, director of immunization and respiratory disease for the Centers for Disease Control and Prevention. When supplies were short, most states tried to limit the vaccine to children, pregnant women and others at higher risk.

In 1957, Dr. Schuchat said, officials “gave the all-clear whistle” in midwinter and did not encourage flu shots, which were then rarer and also less purified. As a result, she said, there was another substantial wave of deaths in March 1958.

But she conceded that no pandemic was identical to any other. The death rate from swine or H1N1 flu appears to be about a quarter of that of the 1957 flu, but that may be because of antiviral drugs and better ventilators, not the virus itself.

Flu activity across the country is far below its late-October peak, but still higher than normal for this time in most years. It is almost all still swine flu; almost no seasonal flu has been found, and Dr. Schuchat urged doctors to send more samples to state laboratories.

Pneumonia and flu deaths ticked up slightly, which officials were “really keeping our eye on,” she said. The percentage of doctor visits that involved flu symptoms also rose, but that is normal during Christmas vacation because few people schedule routine checkups. There is no way to know if the unusually cold weather has played a part, she said.

The disease centers’ “best guess” is that 60 million people have been vaccinated. There are now 136 million doses available from many sources, including city clinics, schools, private doctors and pharmacy chains.

The New York Times

The Official Word to All, Get a Swine Flu Vaccination Now

By Donald G. McNeil Jr.
Jan. 7, 2010

the **WHITE HOUSE**
PRESIDENT BARACK OBAMA

Presidential Proclamation:
National Influenza Vaccination Week

White House, 9 January 2010
https://obamawhitehouse.archives.gov/the-press-office/presidential-proclamation-national-influenza-vaccination-week

Since the first United States cases were identified in April of last year, our Nation has witnessed the worldwide spread of the H1N1 influenza virus. To date, tens of millions of Americans have contracted this virus. While the vast majority of those affected have recovered without incident, an unusually high proportion of children and younger adults have developed serious complications, resulting in hospitalization or even death. We know that influenza vaccination is the best way to protect ourselves against the flu, and my Administration moved swiftly to respond to this threat by assisting in the development of a vaccine, which is now widely available and has shown to be both safe and effective.

Every American has a role to play in fighting the H1N1 flu. Expectant mothers, children, young adults, and all those under the age of 65 with chronic health conditions are at high risk for H1N1 flu-related complications and should get the vaccine as soon as possible. Those not at high risk can protect themselves and prevent the virus from spreading to more vulnerable members of their families and communities by getting vaccinated as well.

This week presents a window of opportunity for us to prevent a possible third wave of H1N1 flu in the United States. I strongly encourage those who have not yet received the H1N1 flu vaccine to do so. Visit flu.gov to find vaccination sites in communities across our country and to stay informed. Together, we can all fight the H1N1 flu and help protect our families, friends, and neighbors.

Now, Therefore, I, Barack Obama, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim the week of January 10-16, 2010, as National Influenza Vaccination Week.

I encourage all Americans to observe this week by getting the H1N1 flu vaccine if they have not yet done so, and by asking their families, friends, and co-workers to do the same.

In Witness Whereof, I have hereunto set my hand this eighth day of January, in the year of our Lord two thousand ten, and of the Independence of the United States of America the two hundred and thirty-fourth.

/s/ Barack Obama

Los Angeles Times

Andrew Malcolm

Opinion: H1N1 swine flu is not gone;
Obama declares a special week for vaccinations, now in ample supply

Los Angeles Times, 11 January 2010, 5:44.
https://www.latimes.com/archives/blogs/top-of-the-ticket/story/2010-01-11/opinion-h1n1-swine-flu-is-not-gone-obama-declares-a-special-week-for-vaccinations-now-in-ample-supply

And you thought this was just another ordinary winter Monday.

Nearing the end of his first year's reign, President Obama has issued a presidential proclamation declaring this entire week as National Influenza Vaccination Week, inviting all Americans who have not already done so to take a needle in the arm or a dose up the nose. (See full text below.)

Polls earlier in the fall, when the vaccine was in short supply, indicated many Americans had no intention of getting the vaccine, amid rumors over lack of testing and fears of unanticipated side effects. Those adverse side effects have not materialized. But neither has a rush for the vaccine, now in ample supply. (Obama waited on getting his until just before the family's holiday trip to Hawaii.)

An uptick in reported cases of H1N1 swine flu the week after Christmas, when millions returned to work, raised concerns about widespread complacency leading to a renewed wave of the sometimes deadly illness this winter.

With that concern and an abundance of the vaccine on hand (an estimated 136 million doses now), officials at the Centers for Disease Control and Prevention are urging even seniors to get the vaccine. Because of their lifelong exposure to more flu strains, seniors were believed less likely to catch H1N1 and many postponed immunizations when supplies were scarce.

"We think it's time now for seniors," said one senior CDC officer. So, apparently, does the president, with his influenza-week proclamation and invitation.

And you know what happens to people who don't follow the invitation rules at the White House?

They get into the big parties.

Canada Free Press
...Because without America there is no Free World

Judi McLeod

American Republic replaced by "Council of Governors"?

Canada Free Press, 12 January 2010
https://web.archive.org/web/20101021051613/http://www.canadafreepress.com/index.php/article/18890

Quietly – even stealthily – in the opening days of the New Year, President Barack Obama has set up a "Council of Governors".

Like the 30-plus czars running America with neither the people's nor the congress's blessings, the Council of Governors is already a done deal.

"Is this a first step towards Martial Law, or a tie to the InterPol, RAND National Police Force stuff we've been hearing about," asked a Texas patriot who tipped off Canada Free Press (CFP) after finding news of the new Council of Governors on Twitter. "Is this a sort of Homeland Security Politburo?

"I do know it's another sleuth order executed without any announcement, OR EXPLANATION to the People."

Patriots know by now that the promised Obama "transparency" is a fog.

Checking the Net on the Council of Governors, CFP found other than a few blogs only UPI.com had the story as of this morning:

"President Barack Obama Monday *established a panel of state governors to collaborate with Washington on a variety of potential emergencies*, the White House said." (UPI.com, Jan. 11, 2010 at 11:54 p.m.). "Obama signed an executive order establishing a panel to be known as the Council of Governors, which will be made up of 10 state governors, to be selected by the president to serve two-year terms. Members will review matters involving the National Guard; homeland defense; civil support; and synchronization and integration of state and federal military activities in the United States, the White House said in a statement.

"The statement said the White House would seek input from governors and governors' association (sic) in deciding which governors to appoint to the council, which will have no more than five governors from the same party.

"The secretaries of defense and homeland security will also sit on the council, as will presidential assistants for homeland security and counter-terrorism, intergovernmental affairs, the U.S. Northern Command commander, the commander of the East Coast Guard, and the chief of the National Guard Bureau.

"The panel was set up under a provision of the Fiscal Year 2008 National Defense Authorization Act, the White House said."

There was no timestamp on the latest Emergency Order from Whitehouse.gov, which readers can see below.

The Obama administration seems to be conducting the business of America under cover of the dark.

Executive Order Establishment of the Council of Governors

By the authority vested in me as President by the Constitution and the laws of the United States of America,including section 1822 of the National Defense Authorization Act of 2008 (Public Law 110-181), and in order to strengthen further the partnership between the Federal Government and State governments to protect our Nation and its people and property, it is hereby ordered as follows:

Section 1. Council of Governors.

(a) There is established a Council of Governors (Council).The Council shall consist of 10 State Governors appointed by the President (Members), of whom no more than five shall be of the same political party. The term of service for each Member appointed to serve on the Council shall be 2 years, but a Member may be reappointed for additional terms.

(b) The President shall designate two Members, who shall not be members of the same political party, to serve as Co-Chairs of the Council.

Sec. 2. Functions. The Council shall meet at the call of the Secretary of Defense or the Co-Chairs of the Council to exchange views, information, or advice with the Secretary of Defense; the Secretary of Homeland Security; the Assistant to the President for Homeland Security and Counter-terrorism; the Assistant to the President for Intergovernmental Affairs and Public Engagement; the Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs; the Commander, United States Northern Command; the Chief, National Guard Bureau; the Commandant of the Coast Guard; and other appropriate officials of the Department of Homeland Security and the Department of Defense, and appropriate officials of other executive departments or agencies as may be designated by the Secretary of Defense or the Secretary of Homeland Security.Such views, information, or advice shall concern:

(a) matters involving the National Guard of the various States;

(b) homeland defense;

(c) civil support;

(d) synchronization and integration of State and Federal military activities in the United States; and

(e) other matters of mutual interest pertaining to National Guard, homeland defense, and civil support activities.

Sec. 3. Administration.

(a) The Secretary of Defense shall designate an Executive Director to coordinate the work of the Council.

(b) Members shall serve without compensation for their work on the Council. However, Members shall be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law.

(c) Upon the joint request of the Co-Chairs of the Council, the Secretary of Defense shall, to the extent permitted by law and subject to the availability of appropriations, provide the Council with administrative support,assignment or detail of personnel, and information as may be necessary for the performance of the Council's functions.

(d) The Council may establish subcommittees of the Council. These subcommittees shall consist exclusively of Members of the Council and any designated employees of a Member with authority to act on the Member's behalf, as appropriate to aid the Council in carrying out its functions under this order.

(e) The Council may establish a charter that is consistent with the terms of this order to refine further its purpose,scope, and objectives and to allocate duties, as appropriate,among members.

Sec. 4. Definitions. As used in this order:

(a) the term "State" has the meaning provided in paragraph (15) of section 2 of the Homeland Security Act of 2002(6 U.S.C. 101(15)); and

(b) the term "Governor" has the meaning provided in paragraph (5) of section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122(5)).

Sec. 5. General Provisions.

(a) Nothing in this order shall be construed to impair or otherwise affect:

- (1) the authority granted by law to a department, agency, or the head thereof; or
- (2) functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

Barack Obama, The White House,January 11, 2010.

LA DÉPÊCHE

Grippe H1N1: entendue par les députés, Roselyne Bachelot répond aux critiques

12 January 2010, 16:53
https://www.ladepeche.fr/article/2010/01/12/753997-grippe-h1n1-entendue-deputes-roselyne-bachelot-repond-critiques.html

La ministre de la Santé Roselyne Bachelot a répondu avec véhémence mardi soir aux critiques sur sa gestion de la pandémie de grippe H1N1 en justifiant devant les députés les décisions prises, et a impliqué dans la vaccination non seulement les médecins libéraux mais les pharmaciens.

Une trentaine de députés étaient rassemblés à l'initiative de la commission des affaires sociales pour une audition ouverte à tous les députés, à la suite des demandes pressantes des socialistes d'une mission d'information parlementaire, et de députés du Nouveau Centre d'une commission d'enquête parlementaire.

La ministre a assuré qu'elle n'était pas hostile à une mission d'information, qui ressemblerait, selon elle, à ses séances d'information devant les membres de la commission des affaires sociales. Pierre Méhaignerie, président de la commission, a indiqué qu'il y aurait mission d'information ou commission d'enquête.

Résiliation de commandes de vaccins, revente des excédents, gestion de la campagne de vaccination, la ministre a défendu les grands axes de sa gestion de la lutte contre la pandémie. Elle a indiqué que des contrats de revente de vaccins avaient été signés avec le Qatar et Monaco, et que des discussions étaient en cours avec d'autres pays tels l'Ukraine et le Mexique.

Elle a précisé disposer actuellement du nombre nécessaire des vaccins monodoses "pour approvisionner l'ensemble des médecins libéraux qui seront volontaires pour vacciner". A l'étonnement de certains députés de l'opposition, elle a affirmé que "jamais les médecins généralistes n'ont été écartés". Elle a laissé entendre qu'on devrait réduire dès les prochaines semaines le nombre des centres de vaccination ouverts.

La ministre a indiqué avoir demandé à ses services "de travailler avec les représentants des pharmaciens d'officines pour étudier la possibilité, le plus rapidement possible, d'utiliser le circuit pharmaceutique habituel pour l'approvisionnement des médecins", quand les centres de vaccination seront fermés.

Mme Bachelot s'en est pris vigoureusement à ceux qui ont critiqué sa gestion, parlant d'"attitude désinvolte et arrogante", de "dangereuse sophistique", de "risque de brouiller l'esprit des gens".Elle s'est adressé le reproche "non pas d'en avoir trop fait pour protéger nos concitoyens du risque pandémique, mais de ne pas en avoir fait assez peut-être pour les protéger de l'irresponsabilité de certaines personnalités publiques et de la désinformation qu'elles ont organisée".

"A vous entendre on croirait que l'opposition est responsable de l'échec de la campagne de vaccination", a déclaré Marisol Touraine (PS).

Jean-Marie Le Guen (PS) a émis des craintes sur la "perte de confiance" de la population, tandis que Gérard Bapt (PS), allant dans le même sens, s'interrogeait sur l'indépendance des experts. "Le débat principal, ce n'est pas une histoire de gros sous, mais de savoir quelles seront les séquelles de cette crise en matière de santé publique", a estimé Marisol Touraine.

Le député UMP Dominique Dord s'est lancé dans l'imagerie militaire. "Quel curieux pays que le nôtre, a-t-il dit, dans lequel une victoire semble se dessiner contre un ennemi redouté, et où le pays demande des comptes, alors même que la guerre n'est pas finie, à son général en chef, sur la manière dont il a conduit la bataille !".

"Une leçon qu'il faut tirer des crises pandémiques c'est qu'aucune ne ressemblera à l'autre et qu'il faut de la souplesse, de la capacité de réaction, et ne jamais calquer les choses les unes sur les autres", a conclu la ministre.

THE FLU CASE

French Health Minister Grilled by Deputies over Handling of Swine Flu Pandemic

The Flu Case, 13 January 2010 12:59
https://web.archive.org/web/20100220012442/http://www.theflucase.com/index.php?option=com_content&view=article&id=2550%3Afrench-health-minister-grilled-by-deputies-over-handling-of-swine-flu-pandemic&catid=1%3Alatest-news&Itemid=64&lang=en

Roselyn Bachelot, the French Health Minister, gave a "vehement" defence of her handling of the swine flu pandemic when grilled by deputies on Tuesday, according to a report on France24.

The session was followed by demands for a parliamentary mission of information from the socialist party and for a parliamentary inquiry from the Nouveau Centre party.

Deputy Jean-Marie Le Guen talked of "a loss of confidence" among the population.

World Health Organization

Transcript of virtual press conference with Dr Keiji Fukuda, Special Adviser to the Director-Generalon Pandemic Influenza

World Health Organization, Geneva, 14 January 2010

https://reliefweb.int/report/world/transcript-virtual-press-conference-dr-keiji-fukuda-special-adviser-director-generalon
https://reliefweb.int/attachments/dd64a51c-9d77-3f81-9b44-f059482ec2ba/1132A7B7D2F05AAD852576AB007341A6-Full_Report.pdf

Nyka Alexander: Good afternoon. We welcome you this virtual press conference, today, January 14th 2010. My name is Nyka Alexander. With us is Dr Keiji Fukuda, Special Adviser to the Director-General on Pandemic Influenza. He will be giving a situation update, speak in more detail on some topics, and will then take your questions. Before he begins, let me clarify that there is indeed video available of today's briefing. Sorry about the error in the advisory. We have also prepared two sound bites and B-roll of Dr Fukuda which went out via EBU, for those of you who might be interested in that format please contact the communications team of you want more details on that. Dr Fukuda, over to you now. Thank you.

Dr Keiji Fukuda: Thank you Nyka. Welcome everybody to this virtual press conference. Now before I begin with the main topic of the day which is the pandemic, I would first like to take a moment to note the very severe earth quake which has struck both Haiti and Dominican Republic. WHO wishes to express its profound sympathy for all of those who have been affected by the severe loss of life and the destruction in those countries. I know that there'll probably be a lot of questions about this event and if you have additional questions, please contact the communications team here.

Now what I would like to do today is again start off the conference with a very brief overview of the epidemiologic situation and then go into some of the main topics for the day.

In terms of the current situation, at this time the most intense pandemic activity continues to be in a couple of places in the world such as North Africa, in Southern Asia and then in parts of East and Southeast Europe. In other parts of the world, we see that activity is declining or has declined but we also continue to see in these areas a transmission of the virus, so it has not disappeared, and it is has not gone back to baseline. Based on the situation, our current assessment is that it remains too early to say that the pandemic is over. This is because we continue to see continued activity at elevated levels in a number of countries. And because it is unclear whether we will see in the northern hemisphere over the next few months during the winter and spring period another significant wave of activity and also because we do not know yet what will happen in the southern hemisphere during its winter months. So for these reasons, we consider that the pandemic is still ongoing.

Now, as an international health institution which deals with major global health events, WHO understands that it is the subject of criticism and questioning about what it may have done, and in this respect, we really welcome this when it is constructive, because it significantly helps us to improve how we do things. Now recently we were asked by the Council of Europe to participate in hearings about pandemic influenza, and we welcome this opportunity to talk about the pandemic, to provide accurate information and to clarify misconceptions. However, since there are still some misconceptions circuiting among the media, right now, what I would like to do today is address some of this directly and some of *the questions* which have been coming to us in the recent number of days.

The first question that I will talk about is *whether this is a real pandemic*,
- the second one is, *did WHO change its definition of the pandemic*,
- the third topic is, *did WHO overplay the pandemic* and
- the fourth issue is, *was WHO unduly influenced by industry*.

(I) So let's go to the first question: ***Is this a real pandemic***.
Here *the answer is very clear: yes*.

The allegation by some, that the H1N1 pandemic is a fake is both scientifically wrong and historically inaccurate. Let me start by going through some of the basics, so I can provide you with the context for why we can say this so clearly. With infectious diseases, scientists often talk about groups of infections, and they use different terms. So for example, when we talk about a small number of people being infected, we may use the word cluster, or we may use the word cases. And then when we're dealing with something larger, we may be using words, such as outbreak or epidemics. Now these are not precise terms, but they give you a sense of a relative difference in size. When we talk about the largest size, which is involvement of most of the world, then we're talking about a pandemic.

If we look specifically at the H1N1 pandemic, we can see that WHO was first notified about human infections in late April. At that time we had laboratory information which told us that this influenza virus was genetically and antigenically very different from the normal human influenza viruses circulating around the world. We had epidemiologic information which was provided initially from the North American countries Mexico, Canada and USA, which demonstrated convincingly that there was person to person transmission occurring at the start. Then we had clinical information, especially coming from Mexico, which told us that this virus could cause severe or life-threatening infections. At that time these reports themselves did not tell us that we were in a pandemic situation, but they did send a very strong warning to public health authorities around the world, including WHO, that we should be ready for a pandemic.

So let's go to some of the sequence of the events at that time. On 29 April 2009, WHO reported confirmed infections in 9 countries. About 6 weeks later, on 11 June, WHO reported that laboratory confirmed cases were being reported in 74 countries and territories. Just a few weeks later, on 1 July, WHO reported that there had been confirmed infections in 120 countries and territories around the world. It is this global spread which led WHO to call for increasing phases as we proceeded, and also to eventually tell the world that a pandemic was definitively under way.

So at this point, let's not play word games, and let's not be indirect about this matter. This is a new influenza virus that emerged in 2009 in North America. At the most conservative count that we have, we estimate, we believe, or we know that about 13,000 people had been killed directly by this virus. When final estimates are made, for the world, at some point in the future, we anticipate that these figures will be much larger that what we see now. *The allegation that this is not a pandemic is scientifically wrong and is historically inaccurate*. I also want to note in passing that it is somewhat disrespectful, for the many people who were affected by the serious illnesses caused and for the deaths that were caused by this influenza virus, as well as to the very large number of people in all countries who have been working around the clock to protect others from this pandemic.

(II) Now let me move on to the second issue. ***Did WHO change its definition if a pandemic***?
- The answer is no, *WHO did not change its definition*.

So again, let me provide a little bit of context here for this answer. Let me start by pointing out that there are many sources that any of you can go to, to look up the word pandemic, and find the definition and you can find these in textbooks, you can find these simply by going to the web, and typing in 'definition of pandemic'. What you'll find is that definitions are sometimes worded somewhat differently but all of them basically agree that *the pandemic is a worldwide spread of an infection or a disease*.

Now different diseases can have different features when they cause a pandemic. A pandemic of HIV/AIDS for example has features which are very different from a pandemic of influenza. And even when we look at influenza pandemics, we can see that there are significant differences between the pandemics, for example, the pandemic caused by the 1918 virus, resulted in the greatest number of deaths that we know of, and more than what we saw in 1957 or 1968, as well as 2009. But the basic idea is the same: *there is the world wide spread of a disease*. WHO has consistently emphasized this concept in these definitions.

The formal definitions of pandemics by WHO can be seen in the guidelines which have been provided to countries. Now these guidelines were first developed in 1999 and then updated subsequently in 2005 and then in 2009. And when you look at them you will see how the many hundreds of scientists who work with WHO on these definitions and on these guidelines really tried to improve the definitions to make them clearer from the guidelines. One of the things that *WHO did not do in any of these definitions was make* ***severity*** *part of the definition*. And the reason for this was very simple: when we look at history to tell us, that the impact of pandemics can range from being mild up to very severe. We know that, and so we know that when we see the spread of these new infections, that the impact of the pandemic may eventually vary from one extreme to the other extreme. So the documents are technical, but I really encourage you to look at them to see what the definitions really have said.

(III) Now let me go to the third issue: ***did WHO overplay the pandemic***?
The answer here is no, *it did not*.

I would like to refer you back to the speech given by the director-general, Dr. Margaret Chan, when she first announced the pandemic. In that talk to the world, what she said was that we had reason to believe that the pandemic would be of "moderate severity".

Now from the very beginning WHO has gone out of its way to let everybody know that the future course of the pandemic was uncertain, that we did not have a crystal ball and could not tell you at the beginning, which way it was going to go. This remains as true today as it was back then. It is true, however though, when we're at the start of a new health threat, and particularly when there are so any unknowns, that often times the public and the media can react very strongly to the emergency of such a health treat, that at the time and all through the pandemic, WHO has been very consistent in the information that it has given.

Now given this reality there is no health authority, including WHO, which can afford to sit back before making decisions, and actions have to be taken, because we have to provide support to countries and other institutions, working to reduce the impact of the situation. In providing this information, WHO has always been very balanced and I think sober in providing its assessments.

We've worked very hard to neither overplay, nor underplay the situation and we have worked very hard to try to reduce confusion, rather than to create it. Now, since we have always known, and have repeatedly said, that pandemics can range from mild to severe, we have also pointed out that the severity can change midstream. And given this situation, WHO and other responsible health authorities have adopted a precautionary approach – that is, we have tried to prepare everyone for the worst and to hope for the best.

So at this point, I think that the health impact of this pandemic can fairly be said to be moderate compared to the health impact of some of the pandemics in the past. But I also want to point out that the means and the actions taken by countries to deal with this pandemic have been by far the best in history, We don't know how many infections and death have been avoided or prevented by the actions taken by countries and we don't know how much these efforts have helped mediate the overall effect of the pandemic, but we firmly believe that these effort should not be discounted.

(IV) Now, I would like to go to the fourth issue: ***was WHO inappropriately influenced by the pharmaceutical industry***?
And the answer here is no.

Now, again, let me try to provide some context. When WHO responded to the pandemic, one of the things we did as soon as possible was to reach out to a wide variety of experts and sectors around the world including industries. We had discussions with them on a variety of topics, and with the industry representatives, we talked both about vaccines and vaccines viruses and what could be done to expedite the production of vaccines as quickly as possible.

Now the question is not really whether we had contact with the industry, but *whether we had any undue influence exerted upon us by commercial interest*. *And the answer is no*. WHO has long recognized that in reaching out to such a broad group of experts and interest groups, that there is a risk for potential conflicts or interests in the advice which is provided to the organization. So to protect the integrity of the advice which was given to WHO, to remain free from any undue influence, WHO has had in place routine safeguards against potential conflicts of interest in the advice given to WHO. This is really a longstanding practice and is true at all times, and certainly well before this pandemic, but also during this particular pandemic.

Now WHO requires the experts, who provide advice to the organization, to declare all their professional and financial interests including funding, which is received from pharmaceutical companies, or consultancies, or other forms of professional involvement with these commercial interests. This information is then shared with other members, shared within the institution to look at them for appropriateness, and then if the person is part of an advisory group, it is shared with other members of the advisory group and it is taken into account by WHO in determining whether the experts concerned should continue to provide advice to the organization.

Finally here I'd like to note that any allegations of undeclared conflicts of interest are taken very seriously by WHO and we respond immediately and appropriately to them.

So in passing let me just make or end with one other point, and this is, we have received some questions, about whether WHO will be undergoing a review process and the answer is yes, we will be conducting a self review along with others of what happened during this pandemic. Now similar to almost any organization which is concerned with the quality of its work, WHO assesses its performance during major experiences and then works to learn from that, so-called lessons learned, and then to take those lessons learned and to improve from it. Now in this instance, WHO and the countries in the world operated under the International Health Regulations. Now the International Health Regulations call for an evaluation of how well the regulations have been implemented and so WHO will use this opportunity to begin an evaluation of its own performance.

So at this point, let me conclude again with just **three short remarks**.

In the first place I want to emphasize the *world is going through* ***a real pandemic***. The description of it as fake, is both wrong and is irresponsible.
The second point is that *WHO has been* ***balanced*** *and* ***truthful*** *in the information it provided* to the public. It has not underplayed and it has not overplayed the risks of the pandemic.
The third point is that *WHO has reached out to* ***all parties*** who could help to reduce harm from the pandemic but we did take very great care to make sure that the advice received was not unduly influenced by commercial or non-public health interests.

So with that, let me stop here and then I am happy to take **any questions you may have**.

Nyka Alexander: Thank you, Dr Fukuda, thank you very much. Before we go over to questions, may I remind you that an audio file of Dr Fukuda's briefing will be available immediately afterwards, in the Media Centre section of the WHO web site and a transcript will be available a few hours later. To ask a question, please type 01 on your keypad to get in the queue. The first question is from Martin Enserinck, Science magazine. Please go ahead.

Martin Enserinck, Science: Could you be more specific about the review that you mentioned, you were talking about a self review. What does that mean? And wouldn't it be more appropriate to have some kind of independent outside team to look at how this was handled.

Dr Keiji Fukuda: Thank you Martin, and let me clarify here. The International Health Regulations call an agreement among all member states for which WHO acts a kind of a secretariat for the International Health Regulations. And those regulations call for a review of how the regulations themselves have been implemented. And given that we have gone through such a major experience over the past several months, and continue to go through it, we have decided that this will be a very good opportunity to use this assessment to look, begin to look at the response to the pandemic.

So the assessment itself, of course, will involve many people who are unrelated to the IHR, or who are unrelated to WHO. These will be people who are not part of WHO but who will be asked to conduct the assessment and conduct the review of the pandemic and our performance. And so in that sense, it is really not a self-performed evaluation. It will be done by others. But what I meant in my comment was that, we recognized that we need to use these opportunities really to improve our own performance, and in this regard, WHO is really pushing for this kind of evaluation to be done. Thank you.

Eva Cruz, Spanish Public Radio: I am asking about the particular case in Spain, I know it’s the same in other countries. Spain bought 37 million doses of vaccines of which only 13 million have been used. Is there, will there be any measures put in place, in order to save money in this kind of prevention strategy in future. What can we learn from the excessive buying of theses vaccines?

Dr Keiji Fukuda: This is a very good question. The decisions by countries to, whether to buy vaccines and then how much vaccine to buy have really been decisions made on country by country decisions basis. WHO was not asked by these countries to provide advice on those kinds of decisions, and has not taken part in any of these discussions.

I do want to point out, however, that the public health authorities involved in these discussions, really have a very difficult task when they are facing questions about how much vaccine for example to purchase.

Now at the beginning of the pandemic and during much of the pandemic, it was really not clear what the ultimate impact of the pandemic would be. How many people might die, how many people might suffer serious illnesses from it and so on. And in that kind of uncertainty, the health authorities still had to go ahead and make decisions about what to buy. And so I think it is really impossible to second guess the wisdom of these decisions. And I think that at the time these decisions were made, I am sure that the top consideration was that, "what needs to be done to reduce harm from the pandemic."

Now I think that at this point, again, I want to point that the pandemic continues. If the pandemic virus changes and we begin to see much more serious illness from infections, it is quite possible that countries will also be asked why they did not buy more vaccines. So I want to point out that this is a very difficult decision that has to be made in the face of not having all the information that one would want to have. Thank you.

Helen Branwell, Canadian Press: Hi, if I could ask a couple of questions.

Dr Fukuda, you were talking about the review in answer to Martin's question, I was wondering if you could tell us what will happen with any report that comes out of that process will be made public, how does WHO go about sharing the findings of that.

The other question was when you were talking about the suggestion that the pandemic definition had been changed. You said that, you talked about the fact that there has been series of iterations. I think you said that severity was not removed from it but I thought it was in an earlier iteration? Is that not true.

Dr Keiji Fukuda: Thank you for the two questions. So that let me first go to the IHR.

One of the first things that will happen is that the executive board of the WHO will be meeting next week, and so this idea for an assessment will be run by the board. And there will be discussion, and I think that we will receive guidance from the member countries, as to how to conduct some aspects of the assessment. Now I am sure that the results of such assessments will be made available. I cannot tell you at this point how and when this information will be made available. But of course this will both be useful to WHO but also to a number of other organizations and countries. And so I anticipate that the findings of such an assessment will be available.

Now in terms of the *pandemic definition*, I think that there has been a lot of confusion, because there have been a number of different documents which have talked about pandemics. Now some of the documents which have been put up, have been descriptions of pandemics, and particularly, some of the descriptions of potential pandemics were put up during the time when the concern about the Avian H5N1 infection were very strong. And I think in some of these descriptions, for example, one which is posted back in 2005, there was an emphasis on the more *severe potential impact of a pandemic*. And I think that some of the people have gotten this confused, have confused this kind of description with the definition of a pandemic.

But when you go back to the guidelines, and there were guidelines produced in 1999, 2005, and 2009, you will see that although there is discussion about these pandemic definitions and there is some continual attempt to try to make them clearer, *severity itself was not part of the definition*...

Debora MacKenzie, New Scientist: We have been seeing a lot in the press in the last little while, commentaries of various kinds saying, 'Oh well, it was not very much, it was ordinary flu'. Obviously that is not true as you have said. But there is a feeling out there, right or wrong, that was an awful lot of alarm, and a lot of vaccines bought, and then it did not turn out to be much. Do you think that there is now a chance that there could be a backlash and this could harm future efforts to prepare for flu pandemics and other kinds of health events and is there anything you would like to say about that?

Dr Keiji Fukuda: I think that in this kind of situation, the greatest danger is from a lot of misinformation being passed, and I think from misperceptions about what was done. So again, what I want to state and be very clear about is that at the outset of the pandemic, when the public health authorities around the world were dealing with this situation and facing many unknowns, this is when they had to make a lot of the decisions about what to do. And this is when many of the hardest decisions were coming up during the pandemic. So I think that, in general, what health authorities, including WHO, most strongly hold forth as the most important goal is to make sure that everything can be done to protect people from harm. So in this situation, I think that this is an application of the so-called precautionary principle: prepare for the worst and hope for the best. And so here, what I hope for is that people understand that the decisions that were made were done in a very sober light. They were done recognizing that the pandemic could be more on the mild side and could be on the more severe side, and that the decisions that were taken were really very prudent, trying to take all practical steps and practical decisions that could be made to minimize the chance that people will be harmed. And so I think that if people understand this, they will understand that their governments by and large, were making the decisions that have to be made when you are facing a new global health threat. Thank you.

Martin, Dublin, Ireland: Dr Fukuda, you talked about the conflicts of interest, and as WHO requires people to clear any conflicts of interests. Has there been any case in the past with WHO, where they have disregarded the opinion because of a very *obvious conflict of interest*?

Dr Keiji Fukuda: Martin, you know, the conflicts of interest are identified by a variety of means, and then these are sometimes brought up within specific advisory groups. For example we have an advisory group called SAGE, which is the Strategic Advisory Group of Experts, which provides guidance and advice to the DG on immunization practices. And so there may be instances among some of these different kinds of advisory groups like that, but I would have to go back and ask

whether we have any specific instances. More frequently is the situation where a potential conflict of interest is identified and then after assessing the situation, a decision is made as to whether there is a real conflict of interest or not. So we can come back and find specifics, but in general this is what is done. Thank you.

El Mundo: I would like to ask you concerning the group of experts that is going to evaluate the WHO overplayed concerning the pandemic. Who is going to name this group of experts? Please.

Dr Keiji Fukuda: So the IHRs provide guidance. Again, the IHRs are basically the rules established by all of the member states of WHO, 193 countries. And these are the rules by which the members will be selected to conduct the reviews. So we will follow those regulations. Thank you.

Andrea Gerlin, Bloomberg: Can you tell us whether WHO is submitting testimony to the Council of Europe or making any response towards attending plenary session where they are going to discuss some of the issues they have brought up, I think on January 28?

Dr Keiji Fukuda: WHO has been invited by the Council of Europe to participate in a hearing on 26 January. And so right now, we are trying to find out the particulars of what the invitation actually means, and so we have not been told exactly what the participation means and what is being requested of WHO. Otherwise, we have not been invited to attend any other meetings, or any other events sponsored by the Council of Europe. But we are looking forward to participate but we do need more details from the Council of Europe. Thank you.

Joseph, The Sun: Dr Fukuda, there are countries that feel that they have an overload of vaccines, or vaccines that they no longer need with the impression that the pandemic is already a spent force. They are trying to sell off their stocks, and how do you advise them?

Another question – this misconception of the pandemic being '*much ado about nothing*', how is the WHO going to re-educate the world community that it is indeed a major pandemic out there.

Dr Keiji Fukuda: In terms of your first question about advice the countries about their pandemic stocks. Again this is not a question which countries are coming to WHO and asking for advice about. These are generally decisions which are being weighed and discussed by countries because it is their vaccines and they are the ones who have to make decisions about it. And I suspect that different countries may come up with different decisions. So at this time, WHO is not being asked to provide advice and we are not providing any guidance on what to do with the vaccines stocks. However, at this time, WHO is still emphasizing that vaccination is a very important part of addressing the pandemic. There are still large numbers of people out there who are at high risk of serious complications from this infection. And again this includes people who are women who are pregnant. This includes people who have a variety of chronic medical conditions. These are the people who have; in general, developed the most serious complication from the infection. And that continuing to vaccinate these people is one of the best things that can be done by a country, if it has vaccine available. So this is one point that I would like make very clearly and very strongly.

Now in terms of your second question about what does WHO, what does an organization like WHO do to try to address the point about whether this is a real pandemic and to educate people. And so there are a variety of things that we do. One of the most important is to reach out to the media and to talk with you, in discussions like this, with the hope that you will be part of getting the information out there, getting real information out which is accurate, and hoping that you will help to combat some of the false information and some of the misperceptions out there. In addition, we continue to work with a variety of different groups, and provide information directly through things such as the web, and through documents, and through interactions at meetings. So we will continue to do all of these things, and we will continue to provide as much good information as we can...

The Independent, South Africa: My question has largely been answered by the previous journalists. I also wanted to know that with countries reducing their vaccines, *whether pharmaceutical will be trying to offload those vaccines in African countries instead*. And I know you said that the WHO

doesn't get involved in advising governments in what quantities of vaccines to buy but I also wanted your opinion on whether African countries should be wary of this kind of offloading.

Dr Keiji Fukuda: Let me point out some important things which WHO has been involved in which directly involves Africa to address this point.

Now some months ago, in fact, one of the most important things that the DG did in concert with the Secretary General of the United Nations was to make a call for global solidarity, that is, for the countries that had vaccines, for the richer countries to help out other countries that did not have access to the vaccine. This took place many months ago and was repeated, and because of these calls for action, one of the things that happened was that a number of countries as well as some of the commercial companies donated vaccines to WHO; pledged vaccines to WHO, as well as some of the ancillary supplies such as syringes and safety boxes and so on, to try to get vaccines to countries that don't have access to these vaccines, largely lower income to middle income countries that without this kind of support would not have access to vaccines. We continue to work on this. Many of these countries, of course, are located in Africa and we will continue to try to get vaccines to them in as rapid a manner as is possible. So we believe that the vaccine in a pandemic situation can be used to protect people who are at high risk from complications and we hope we can push ahead with this effort.

Nathalie: I talked to people from the Council of Europe and they said that *WHO does not want a public debate on the 28th or 26th*, and that you have asked for a session behind closed doors. I wanted to know whether that was true. And also, second question, about the vaccine. I see that some contracts with the industry about the vaccine production were already made in 2007 after the bird flu, and that part of these contracts was that the companies would produce vaccines when a pandemic would arise and that the governments would pay them. There was no real option for cancelling it. So I think that might be one of the problems here, and I would like to have a reaction to that.

Dr Keiji Fukuda: OK; thank you for the two questions.

In the first question, let me be very direct and very clear. The Council of Europe has not asked WHO whether it prefers an open door meeting or a closed door meeting, and WHO has offered no request to the Council of Europe for a closed hearing. We were expecting that this might be an open hearing, but WHO definitely has not asked for a closed hearing. This is not true.

Now in terms of the second point and the vaccine contracts. Again, WHO has not been privy to any of the contract discussions between countries and the companies. These are considered proprietary discussions both by the individual countries themselves as well as the companies. So we do not have knowledge of the individual contracts which are made between countries and companies. However, I think it is fair to point out that the pandemic preparedness planning for pandemics have recognized that vaccines, if available, would be an important part of the response against a pandemic, and would be one of the better ways to try to prevent people getting infected by a pandemic influenza virus. And so I would not be surprised for the discussions and pre-planning done by countries or companies as part of the general thinking about preparedness for a pandemic. But again, I cannot comment on any of the specifics because we simply have not been privy to the information.

Nyka Alexander: That's all we have time for today. I apologise to the journalists who were not able to get their questions through…. This has been the virtual press briefing from WHO Headquarters with Dr Keiji Fukuda, Special Adviser to the Director-General on Pandemic Influenza. I would like to remind you that there will be an audio file posted on our website shortly and later today or tomorrow morning a transcript of the briefing. The web site is www.who.int/pandemicflu. Thank you again, and have a good day.

manx radio

Swine flu pandemic 'virtually over'

Manx Radio, 14 January 2010, 18:35:04
https://web.archive.org/web/20100115194559/http://www.manxradio.com/newsread.aspx?id=41959
http://www.theflucase.com/index.php?option=com_content&view=article&id=2561%3Aswine-flu-practically-over-in-uk-says-health-official&catid=1%3Alatest-news&Itemid=64&lang=en

The Director of Public Health says the swine flu pandemic is just about over on the Island.

Dr Parameswaran Kishore says no new cases have been reported since Christmas and he's not expecting any new outbreaks.

He says the Island may have been over-prepared with huge stocks of vaccine and anti-virals left unused - but says it was better to have them and not need them than to need them and not have them.

Dr Kishore says both here and in the UK, the disease seems to be on the wane.

CDC: As many as 80 million infected by H1N1

CNN, 16 January 2010, 3:30 a.m. EST
https://web.archive.org/web/20100121011348/http://edition.cnn.com/2010/HEALTH/01/16/h1n1.numbers/

Atlanta, Georgia (CNN) – As many as 80 million Americans were sickened by and another 16,000 died because of the H1N1 influenza virus between April 2009 and December, the Centers for Disease Control and Prevention said Friday.

Those numbers are at the high end of the CDC's estimate. The number of infected could be closer to 39 million while deaths could be about 8,000.

Exact counts are difficult to obtain because many people with the flu don't seek medical care and only a small number who do are tested.

The H1N1 virus is still circulating and causing illness, hospitalization and death, according to the CDC, which recently made another call for vaccination. About 61 million Americans have been vaccinated.

Vaccines are widely available, with more than 130 million doses produced and 160 million people at high priority for getting the vaccine.

World Health Organization

Margaret Chan

Progress in public health during the previous decade and major challenges ahead

WHO, Geneva, 18 January 2010

https://www.who.int/director-general/speeches/detail/progress-in-public-health-during-the-previous-decade-and-major-challenges-ahead

Mister Chairman, members of the Executive Board, excellencies, ladies and gentlemen,

...

Ladies and gentlemen,

For me, the best health news of the previous decade is the fact that the long overdue influenza pandemic has been so moderate in its impact. Had the pandemic taken another course, the agenda for this session would have looked very different. Had the virus mutated to a more virulent form, we would not be talking about forging ahead. We would be standing still or dealing with serious setbacks.

We have been fortunate since the very emergence of the new H1N1 virus, and have remained fortunate up to now. The virus initially spread in countries with good surveillance systems. The honesty and speed of early reporting set the standard for the international response.

The virus did not mutate to a more virulent form. Resistance to oseltamivir did not become widespread. The vaccine proved safe and a close match with circulating virus. Things could have gone wrong in any of these areas.

We were fortunate in other ways. This is the first pandemic to occur since the revolution in communications and information technologies. For the first time in history, the international community could watch a pandemic unfold, and chart its evolution, in real time.

The amount of data that have been collected since April of last year, and the number of research reports and studies that have been published, have been remarkable. This quick collection of information has allowed WHO to issue treatment guidelines, track the epidemiology, and keep a close watch for mutations, including those that confer resistance to antiviral drugs.

When the history of this pandemic is written, I believe that the speed of actions taken by governments to protect their populations will earn the highest marks. Though the burden on emergency rooms and intensive care units has been heavy, nearly all health systems have coped well. Let me pay tribute to all the health care workers who have worked tirelessly to care for patients.

The early standard of rapid and transparent reporting was upheld, and the sharing of information, diagnostic support, test kits, and viruses has been commendably generous. To date, well over 23,000 viruses and other specimens have been submitted to WHO network laboratories for analysis.

During any public health emergency, health officials must make urgent, often far-reaching decisions in an atmosphere of considerable scientific uncertainty. Given our duty to safeguard public health, the tendency of officials facing such a situation is nearly always to err on the side of caution. I believe we would all rather see a moderate pandemic with ample supplies of vaccine than a severe pandemic with inadequate supplies of vaccine.

In some countries in the northern hemisphere with good surveillance systems, the pandemic appears to be easing. The worst may be over. But it would be unwise for anyone to reach firm conclusions before April, when the normal influenza season usually ends. There is still quite a lot of winter left.

In addition, we cannot predict what will happen between now and later in the year, when the southern hemisphere enters its influenza season and the virus becomes more transmissible.

Data for most parts of Africa are sparse. We are concerned that some countries in the western part of the continent remain susceptible to intense waves of transmission. We do not know for sure, but we are keeping a careful watch.

Population susceptibility to infection by a new virus drives the dynamics of an influenza pandemic. This is the critical question. Are there enough susceptible people left to sustain further waves of community-wide transmission? At present, we simply do not have enough data to answer this question with certainty. Studies are, however, under way.

We can estimate how much immunity has been conferred through vaccination. But knowing how much natural immunity has been acquired through infection is more difficult, especially given the very mild nature of illness in the vast majority of patients. Some infections produced no symptoms, and quick surveys of influenza-like illness will not capture these infections.

In short: I believe that what most countries are doing, that is, urging their populations to get vaccinated, is the prudent public health approach. Each country has to assess its own epidemiological situation and the needs and concerns of its citizens. For developing countries concerned about their lack of access to pandemic vaccines, WHO is ramping up its donation programme.

This pandemic has also been the first major test of the revised International Health Regulations. They have given the world an orderly, rules-based way to respond, and this has been an asset. With few exceptions, social and economic disruptions have been far less significant than feared. Another strength of the International Health Regulations is its system of checks and balances. They ensure that no one, myself included, has unfettered power.

Although the virus has not yet delivered any devastating surprises, we have seen some surprises on other fronts. We anticipated problems in producing enough vaccine fast enough, and this did indeed happen. But we did not anticipate that people would decide not to be vaccinated.

I mentioned the revolution in communications and information technologies. In today’s world, people can draw on a vast range of information sources. People make their own decisions about what information to trust, and base their actions on those decisions.

The days when health officials could issue advice, based on the very best medical and scientific data, and expect populations to comply, may be fading. It may no longer be sufficient to say that a vaccine is safe, or testing complied with all regulatory standards, or a risk is real.

In my view, this is a new communications challenge that we may need to address. As the items on your agenda show, persuading people to adopt healthy behaviours is one of the biggest challenges in public health.

In terms of managing public perceptions, part of the problem arises from the big difference between what was expected, after watching the highly lethal H5N1 virus for so long, and what fortunately happened. An event similar to the 1918 pandemic was feared, when what actually happened is probably closer to the 1957 or 1968 pandemics.

Let me introduce a word of caution. Reliable estimates of the number of deaths and the mortality rate during the current pandemic will not be possible until one to two years after the pandemic has ended.

Let me reassure you on a final point. This has been the most closely watched and carefully scrutinized pandemic in history. We will have a wealth of new knowledge as a result. It is natural that every decision or action that shaped the response will likewise be closely and carefully scrutinized.

WHO can withstand this scrutiny. ...

FOR HEALTHCARE LEADERS
HSJ

Swine flu preparations cost £1bn

HSJ, 19 January 2010

https://www.hsj.co.uk/finance-and-efficiency/swine-flu-preparations-cost-1bn/5010530.article
https://web.archive.org/web/20100220012809/http://www.theflucase.com/index.php?option=com_content&view=article&id=2608%3Aflu-pandemic-plans-cost-uk-a-billion&catid=1%3Alatest-news&Itemid=64&lang=en

The government spent more than £1bn in preparation for a flu pandemic, it has been disclosed.

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"Additional spend committed around the time of the start of the swine flu pandemic takes the amount to over £1 billion," she said in a Commons written reply to Labour's Paul Flynn.

Only last week, Mr Flynn (Newport W) challenged Health Secretary Andy Burnham directly over the build-up, which some have criticised as an over-reaction.

"Was the threat of 65,000 British swine flu deaths an unscientific exaggeration that has cost the country dearly, not only financially but in terms of stress and distorted NHS priorities?" he asked at question time then.

Mr Burnham defended the Government's response, saying: "We had to take every possible step to keep the country safe through what was declared a world health pandemic, not by this Government but by the World Health Organisation.

"We saw the events in Mexico in the spring, followed by the exceptional spike in flu cases in this country in the summer.

"There were understandably high levels of public concern, and I make no apology for making all the necessary preparations to keep the public safe through that. We have come through the pandemic because of the strength of the plans and preparations that this Government put in place."

In another written reply, Ms Merron said nearly 29 million doses of swine flu vaccine had been delivered to the UK by January but refused to put a cost on them as it would "violate confidentiality clauses" with the makers.

ScienceDaily

1918 and 2009 H1N1 Flu Probably Not Spread by Birds

Science Daily, 20 January 2010
https://www.sciencedaily.com/releases/2010/01/100119213039.htm

Science Daily (Jan. 20, 2010) – The two strains of the H1N1 influenza virus responsible for the 1918 and 2009 global flu pandemics do not cause disease in birds. The results of the study, published in the February issue of the Journal of General Virology, also show it is unlikely that birds played a role in the spread of the H1N1 virus in these pandemics.

Scientists from the Canadian Food Inspection Agency's National Centre for Foreign Animal Disease (NCFAD) in Winnipeg, Canada, together with collaborators in the USA, injected the 2009 and 1918 H1N1 virus strains individually into chickens. None developed flu symptoms or showed any signs of tissue damage up to18 days later, although about half the chickens developed antibodies against the 1918 H1N1 virus showing limited infection. The 1918 H1N1 virus also did not cause disease in ducks. The origin of the 1918 H1N1 virus is unknown and despite its genetic similarity to avian influenzas, the results of this study show it is unlikely to have jumped the species barrier from chickens to humans.

Different strains of influenza cause disease in humans, birds and pigs; each type of virus is adapted to cause infection in its host. All cause similar respiratory symptoms. If flu viruses are passed back and forth between hosts (e.g. through close human contact with infected animals) the mixing can lead to development of a novel strain. As they have not encountered the virus before, the human population has little or no immunity to a novel strain which can easily cause infection and spread from person to person. This may ultimately lead to a global flu pandemic.

Dr Shawn Babiuk, a scientist with the National Centre for Foreign Animal Disease who led the research, said, "Working out how major human pandemic flu viruses affect birds and other domestic animal species is crucial in discovering what role, if any, they play in spreading viruses in the human population." Such studies can inform government decisions in responding to outbreaks of influenza in birds, which have major implications for poultry producers. According to Dr Babiuk, "These findings support the use of normal veterinary management practices in poultry infected with pandemic 2009 H1N1 influenza and demonstrate that quarantining and culling infected stocks is not necessary."

Dr Babiuk explained that viruses can behave unpredictably. "Our understanding of exactly how influenza viruses go on to cause pandemics is still limited," he said. "Although our research indicates that birds are unlikely to have played a part in the spread of the 1918 and latest 2009 H1N1 pandemic viruses, they may well still play a part in future pandemics."

THE FLU CASE

Flu pandemic plans cost UK a billion

The Flu Case, 20 January 2010, 16:34
https://web.archive.org/web/20100220012809/http://www.theflucase.com/index.php?option=com_content&view=article&id=2608%3Aflu-pandemic-plans-cost-uk-a-billion&catid=1%3Alatest-news&Itemid=64&lang=en

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Press Information Bureau, Government of India

India urges W.H.O. to explain reports on H1N1

Ministry of Health and Family Welfare, 20 January, 2010, 19:35 IST
https://web.archive.org/web/20110805153525/http://pib.nic.in/newsite/erelease.aspx?relid=57124

Secretary Health makes strong case for Generic Drugs

Secretary Health, K.Sujatha Rao urged World Health Organization (WHO) to effectively explain reports appearing in the media that the Swine Flu was a false pandemic. Making an intervention in the Executive Board meeting of WHO currently going on in Geneva, Secretary Health pointed out that such news reports were adversely impacting upon the public health measures being undertaken by countries.

She also called for greater transparency about terms and conditions on which international vaccine manufacturers were supplying vaccines to countries, In response to this intervention by India, it was agreed that WHO would formally write to National Focal Points in all countries clarifying the factual position about the H1N1 pandemic to quell all doubts that had been created.

Commenting upon the report of the WHO on the progress towards achieving the Millennium Development Goals Secretary Health urged WHO to clearly promote generic drugs as a strategy for rational drug use.

India emphasised that it is only the WHO that has the credibility to withstand the persuasive power of branded and patent drugs. India urged all countries to promote access to medicines and not to confuse the issue of counterfeits which is an IPR issue with safe and efficacious generic drugs.

Bloomberg

Jason Gale

WHO to Clarify H1N1 data after False Pandemic Claim

Bloomberg, 21 January 2010, 02:55 EST

http://www.bloomberg.com/apps/news?pid=20601202&sid=ahj0H_RH8U68 – deleted
https://web.archive.org/web/20100220012849/http://www.theflucase.com/index.php?option=com_content&view=article&id=2623%3Awho-to-clarify-h1n1-data-after-false-pandemic-claim&catid=1%3Alatest-news&Itemid=64&lang=en

January 21 (Bloomberg) – The World Health Organization will clarify data on swine flu after media reports of a false pandemic hindered public health measures, India's Health Secretary K. Sujatha Rao said.

Governments from the U.S. to Germany are curbing purchases of vaccine to fight the new H1N1 virus after cases declined and the first flu pandemic in 41 years appeared milder than initially feared. The Parliamentary Assembly of the Council of Europe plans to debate the theme "Faked pandemics: a threat to health" at a plenary session in Strasbourg, France, next week.

At the United Nations agency's executive board meeting in Geneva this week, Rao asked the WHO to explain media reports about a false pandemic, she said yesterday in a statement to India's Press Information Bureau.

=> https://web.archive.org/web/20110805153525/http://pib.nic.in/newsite/erelease.aspx?relid=57124

Rao also called for greater transparency about terms and conditions on which international vaccine manufacturers were supplying the shots to countries, according to the statement.

"In response to this intervention by India, it was agreed that WHO would formally write to national focal points in all countries clarifying the factual position about the H1N1 pandemic to quell all doubts that had been created," the statement said.

News reports were "adversely impacting upon the public health measures being undertaken by countries," Rao said in the statement, without elaborating. Rao and Vineet Chawdhry, a joint secretary at India's health ministry, weren't immediately available for comment.

WHO Director-General Margaret Chan acknowledged at the board meeting yesterday the need to support the agency's member states, WHO spokesman Gregory Hartl said in an interview today.

"For me, the best health news of the previous decade is the fact that the long overdue influenza pandemic has been so moderate in its impact," Chan told the meeting on Jan. 18. "I believe we would all rather see a moderate pandemic with ample supplies of vaccine than a severe pandemic with inadequate supplies of vaccine."

=> https://www.who.int/director-general/speeches/detail/progress-in-public-health-during-the-previous-decade-and-major-challenges-ahead

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> Report
> ww.bloomberg.com/apps/news?pid=20601202&sid=ahj0H_RH8U68

=> http://www.bloomberg.com/apps/news?pid=20601202&sid=ahj0H_RH8U68 - deleted

CIDRAP

Michael T. Osterholm

The H1N1 pandemic: The next chapter

CIDRAP, 21 January 2010
https://www.cidrap.umn.edu/business-preparedness/h1n1-pandemic-next-chapter

Only 3 months ago, here in the United States and many parts of the Northern Hemisphere we were experiencing the peak case occurrence of the second wave of the novel H1N1 influenza pandemic. Fearful parents were scrambling to find the precious few doses of vaccine available in their communities. Reports of people dying emerged almost daily in every state, and many of the deaths were among young adults and children. Then, practically in a flash, everything changed.

At this moment the world is experiencing one of the lowest levels of influenza activity caused by either pandemic or seasonal influenza viruses ever documented in the Northern Hemisphere in mid January. Wow, what a difference a few weeks can make.

The change is so startling, in fact, that some people have gone so far as to suggest that the first pandemic of the 21st century was fabricated by the World Health Organization (WHO) to sell certain pharmaceutical companies' vaccine. The Parliamentary Assembly of the Council of Europe plans to debate the theme "Faked pandemics: a threat to health" at a plenary session in Strasbourg, France, next week.

What happened? Were we fooled by predictions of a "severe storm" only to have it not materialize? Or did we, in fact, just come through a bad storm? Could we be sitting in the eye of a hurricane, unaware that the winds are about to whip up again? Or did something like a summer thunderstorm just pass? In the swirl of such questions, can you offer your organization any solid message? Let me try to put my "pandemic weather hat" on and share a perspective.

Then . . .

First, some context. Remember the chaos of the early days of the emerging pandemic in late April and early May? The first reports from Mexico suggested that the illness caused by the newly found novel H1N1 was severe for many people and marked the potential beginning of a very dangerous period for humankind. Spread of this new virus to countries around the world occurred with the same speed of jet planes. By late May, the influenza scientific community had little doubt that we were witnessing the next influenza pandemic. But as more people became sick around the world, the clinical picture diverged from the initial one seen in Mexico. It was evident that most people infected with H1N1 were experiencing a more seasonal-like form of influenza.

Despite the changing clinical picture, the rapidly rising case numbers in many countries from around the world – and solid evidence that the novel virus differed markedly from the circulating H1N1 *seasonal* influenza strain – fully justified the WHO's declaration on Jun 11 that the world was experiencing the first influenza pandemic of the 21st century. Efforts today by some politicians or other skeptics to declare this situation anything other than a pandemic are simply examples of "flat earth" thinking.

And as I shared in my previous *Osterholm Briefing*, even if there is no third wave associated with this pandemic, the propensity for this novel H1N1 virus to cause such severe disease and death in a significant number of younger adults and children means its overall impact on the world's population (ie, total years of potential life lost before age 75) places it among the serious public health disasters of recent years. True, it has been far from a 1918-like pandemic to date, and we can be incredibly grateful that it wasn't.

. . . and now

So now that we have what appears to be a very large number of unused H1N1 vaccine doses sitting in government stockpiles around the world, we're hearing other critics suggest that governments overreacted when they made such large vaccine purchases. I have one word for such accusations: *irresponsible*.

Just imagine if governments of the world had not acted decisively last May to procure a larger number of doses of a life-saving vaccine – and one that takes 6 to 8 months to manufacture and deliver – and we ended up having a 1918-like pandemic. The masses would have called for the heads of any government or public health leaders (those who hadn't died from H1N1) who had failed to act aggressively in procuring and distributing such vaccine.

I believe any responsible person would rather answer for why they took the risk to protect people rather than to gamble with the potential of large-scale human disaster, as we saw with hurricane Katrina.

And finally, as I also noted in my previous column, the final obituary for this pandemic has not been written. While the second wave of the novel H1N1 pandemic has clearly passed and seasonal influenza activity is following a pattern seen after the three pandemics of the 20th century when it virtually disappeared, I wouldn't bet against a third pandemic wave over the next several months. An estimated half of the world's population remains vulnerable to H1N1 infection; they have not been infected or vaccinated and have no residual immunity from infection with a similar H1N1 virus from more than 60 years ago. As an epidemiologist, I can tell you that we're looking at more than sufficient fuel for another "pandemic forest fire" to race across the world.

Time will tell.

Bottom line for organizations

In the meantime, here's the message for you and your organizations: *Continue to push all of your colleagues and their family members to get vaccinated.* Don't wait to find out if there will be a third wave. Data from millions of persons vaccinated show that this vaccine is extremely safe, and it's available for many in the developed world.

I'd like to think that we're watching the rainbows on the backside of a "pandemic thunderstorm," but we can't count on it, because we're just as likely sitting in the eye of the hurricane. Unfortunately we don't have pandemic radar that gives us that answer. So we have to rely on common sense and reason, rather than wasting our time on conjecture and irresponsible blame. And we *do* have an effective vaccine that protects us should that hurricane scenario be right. Use it.

PULSE

Steve Nowottny

Early lessons from the swine flu pandemic

Pulse Today, 22 January 2010
https://www.pulsetoday.co.uk/views/clinical-areas/infectious-diseases/early-lessons-from-the-swine-flu-pandemic/

With the swine flu outbreak now officially all but over, PulseToday editor By Steve Nowottny looks at what we've learnt from the pandemic that hardly was..

If the flu pandemic has taught us one thing, it's to expect the unexpected, so never say never. There's always the chance we could be caught off-guard by a surprise third wave. But yesterday the Chief Medical Officer Sir Liam Donaldson confirmed what GPs on the ground already knew - that with new cases of swine flu having fallen to their lowest level yet, the current outbreak is 'virtually concluded'.

Over the coming weeks and months swine flu and the NHS's response to it will be subject to intense scientific scrutiny. (As I write, an invitation to an international swine flu conference in March with more than 20 breakout sessions has just popped into my inbox.) But it's not too early to draw a few preliminary conclusions – conclusions which might help shape our response to a future pandemic:

1/ Global spread is inevitable and rapid. When I blogged immediately after the swine flu story broke, I warned that 'the best modelling suggests that it will reach the UK between 4-8 weeks after it begins in the country of origin.' While it's hard to pinpoint exactly when H1N1 first originated in Mexico, if anything, swine flu spread even quicker.

2/ The modelling got it wrong. Consistently wrong, in fact. First we were told that it could be very bad, avian flu bad, and it wasn't. Then the prediction was that it would die down as soon as early summer hit – in fact, GPs at practices across the country were at full stretch when the first wave peaked in mid-July. Then Sir Liam infamously admitted that DH modelling predicted as many as 65,000 people in the UK could die this winter – a prediction which was soon rapidly revised.

3/ Diagnosis by call centre leaves a lot to be desired. With the benefit of hindsight, of course, it's easy to forget the almost audible sigh of relief at practices up and down the country when the National Pandemic Flu Service first swung into action, just as the first wave was reaching its peak. But doubts soon set in, with Pulse revealing in September more than a third of practices had had patients suffer complications after being misdiagnosed, and reports of patients dying from meningitis. Lurid tales in the Daily Mail of call centre workers diagnosing patients while high on cannabis or drunk on vodka didn't do much to inspire confidence either.

4/ Pandemic response can take on a life and momentum of its own. Once the Government had set its pandemic response plans – geared perhaps too specifically towards avian flu – in motion, everything which followed became almost inevitable. Was such widespread Tamiflu necessary? Possibly not – but the stockpiles were there. Would the Government choose again to conduct such an ambitious mass vaccination programme? Possibly not – but at the time the decision was taken, it certainly seemed the sensible course of action.

5/ Finally, we got lucky. With the benefit of hindsight, much will be written about how the threat of pandemic flu was overplayed – and certainly hundreds of millions has been spent on dealing with a limited threat at the time that the NHS could ill-afford it. But ultimately the limited nature of the threat has been due to the nature of the virus itself rather than any public health intervention, and it's easy to forget how close some GP services came to toppling over.

Certainly for out-of-hours GPs in hotspot areas such as Birmingham and Tower Hamlets, swine flu won't be remembered as a damp squib. More of a lucky escape.

THE WALL STREET JOURNAL.

Carl Bialik

Swine Flu Count Plagued by Flawed Data

WSJ, 23 January 2010
https://web.archive.org/web/20100305022042/http://online.wsj.com/article/SB20001424052748704509704575019313343580460.html

Last April, as news reports from Mexico painted a frightening picture about the emergence of swine flu, ill students started coming in to the University of Delaware's health service. The appearance of flu-like symptoms after the seasonal strain had run its course prompted officials to send samples to state laboratories, which confirmed the new virus was on campus.

"This was a time when everyone was anxious about the disease," recalls E.F. Joseph Siebold, director of the university's health service. "Everyone was prepared for a worst-case scenario."

That scenario failed to materialize. The Centers for Disease Control and Prevention said last week that about 55 million Americans have been ill with H1N1 and about 11,000 have died—a far smaller toll than projected in a report last summer commissioned by the White House. That report warned of a scenario in which 60 million to 120 million people would become sick last fall and this winter and 30,000 to 90,000 people would die of swine flu.

So why were the initial swine-flu projections so far off the mark?

One possible explanation is that the early projections were fairly sound, but the CDC's latest tally of swine-flu cases is incomplete.

To arrive at its estimates, the CDC relies on the nation's patchy surveillance system. While broader than that of many other nations, U.S. health reporting isn't set up to catch every case.

The swine-flu estimates were based in part on the Delaware outbreak. Even as the university's health department beefed up staffing and issued early alerts, about half of ill students didn't bother to seek treatment. Those who did generally didn't have their cases confirmed by lab test.

In its analysis, the CDC attempted to address the gaps in the chain between illness and confirmation at the University of Delaware and in other outbreaks around the country. That led the agency to conclude that before July 23, just one of every 79 people believed to be infected with H1N1 who experienced symptoms had a positive test reported to the CDC. Once the CDC began discouraging tests for patients who weren't hospitalized, the agency instead extrapolated that each hospitalization represented 221 cases of swine flu.

Yet even with those assumptions, the CDC's calculations leave plenty of room for uncertainty, says Marc Lipsitch, an epidemiologist at the Harvard School of Public Health. Prof. Lipsitch was a co-author of last summer's report outlining the scenario of up to 90,000 deaths. Later, he conducted an independent analysis of swine flu's spread, using data from outbreaks in Milwaukee and New York. He determined that each hospitalization could represent as few as 70 overall cases, or as many as 600.

In all of the calculations, very large numbers are being estimated from very small ones. "For all of these steps, we used the data we had available to us," says David Swerdlow, a CDC epidemiologist. He adds that the estimates are "reasonable."

Delaware was chosen as a test case because it represented an isolated outbreak, and CDC investigators were on hand to help gather and analyze data. But a student population with on-campus health service might not behave like the general public.

Most countries aren't even trying to extrapolate swine-flu tolls from smaller samples. And figures from early outbreaks, particularly in Mexico, led to the high projections in the U.S. Prof. Lipsitch says that initially, "the data were limited and misleading and confusing."

This week, the World Health Organization said that at least 14,142 people had died of the flu world-wide – or just 3,000 more than the U.S. totals. But these figures aren't comparable. "WHO counts only laboratory-confirmed cases, but we understand this is a significant undercounting of the total," says spokeswoman Karen Mah.

These same challenges complicate efforts to count U.S. deaths from seasonal flu, which also is rarely confirmed by lab test. But there are key differences between the strains of flu and their death tolls. H1N1 has been killing much younger people. In a typical flu season, 90% of victims are 65 or older. Yet 88% of the new flu's victims were under 65.

On the other hand, death counts might overstate the burden of H1N1, which could be alleviating the toll from the typical seasonal flu. Some epidemiologists think the two flu strains may be competing, so that individuals who contract one type of flu aren't getting the other. That could explain why the seasonal flu has been very mild so far.

One piece of evidence: Fewer Americans in November and December told telephone pollsters from a near-daily Gallup/Healthways survey that they were sick with the flu the day before than did when asked the same question a year earlier.

The CDC numbers might be the best available, but they are far from certain. "You could put three statisticians in a room and get three different answers," says Jimmy Efird, a biostatistician at the Center for the Health of Vulnerable Populations at University of North Carolina, Greensboro. "Sometimes you're better off not trying to estimate something when it's difficult to model."

THE FLU CASE

WHO's Dr Chan to meet top pharma execs at "elite" forum in Davos, Switzerland

The Flu Case, 25 January 2010, 14:53

https://web.archive.org/web/20100220012844/http://www.theflucase.com/index.php?option=com_content&view=article&id=2622%3Awho s-dr-chan-to-meet-top-pharma-execs-at-qeliteq-forum-in-davos-switzerland&catid=41%3Ahighlighted-news&Itemid=105&lang=en
https://www.weforum.org/publications/world-economic-forum-annual-meeting-2010/

WHO's Dr Margaret Chan will be rubbing shoulders with the CEOs of Novartis, Sanofi-Aventis and Merck when she attends this year's World Economic Forum (WEF) in Davos, Switzerland, starting tomorrow. => http://www.weforum.org/en/index.htm

Daniel Vassella, CEO of Novartis, Chris Viehbacher, CEO of Sanofi-Aventis and Richard T. Clark Chairman, President and Chief Executive Officer of Merck will all be attending the forum which is believed to be used by the shadow government to plan how to acquire more power and set up a New World Order.

Along with David Rockefeller, Vassella also attended the last year's Bilderberg meeting close to Athens and listened to Swedish Foreign Minister Carl Bildt's talk on the need for WHO to be elevated to a global health ministry - and Bildt will be attending Davos too.

French President Nicolas Sarkozy, Mexican President Felipe Calderon (remember the swine flu outbreak in Mexico in April?), Baroness Ashton, High Representative for Foreign Affairs and Security Policy, Council of the European Union, David Cameron George Osbourne, David Milliband will also be going to Davos.

The foot soldiers of the New World Order will be gathering on Tuesday evening in the swish Hotel Belvedere to hear a welcome speech from Klaus Schwab, WEF founder.

Klaus Schwab – the Prince Philip of Switzerland, passionate about nature but not so passionate, it would appear, about human beings -- hinted this year's meeting for the world's power elite was a defining moment.

The theme of this year expressed in Orwellian doublespeak is "Improve the State of the World: Rethink, Redesign, Rebuild" .

In fact, the elite's plan to use the UN and WHO as vehicles for world government have fallen apart under revelations of the climate gate scam and the swine flu scam, and they will have much improvising to do.

Pandemics, viruses and the way the "traditional media" has been decimated by the rise of "citizen journalists" and "free online content" are topics the elite will be chewing over during the sessions in the remote Swiss ski resort.

Over 2,500 members from over 90 countries representing business, government and civil society, the Bilderbergs and composed of some of the top-level freemasons will discuss "pressing challenges" at the forum which is sponsored by the likes of Goldman Sachs and JP Morgan Chase, specifically the challenge of averting a downpour of lawsuits and other actions.

"We must look at the Meeting in the context of what's happening in the world and we see that the present system of global cooperation is not working sufficiently," said Klaus Schwab.

The WEF also launched the Global Health Initiative (GHI) in 2002 and works with partners such as Eli Lilly, Merck & Co., Pfizer as well as UNAIDS, WHO, UNICEF and the World Bank.the Bill and Melinda Gates Foundation, the ExxonMobil Foundation, the Foundation for AIDS Research (amfAR), the Open Society to deliver "vaccines" to developping countries under campaigns such as the Stop TB Partnership, Roll Back Malaria.

To do their part in the toxic swine flu vaccination campaign, the WEF insisted on all staff having the jab.

"*They also had an insightful conversation with Margaret Chan, the Director-General of the World Health Organization, on scenarios for a potential global pandemic*."

[WEF, 2010, p. 17] https://www3.weforum.org/docs/WEF_AnnualReport_2009-10.pdf

HUFFPOST WORLD

Niko Kyriakou

Swine Flu Didn't Fly

Huff Post, 27 January 2010
https://web.archive.org/web/20110512011808/http://www.huffingtonpost.com/niko-kyriakou/swine-flu-didnt-fly_b_438783.html
https://truthout.org/articles/swine-flu-didnt-fly // http://deepjournal.com/p/43/a/en/2527.html

For makers of the swine flu vaccine, 2009 was a year to remember. By June, CSL Limited's annual profits had risen 63 percent over 2008. GlaxoSmithKine's 2009 earnings spiked 30 percent in the third quarter alone, to $2.19 billion. Roche made a stunning 12 times more in the second quarter of 2009 than of 2008. But in 2010, drug companies may get their comeuppance.

On Tuesday, the Council of Europe launched an investigation into whether the World Health Organization "faked" the swine flu pandemic to boost profits for vaccine manufacturers. The inquiry, held in Strasbourg, France, vindicates a worldwide movement of insiders, experts, and elected officials who accuse the United Nations organization of misleading the world into buying millions of unnecessary vaccines.

"I have never heard such a worldwide echo to a health political action," Dr. Wolfgang Wodarg, an epidemiologist who formerly led the health committee for the Council of Europe, said at Tuesday's hearing.

Dr. Ulrich Keil, director of the WHO's Collaborating Centre for Epidemiology, hammered his own organization and WHO's flu chief, Dr Keiji Fukuda, for "producing angst campaigns".
"With SARS, with avian flu, always the predictions are wrong...Why don't we learn from history?" Keil said. "It [swine flu] produced a lot of turmoil in the pubic and was completely exaggerated in contrast with all the really important matters we have to deal with in public health."

Last year the World Health Organization predicted that H1N1 could infect two billion and claim hundreds of thousands of lives, while President Obama's science advisers said the outbreak could infect up to 120 million Americans and kill 90,000. But thankfully, H1N1 turned out to be a mild flu. The type-A influenza has taken around 14,000 lives worldwide, according to World Health Organization numbers from January 22. The CDC said in December confirmed US deaths had reached 4,000, although it recently estimated that due to underreporting, the true death toll could be as high as 16,500 - a tragic sum, but less than half of what the CDC attributes to seasonal flu-related illness. In most of the northern hemisphere, hog flu has been on the decline for some about three months. New transmissions are largely contained to North Africa and South Asia, according to the WHO.

Signs swine flu wasn't much of a killer grew throughout 2009, but WHO and most domestic health agencies around the globe chose instead to man the war bugles at full volume. The result was that governments poured tens of billions of dollars into vaccines. The US alone has spent $2 billion on the drugs and has allocated $7.5 billion in supplemental spending for H1N1 preparedness.

With the disease basically over, however, countries are stuck with millions of unused doses. French and German governments have had to cancel millions of orders of the vaccines due to falling demand and late-breaking news that European health authorities had recommended twice the necessary dosage. The CDC has dealt with the glut in another way. It now says all Americans should go and get the shot - a shift from its earlier recommendation that at-risk groups such as the young, sick, pregnant, and nurses seek injections first. But why should everyone get a shot when that the disease is petering out?

On January 22, WHO issued a statement calling allegations that it irresponsibly stoked H1N1 fears, "scientifically wrong and historically incorrect." The statement defends figures WHO publicized on transmission rates, mortality, and the virulence of swine flu. – "The world is going through a real pandemic. The description of it as a fake is wrong and irresponsible. We welcome any legitimate review process that can improve our work."

At the hearing, WHO's flu director, Dr Keiji Fukuda, denied the accusations against WHO. – "Let me state clearly for the record - the influenza pandemic policies and responses recommended and taken by WHO were not improperly influenced by the pharmaceutical industry."

Previously, WHO had offered scant response to allegations of corruption, but deigned to defend itself after the Council of Europe meeting was announced. The public meeting to examine accusations against WHO was set up by the Parliamentary Assembly of the Council of Europe (PACE), which represents 800 million people in 47 countries. The Council's January 26 meeting involved WHO officials, European drug-makers, and medical experts. PACE's findings are expected to be announced January 29 and will likely be followed by an in-depth study and recommendations to European governments.

The hearing is just latest in a series of investigations into WHO's propriety, which also include a 2009 Danish Parliamentary review of links between WHO expert - Albert Osterhaus - and makers of the swine flu drugs. Russian lawmaker Igor Barinov has also started an inquiry into WHO's ties to H1N1 drug makers. In France, Health Minister Roselyne Bachelot was forced to a Paris court on January 4th over swine flu campaign irregularities - including ordering millions unnecessary vaccine doses. Demonstrations over statistical improprieties have taken place in Scotland and Canada.

Inquiries into WHO misdoing are likely to plunge deep into the statistical methods for data collection, however, it takes no expertise to see that health agencies' data about H1N1 was wildly misleading.

In addition to bad guesses about how many would die, a study released December 7 by the Harvard School of Public Health found that the WHO also estimated the deadliness of H1N1 to be 40 to 250 times higher than it was.

Proving the drug industry squeezed WHO into selling swine flu is very difficult to establish, but the string of clues which points to this corruption is not hard to follow.

Pandemic or just plain Panic?

Swine flu took center stage in June of 2009, when WHO declared H1N1 the first "pandemic" in 42 years. This move caught the eye of every health authority from Tampa to Timbuktu and revved drug company engines. But to do it, WHO had to redefine the word.

One month after swine flu appeared in April, WHO rewrote the definition of "pandemic". Under the new meaning, a pandemic does not need to cause high numbers of death or illness. A month after changing the definition, with just 144 people dead from H1N1, the flu was given the WHO's highest threat classification: a "stage-six pandemic alert". By comparison, the mildest 20th Century pandemic killed a million people.

Before the change, WHO had classified a pandemic as a disease that has "simultaneous epidemics worldwide with enormous numbers of deaths and illness." After the alteration, the organization's website stated that, "Pandemics can be either mild or severe in the illness and death they cause." In May, WHO spokesperson Natalie Boudou told CNN that the original definition was an error.

The Los Angeles Times writer Michael Fumento called the redefinition "bizarre". "Such a declaration could render the term "flu pandemic" essentially meaningless -- risking lethal public complacency if a bona fide one hits," Fumento wrote.

Tom Jefferson, Formerly a general practitioner in the British Army who has worked for the well-respected Cochrane Collaboration for 15 years, Jefferson asked in July: "Don't you think there's something noteworthy about the fact that the WHO has changed its definition of pandemic?"

"The WHO and public health officials, virologists and the pharmaceutical companies... They've built this machine around the impending pandemic," Jefferson told Der Spiegel, a German magazine with a weekly circulation of 1 million. "There's a lot of money involved, and influence, and careers, and entire institutions. And all it took was one of these influenza viruses to mutate to start the machine grinding."

Yet the WHO stands by its decision to label H1N1 a pandemic, citing geographic spread and the virus' novelty as its primary reasons. Moving ahead, Fukuda said his organization "will definitely consider whether we can define things better." But some participants in Tuesday's meeting wondered what the WHO is waiting for, since complaints have poured in from all sides.

The Associated Press reported on May 19, 2009, that China, Britain, Japan and other countries had urged WHO to "be very cautious about declaring the arrival of a swine flu pandemic, fearing that a premature announcement could cause worldwide panic and confusion."

Critics say what was needed was not a frightful label, but hard scientific data to show how many people were getting swine flu. But on July 10, the WHO quit tracking cases of infection and told governments they should stop testing for individual cases, ostensibly because the speed of H1N1's spread had already been confirmed.

"Rational scientific independent advice should be supreme, but there was an imperative behind this which was a financial one," said Paul Flynn, a parliamentary representative in the UK who spoke at the Council of Europe's hearing.

Corruption in Health Organizations?

Critics of the WHO say they promoted bad data to help drug makers get rich selling vaccines. This attack implies drug makers have a network of influence within the decision-making structure of the organization, a suggestion various officials confirm.

One high-level, long-term WHO employee who preferred to remain anonymous for job security, described the WHO as follows: "WHO is infested by corruption. There is big corruption, like the management of H1N1, and there is small corruption; and between the big and the small corruption there is [corruption] in all imaginable forms. Unfortunately, it's not only the WHO."

William Aldis, a retired senior WHO official who worked on the bird flu crisis, said in a Huffington Post article from September 24: "I am concerned WHO's communications is corrupted by the fact they push the buttons in the public's brains that will raise the most funds. That is incompatible with what the organization should be doing: serving the public with technically correct factual information, pure and simple."

Louise Voller, a journalist at the Danish Daily Information newspaper, has reported that pharmaceutical companies are present at meetings of WHO experts, and, that purportedly independent scientists hired by the WHO are also consultants to the drug companies that make the vaccines.

On Tuesday, WHO's Fukuda insisted that its swine flu scientists' were not tainted by their private sector associations. The reason, he said, is that before each meeting, scientists are asked to declare all possible conflicts of interest. "These documents are gone over and examined. If there is some potential conflict of interest we go back and talk with them."

WHO was initially set up to rely on funding from UN member countries, in recent years, this source has been rapidly overtaken by "voluntary contributions", which are provided by the private sector, national governments, and NGOs. According to WHO's 2008-2009 budget, $958 million was supplied by the UN, while three times as much - $3.2 billion - came from voluntary donations.

Dr. Wodarg told the Council on Tuesday that the shift towards public-private partnership which began in earnest in 2001 puts WHO officials under extreme pressure. "Already then there were very critical voices against the influence. [WHO's] administration is made of people not well paid who can't fight against the pay of people in and from the industry – they are simply swept aside...

[private] influence is rampant and that is why we can't understand why the WHO we used to love...has become unrecognizable to us."

Whether or not WHO officials are being bought off, clearly, the capacity and incentive of drug makers to lean on science are enormous.

Pandemic Profit

All US contracts for H1N1 vaccines went to just five companies: CSL Limited, Novartis, Sanofi Pasteur, GlaxoSmithKline, and MedImmune. All five also produced shots for either SARS or avian flu. When swine flu took full flight in the third quarter of 2009, these firms' earnings skyrocketed. But according to British MP, Paul Flynn, that was part of drug-makers plan.

Prior to winning any contracts, drug makers invested $4 billion in preparations for swine flu, he said. That investment may have gone to developing and patenting new, super-fast methods to create vaccines, such as using a bio-reactor to grow viruses, said Dr. Wolfgang Wodarg, former health expert for the Council of Europe. These patents were key to drug industry profits, since companies can charge much more for patented drugs than un-patented ones, Wodarg said.

"If you have a patent you can monopolize...and this is what industry did...The alternative is not to have vaccines patented...By decentralizing the production you could be as fast and you wouldn't have this small way you have to pass negotiating with one enterprise that has monopoly, or with four enterprises."

Food and Drug agencies in Canada, the UK, France, the US and elsewhere guaranteed vaccine manufacturers that they would be shielded from any lawsuits connected to the vaccines. This enabled companies to fast-track the testing process, reducing some trials to as little as 5 days.

Wodarg and others have also voiced concern that the hastily developed vaccines are not entirely safe. Adjuvanted vaccines, which contain a kind of immune booster shown to produce auto-immune responses in some children, were sold in parts of Europe and Canada, but banned in the US.

The private research group, Markets and Markets, estimated that the global, H1N1 vaccine market will be worth over $7 billion a year by 2011.

The incredible profits associated with outbreaks have sparked a wider shift in medicine from care to profit, according to Marcia Angell, M.D., former editor in chief of The New England Journal of Medicine and a senior lecturer at Harvard Medical School.

"Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself."

Angell reports that the drug industry spent around 14 percent of sales profits on research and development in 2000, while spending closer to 35 percent on "marketing and administration". How that expenditure breaks down is not public knowledge, but 35% comes out to a lot of money. For instance, Pfizer, GlaxoSmithKline, and Merck alone made $287 billion in 2007, according to the 2008 Pharma Report by IMS, a market intelligence firm.

The larger question begged by health agencies' bad data, and the media's dutiful reporting of it, is this: if fears are overstated every time there's a flu outbreak, when the public really does need a vaccine, who will believe the boys who cried wolf?

What's more, should the European investigations conclude that the WHO deliberately incited H1N1 paranoia to levels beyond reason in order to help drug makers, the implication is that both the private and public sectors need better oversight before being given any greater control over health care.

The Sydney Morning Herald

UN chief calls for treaty to prevent cyber war

The Sydney Morning Herald, 31 January 2010, 5:16 am
https://www.smh.com.au/world/un-chief-calls-for-treaty-to-prevent-cyber-war-20100131-n5t7.html

The world needs a treaty to prevent cyber attacks becoming an all-out war, the head of the main UN communications and technology agency warned Saturday.

International Telcommunications Union secretary general Hamadoun Toure gave his warning at a World Economic Forum debate where experts said nations must now consider when a cyber attack becomes a declaration of war.

With attacks on Google from China a major talking point in Davos, Toure said the risk of a cyber conflict between two nations grows every year.

He proposed a treaty in which countries would engage not to make the first cyber strike against another nation.

"A cyber war would be worse than a tsunami – a catastrophe," the UN official said, highlighting examples such as attacks on Estonia last year.

He proposed an international accord, adding: "The framework would look like a peace treaty before a war."

Countries should guarantee to protect their citizens and their right to access to information, promise not to harbour cyber terrorists and "should commit themselves not to attack another."

John Negroponte, former director of US intelligence, said intelligence agencies in the major powers would be the first to "express reservations" about such an accord.

Susan Collins, a US Republican senator who sits on several Senate military and home affairs committees, said the prospect of a cyber attack sparking a war is now being considered in the United States.

"If someone bombed the electric grid in our country and we saw the bombers coming in it would clearly be an act of war.

"If that same country uses sophisticated computers to knock out our electricity grid, I definitely think we are getting closer to saying it is an act of war," Collins said.

Craig Mundie, chief research and strategy officer for Microsoft, said "there are at least 10 countries in the world whose internet capability is sophisticated enough to carry out cyber attacks ... and they can make it appear to come from anywhere."

"The Internet is the biggest command and control centre for every bad guy out there," he said.

The head of online security company McAfee told another Davos debate Friday that China, the United States, Russia, Israel and France are among 20 countries locked in a cyberspace arms race and gearing up for possible Internet hostilities.

Mundie and other experts have said there is a growing need to police the internet to clampdown on fraud, espionage and the spread of viruses.

"People don't understand the scale of criminal activity on the internet. Whether criminal, individual or nation states, the community is growing more sophisticated," the Microsoft executive said.

"We need a kind of World Health Organisation for the Internet," he said.

"When there is a pandemic, it organises the quarantine of cases. We are not allowed to organise the systematic quarantine of machines that are compromised."

He also called for a "driver's license" for internet users.

"If you want to drive a car you have to have a license to say that you are capable of driving a car, the car has to pass a test to say it is fit to drive and you have to have insurance."

Andre Kudelski, chairman of Kudelski Group, said that a new internet might have to be created forcing people to have two computers that cannot connect and pass on viruses. "One internet for secure operations and one internet for freedom."

THE FLU CASE

"We need a World Health Organisation for the Internet", says Microsoft executive at Davos

The Flu Case, 2 February 2010
https://web.archive.org/web/20100220013344/http://www.theflucase.com/index.php?option=com_content&view=article&id=2684%3Aqwe-need-a-world-health-organisation-for-the-internetq-says-microsoft-executive-at-davos&catid=41%3Ahighlighted-news&Itemid=105&lang=en

"We need a kind of World Health Organisation for the Internet," a Microsoft executive at the World Economic Forum in Davos – attended by WHO's Director General Dr Margaret Chan – has said.

"When there is a pandemic, it organises the quarantine of cases. We are not allowed to organise the systematic quarantine of machines that are compromised," said Craig Mundie.

His call for a new system of control over the internet were backed by UN communications and technology agency.

No wonder.

Information about the UN's climate change scam and WHO's swine flu scam spread like lightening thanks to the internet, derailing the move to a one world government controlled by the international corporate "elite" and to be implemented with a simultaneous programme of depopulation using soft kill vaccines – and all this behind the smokescreen of misinformation spread by the controlled media.

The internet has proved to be extremely flexible and to be able reconfigure itself to channel information about the crimes of the new world order "elite", and it will continue to transform and adapt.

THE FLU CASE

Richard Creecy

Swindled by swine flu scare

The Flu Case, 4 February 2010 14:15

https://web.archive.org/web/20100415040859/http://www.theflucase.com/index.php?option=com_content&view=article&id=2692%3Aswindled-by-swine-flu-scare-by-richard-creecy&catid=1%3Alatest-news&Itemid=64&lang=en

We heard the warnings last fall about the newest threat for Americans. A plague was predicted to descend on us all as if we had told Moses where his people could stick it. But the H1N1 virus, better known as swine flu, did not bring about widespread death and panic. And as the dust settles from the media fueled panic, the true facts about this supposed pandemic start to emerge.

According to the Centers for Disease Control and Prevention, the H1N1 virus is a type of influenza virus. Its symptoms are virtually identical to that of the seasonal flu, with the exception of certain respiratory complications which infrequently occur. Both of the viruses are contagious person-to-person in similar ways. In fact, the reason why this type of flu virus has the nickname "swine flu" is that the H1N1 virus is genetically similar to the type of flu that occurs in pigs in North America. Humans, as hapless incubator tubes, are left with a disease that looks like the flu, spreads like the flu and is easily treatable, like the flu.

But are students, or any other Americans really at risk from this up and coming pestilence? Let's look at the statistics. There have been 405,140 confirmed cases of the H1N1 virus in the U.S. to date, with 4,545 fatal cases. That does not sound too scary considering there are 304,059,724 people living in America, which means that this disease has affected .13 percent of all Americans. Of the .13 percent of Americans who caught the disease only 1 percent ended in death. To put those numbers into perspective, you have the same statistical percentage chance of dying from H1N1 than you do from being crushed or eaten by a non-venomous reptile in the continental United States. So unless you wrangle pythons or alligators at a zoo, it seems as though most people are relatively safe from catching the H1N1 flu.

Now I am not marginalizing the people that have been affected by this disease, or the families of the people who have died. What I am saying is the hype around the "deadly new" H1N1 disease is just that – hype. Remember when bird flu, aspartame and drinking from reused water bottles brought humanity to a grinding halt? Neither do I. This is another example of what some people call a "slow news day," when the media powers that be grab something innocuous and cram it down our collective throats, whipping everyone into a panic.

The result of all this media attention is evident in our society, as disinfectant sprays start boosting the H1N1 killing power and relatively untested vaccines start getting handed out like candy. According to the Centers, 800,000 units of the vaccine designed for infants ages 6-35 months have been recalled. The recall was due to instability issues with the batches. The vaccine may also be linked to Guillain-Barre Syndrome, an extremely rare auto-immune disorder that normally affects roughly one or two in 100,000 Americans.

The H1N1 flu campaign has seemingly caused more trouble than the actual disease. With schools closing and fearful parents inoculating their children with a vaccine that might cause a worse disease, it would seem that fear caused as much damage as the disease. The next time you hear about the new super bug or other sinister threat descending upon America remember this: what does not kill you, makes you stronger.

UK Parliament

Baroness Thornton

Swine Flu: Statement

UK Parliament, 4 February 2010
https://hansard.parliament.uk/lords/2010-02-04/debates/fbca7e23-07a8-402a-8b00-173e7ed204e7/WrittenStatements

My honourable friend the Minister of State, Department of Health (Gillian Merron) has made the following Written Ministerial Statement.

With the global spread of the swine flu virus, the World Health Organization declared a pandemic on 11 June 2009. In response to increasing pressures on front-line National Health Service and social care services, the National Pandemic Flu Service (NPFS) was activated on 23 July 2009. This was to provide a self-care service for people to assess their symptoms and, if necessary, to access antiviral medicines rapidly from antiviral collection points.

The department is today announcing the decision to stand down the NPFS with effect from 1 am on 11 February 2010. This is being done in response to the steady reduction in the estimated number of swine flu cases in the community, and is in line with our overall aim of ensuring that the operational response is appropriate to the level of threat posed by the virus. General practitioners and primary care trusts have indicated that they can now manage the clinical caseload themselves. As we did with the launch of the NPFS, we are now standing it down with the full support of the key professional bodies (the Royal College of General Practitioners – RCGP – the British Medical Association – BMA – and appropriate pharmacy organisations).

We will continue to monitor the spread of the swine flu virus, and, should it become necessary, the NPFS can be re-activated in seven days. Anyone who suspects they have swine flu from 11 February will be advised to contact their doctor for assessment of their symptoms; the doctor will issue an antiviral authorisation voucher if needed. For the time being, antivirals will continue to be collected through antiviral collection points. People with swine flu should ask their flu friend to collect their antivirals on their behalf. Antivirals will continue to be issued to patients with swine flu symptoms, under this system, free of charge until at least the end March 2010, the end of the seasonal flu period.

Many people have felt reassured by the fall in disease incidence, and the relatively mild illness that has characterised most people's infections. Deaths, however small relative to previous pandemics, are tragedies for families and vaccination could help avoid them. The current vaccination programme is continuing and we must remain vigilant. We have therefore asked GPs to make further contact with people in the priority groups who are at higher risk from the disease and who have not yet had the vaccine. These include individuals aged over six months and in the seasonal at-risk groups; pregnant women; those who live with immuno-compromised individuals; and children aged over six months and under five years and eligible front-line health and social care workers. Good progress has been made in delivery of the vaccination programme to date but we must not be complacent. It is important that people in these groups continue to receive the vaccine, as it offers the best protection against the virus.

I would like to record my thanks to all those involved in setting up and running the NPFS. It has broken new ground in healthcare delivery and has played an important role in our response to the swine flu pandemic. With the support of the RCGP, the BMA, and the pharmacy organisations, the NPFS has been very successful in easing pressure on primary care services during the busiest times of the pandemic, allowing GPs to focus on those most ill and ensuring high volumes of people get access to antiviral medicines, when they need them.

MailOnline

Jenny Hope

It's official, the swine flu 'pandemic' is over (shame it cost us £1billion and scared thousands witless)

Daily Mail, 4 February 2010, 23:29 GMT
https://www.dailymail.co.uk/news/article-1248473/Swine-flu-panic-national-website-helpline-shut-down.html

The swine flu pandemic, which has cost the nation more than £1billion, was declared over yesterday.

With the number of new cases plummeting, health chiefs announced the 24-hour flu helpline will close down next Thursday.

Critics said the seven-month outbreak had been mishandled by ministers and health officials, who had made a flawed assessment of the threat.

Swine flu has killed 411 Britons, with 124 more still in hospital - yet the 5,000 cases a week are far below the average for seasonal flu.

Chief Medical Officer Sir Liam Donaldson had warned the pandemic might claim 65,000 lives and Health Secretary Andy Burnham said 100,000 could be struck down with the disease every day.

Total cases stand at 800,000 so far. Around the world, an estimated 14,000 deaths have been reported - a fraction of the number dying each year from ordinary flu.

The Government is thought to have ordered tens of millions of doses of vaccine.

So far only 4.25million have been administered to priority groups in England.

Sir Liam is still urging the vulnerable to have the jabs.

He insists the vast cost of tackling the pandemic has been justified, from the £1billion cost of vaccines and antivirals to the £10.4million spent on publicity.

The National Pandemic Flu Service, which cost a further £13.5million to run, allowed patients to bypass their GP and collect antiviral drugs after a telephone assessment.

Launched in July last year and employing 1,500 call centre staff, it led to 1.1million courses of antivirals being administered to patients - many of whom never had swine flu, according to research.

Anyone suspecting they have swine flu can still get antiviral drugs from their GP, while those in at-risk groups, including children under five, can receive a vaccination.

Sir Liam said: 'When the virus returns I would very much like to see young children already protected.

'From now on, most deaths from the pandemic flu virus should be regarded as potentially preventable.'

WHAT THEY SAID

Health Secretary Andy Burnham:

"Cases are doubling every week and we could see over 100,000 cases per day by the end of August"

July 2 2009

Chief Medical Officer Sir Liam Donaldson

"The NHS is planning for up to 65,000 deaths as a reasonable worst case scenario"

July 16 2009

BY NUMBERS

£1bn spent by UK on vaccine, antivirals and other drugs

£13.5m spent on the telephone call service

132m vaccine doses ordered by the Government

4.25m doses administered

140,000 pregnant women vaccinated

800,000 swine flu cases reported

411 deaths in Britain so far

13 deaths in pregnancy

23 deaths among children

30% of victims had no underlying health problems

29 patients still in critical care

£4bn estimated windfall profits for drug firms

A spokesman for the Department of Health said: 'Our priority remains to vaccinate those most at risk from swine flu, as people are still in hospital from the virus.

'This is the first time we have had a vaccine to protect people while a pandemic virus has been circulating, so it has undoubtedly helped us save lives.'

However, the bumper revenues being reported by vaccine manufacturers - £4billion in windfall profits is predicted - have led to claims that the World Health Organisation fell under the influence of the industry when it declared a pandemic last June.

Matthew Elliott of the Taxpayers' Alliance said: 'The Government's reaction to swine flu has proved to be excessive and poorly managed.

'It beggars belief that they could have signed so many massive contracts with such a flawed assessment of the threat.'

But John Oxford, professor of virology at Bart's and The London Hospital, defended the flu strategy.

'Swine flu is behaving in a classic Darwinian fashion – the survival of the fittest – and has already displaced 98 per cent of the other flu viruses,' he said.

'My worry is that when it gets into the elderly next year, we could see many more deaths.

'We should be proud that Britain responded in a way that prevented many more cases and deaths.'

INFORMATION LIBERATION

UK to shut down National Pandemic Flu Service

Information Liberation, Daily Mail, 4 February 2010, 1:24 PM
https://www.informationliberation.com/?id=28800
https://web.archive.org/web/20100211124236/http://www.theflucase.com/index.php?option=com_content&view=article&id=2691:uk-to-shut-down-national-pandemic-flu-service&catid=1:latest-news&Itemid=64&lang=en

The National Pandemic Flu Service will be stood down in response to the 'steady reduction' in the number of cases of swine flu, it was announced today.

In what will be interpreted as a sign that the outbreak in Britain is largely over, the flu hotline and website will be switched off on February 11.

Cases have been falling steadily and most people who have become ill have suffered relatively mild illness, although Sir Liam Donaldson, the Chief Medical Officer, has warned against complacency.

Health Minister Gillian Merron said the NPFS could be re-activated in seven days should it be needed.

People who suspect they have swine flu will be directed to their GP instead of the antiviral collection points from next week, she added.

In a written ministerial statement to MPs, Ms Merron said: 'The Department is today announcing the decision to stand down the NPFS with effect from 1am on February 11 2010.

'This is being done in response to the steady reduction in the estimated number of swine flu cases in the community and is in line with our overall aim of ensuring the operational response is appropriate to the level of threat posed by the virus.'

Ms Merron said GPs and Primary Care Trusts (PCTs) were now able to manage the swine flu caseload themselves and the decision to close down the service was taken with the 'full support' of the professional bodies.

She said people had felt 'reassured' by the fall in the numbers of patients getting the illness but warned: 'The current vaccination programme is continuing and we must remain vigilant.

'We have therefore asked GPs to make further contact with people in the priority groups who are at higher risk from the disease and who have not yet had the vaccine.'

These included children between six months and five years, pregnant women, those with compromised immune systems and frontline health workers.

She added: 'Good progress has been made in delivery of the vaccination programme to date but we must not be complacent.

'It is important that people in these groups continue to receive the vaccine as it offers the best protection against the virus.'

Figures released last month showed the number of cases of swine flu remained below 5,000 for three weeks in a row.

A total of 3.7 million priority groups in England have been vaccinated, including 132,000 pregnant women and 214,000 children aged from six months to five years, according to the Department of Health's figures.

But in a letter to the NHS last week Sir Liam warned: 'It is extremely important that we do not allow the current low levels of influenza-like illness and the stand-down of the NPFS to lead to a sense of complacency.

'There is still considerable uncertainty about how the virus will behave over the coming months and years.

'Experts advise us that it is likely that pandemic H1N1 (2009) will be the predominant flu virus in the 2010 influenza season. The 2010 season may come earlier than usual and there may be outbreaks sparked by returning travellers from countries affected by the Southern Hemisphere flu season which starts quite soon.

'There is also a risk that the genetic composition of the pandemic H1N1 (2009) virus will "drift" during its passage through the world and return to the United Kingdom to cause a more severe illness.'

SWI swissinfo.ch

Fin de la pandémie de grippe A/H1N1

SwissInfo Ch, 5 February 2010, 18:55

La pandémie de grippe porcine arrive à son terme en Suisse, a annoncé l'Office fédéral de la santé publique. Les activités de l'office vont reprendre leur "courant normal". Le virus H1N1 a tué 18 personnes.

Depuis le pic de la pandémie en décembre, le nombre de cas de personnes ayant contracté la grippe porcine diminue constamment. Le virus est toujours actif, mais la pandémie arrive à sa fin, a indiqué Patrick Mathys de l'OFSP.

Environ 1,3 million de personnes se sont fait vacciner en Suisse contre la grippe porcine, a indiqué de son côté Virginie Masserey, directrice de la section vaccins de l'OFSP. C'est approximativement le même chiffre que pour les vaccinations contre la grippe saisonnière.

"Nous levons les mesures de crise", a-t-elle ajouté. Une évaluation externe est actuellement en cours d'élaboration.

Selon les chiffres à disposition de l'OFSP, 561 personnes ont été hospitalisées à cause de la grippe porcine. Le chiffre réel est certainement plus élevé, estime l'office. Une centaine de malades ont été traités au soins intensifs. Il y a eu 18 victimes.

THE FLU CASE

Swiss government says swine flu pandemic almost over

The Flu Case 8 February 2010 15:00

Government health officials in Switzerland have said that swine flu pandemic is coming to an end in the country after peaking in December.

The swine flu virus killed 18 people, according to the official statistics.

Virginie Masserey, director of vaccines at the Federal Office for Public Health, estimated that 1.3 million people in Switzerland took the jab.

The New York Times

Donald G. McNeil Jr.

Most Americans think Swine Flu Pandemic is Over, a Harvard Poll Finds

New York Times, 6 February 2010
https://www.nytimes.com/2010/02/06/health/06flu.html

Most Americans do not intend to get the swine flu vaccine, assume the pandemic is over and think the flu threat was overblown, according to a poll released Friday by the Harvard School of Public Health.

As of the end of January, only about a fifth of all Americans had had swine flu shots, according to that poll and data released separately by the Centers for Disease Control and Prevention.

And, even though this flu hit children and teenagers the hardest, only about 40 percent of them have had the shots. That figure could improve because 13 percent of adults surveyed by Harvard told pollsters that they still intended to get their children vaccinated. If they do so, slightly more than half of all the country's children will have been vaccinated, though many young ones who should have had two shots got only one.

Most parents who did not get shots said they felt the threat had passed. The second-most-common reason was fear of the vaccine, even though monitoring of the first 60 million doses showed no unusual rate of side effects.

"A steady core of adults" has resisted all warnings and appeals from public health officials, said Robert J. Blendon, director of opinion research at Harvard's School of Public Health, which has done several polls with C.D.C. financing since the outbreak began.

Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, said he "was not surprised" by how few got shots.

"But that could all change overnight if we get a third wave in late February — and we still could," he added. "That would make this half-time data, not end-of-the-game data."

Dr. Anne Schuchat, the C.D.C.'s director of immunization and respiratory disease, who in early January urged all Americans to get shots because they had finally become plentiful, put a brave face on the low figures, saying she was "encouraged" because more children got shots than ever previously got regular flu shots and because many got them at school for the first time. If that became routine, it could lead to much wider flu protection because schoolchildren often are the vectors that infect their families.

"I, of course, hope we can do better in future years," Dr. Schuchat said.

Across the country, flu activity is below normal for this time of year, she said, although hospitalizations and deaths continue. Nine children died of confirmed swine flu in the last week of January, according to weekly data released Friday. The C.D.C. estimates that about 1,000 children have succumbed to it since April.

The new strain continues to “crowd out” seasonal flu this winter. Only 2 out of 119 samples subtyped were not swine flu, according to the agency’s weekly FluView report.

The data contain one anomaly officials cannot explain: For the third week in a row, the proportion of all death certificates in the country listing pneumonia as the cause of death was well above normal. A week ago, New York City officials noted the same phenomenon, and they are investigating it.

Epidemiologists do not know what caused the pneumonia deaths, which are mostly in elderly patients. Most patients, even in hospitals, are never autopsied. Usually to find the cause of the pneumonia doctors must get a sputum sample to culture in a laboratory, which requires pushing a tube deep into a patient’s lungs. Doctors usually spare patients that ordeal and just keep changing antibiotics, hoping to find one that works. Over half the time, even lung samples grow out nothing that explains why a patient died.

What samples the C.D.C. knows of, Dr. Schuchat said, were routine germs like rhinovirus and respiratory syncytial virus.

The Harvard polling data was of 1,419 adults, including 377 parents, and had a margin of error of three percentage points for the total response. It found that 21 percent of those polled had been vaccinated, and 15 percent intended to by the end of February. Of the parents, 40 percent had had their children vaccinated, and 13 percent intended to.

The centers estimated that 23 percent of all Americans had been vaccinated, and 37 percent of all those under 18 had. It polled 4,110 people and said the margin of error was three percentage points for the estimate of all Americans vaccinated and seven percentage points for the estimate on children.

In Harvard’s poll, 59 percent rated the response by public health officials to the swine flu pandemic “good” or “excellent.”

More than three-quarters remembered seeing or hearing some sort of public health announcement urging them to get vaccinated.

Information

Louise Voller

WHO chair: flu advisers risk persecution
WHO-formand: Influenzarådgivere risikerer chikane
Translated by Ulla Danielson

Information, 7 February 2010, 21:35
http://www.information.dk/223866

De hemmelige H1N1 influenza-rådgivere risikerer chikane fra medicinalindustrien, hvis offentligheden kender deres identitet, siger formand for WHO-komité. Han afviser selv at være inhabil trods sine bånd til vaccineproducenter ...

The secret HI1N1 flu advisers risk persecution from the pharmaceutical industry if the public get to know their identity, says the chair of a WHO committee to the Danish daily newspaper *Information*. He denies that his links to the vaccine producers should disqualify him as advisor.

The names and financial interests of the H1N1 flu experts who were behind the decision of WHO Director General Margaret Chan to declare a pandemic emergency have until now been kept secret.

However, the name of the head of a key secret emergency committee has emerged, and it turns out, that the chair has financial links to several pharmaceutical companies. The professor himself, Dr. John Mackenzie, rejects that this should disqualify him.

What reasons are there to keep the names secret?

"Most committees in WHO are open but there are no reasons to fear pressure on them. When it comes to the emergency committee, there is reason to fear pressure from pharmaceutical companies. That's why it's a good idea to keep the names secret during the period where we have an emergency situation,"says the professor from University of Curtin in Australia, who is now in retirement.

Emergency committees are only established in the event of a potential threat against the interna-tionational public health on the decision of Director General Margaret Chan to whom such a committee also refesr directly. Accordingly, the H1N1 emergency committee was established on April 25, 2009, when several infected people and several deaths in Mexico and the USA created concern about a coming epidemic. The committee recommended that Margaret Chan declared a pandemic emergy on June 11th, a decision which triggered the implementation of existing contracts between vaccine producers and governments. Following this step the production of millions of vaccines started.

Necessary "keeping the names of the members secret is a good idea because it has to be avoided that they get to feel the ire of the producers of vaccines or other firms involved in the pandemic emergencies. When the pandemic is over, the names should be made public," that is the opinion of Dr John Mackenzie.

Transparency is also about making potential financial conflicts of interest public. Have you done that in the case of WHO?

"Every member of the emergency committee has to declare their potential conflict of interest to WHO. Personally I have not been involved with the pharmaceutical industry since the middle of the 1970's."

As chair for the Australian Society for Microbiology you have collaborated with pharmaceutical companies like Abbott, Biomérieux, Roche and Wyeth, who by means of sponsorships have permanent membership of the society. According to the homepage the industry gets “access to australia’s largest network of microbiologists” as well as “access to 20 groups of interest inside microbiology”?

“I personally have not received any money, therefore, I cannot see how I could be in a conflict of interest”.

On February 25th-28th, the 8th Asia Pacific Congress for Medical Virology is taking place. The meeting is sponsored by Glaxosmithkline, Biomérieux, Crucell, Roche, Sanofi-pasteur, Solvay Biologicals, all of whom produce vaccines and flu remedies. What is your role?

“I participated in the start of the organization. Today I am a member of the advisory board. But we have no contact to the people arranging the congress. And even if I took part in arranging the congress, it does not mean, that pharmaceutical companies have influence on me simply because they sponsor one of the speakers. Tere is no personal gain here,” says the professor and continues:

“It is precisely like conferences taking place inside any other industry. The companies sponsor in order to be allowed to expose their names. They have no influence on the activities going on.”

The same vaccine producers, who finance a congress that you arrange have contracts worth millions that are activated when WHO declares a pandemic. A decision you influence directly. Don’t you see a potential conflict of interest for you personally?

“It is important to underline that the emergency committee acts only as adviser to the Director General Margaret Chan. We have nothing to do with vaccines. Personally, I have not worked with vaccine producers for 30 years.”

No influence

How do you explain the secrecy surrounding the emergency committee in connection with your actual saying that the producers of vaccine have no influence?

“Particularly with the swine flu, there have not been so many producers of vaccine, and therefore there has been no great pressure on the committee. But in case a new unknown virus should appear, many pharmaceutical companies will try to market new pharmaceuticals, and accordingly the pressure on the committee will be enormous. Therefore it is sensible to ask for secrecy concerning the names of the members but the names will be published as soon as the pandemic is over.”

What is the status of the H1N1 pandemic?

“During the latest weeks it has seemed that the pandemic is flattening out in the northern hemisphere. We are still a little worried for the southern hemisphere because the flu season is approaching, and therefore we follow the events closely. Personally, I believe the pandemic is almost gone, but one of the problems with a virus like the flu is that it behaves in unexpected ways. Therefore we always have to expect the unexpected. Therefore, we maintain the same level of pandemic.”

THE FLU CASE

Head of key WHO Emergency Committee has links to Big Pharma, reports Information

The Flu Case, 23 February 2010, 16:14

https://web.archive.org/web/20100301040134/http://www.theflucase.com/index.php?option=com_content&view=article&id=2805%3Ahead-of-key-who-emergency-committee-has-links-to-big-pharma-reports-information&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Denmark's Information reports that the head of a secret emergency committee that advised WHO chief Dr Margaret Chan to declare a pandemic emergency level 6 on June 11th 2009 is a biosecurity professor at Curtin University in Australia, Dr John McKenzie, who has links with pharmaceutical companies.

Mackenzie has ties to vaccine manufacturers both in his capacity as chair of Australia's microbiology society and also as an organiser of congresses sponsored by Big Pharma.

The decision to declare a pandemic emergency level 6 triggered lucrative pandemic vaccine contracts that vaccine producers had sealed with governments.

The report also reveals;

* the emergency committee first convened on April 25th, just days after the first cases of the mild swine flu were first reported and even though only a handful of deaths had been attributed to the virus in Mexico and in the USA

* Mackenzie himself does not believe the swine flu virus is "new, unknown" virus, thereby undermining the reason for declaring a pandemic emergency in the first place

* that Mackenzie believes the members of the emergency committee would be subject to pressure from Big Pharma if there names were known, thereby indirectly confirming the influence of Big Pharma

NEWS24.com

SWC swine flu warning

News 24, 8 February 2010, 21:33

https://web.archive.org/web/20100212052110/http://www.news24.com/Content/SouthAfrica/News/1059/bc7224c9bbf348fdbe8d6726a681509b/08-02-2010-09-33/SWC_swine_flu_warning

Johannesburg - South Africans should not be complacent about swine flu ahead of the Fifa 2010 World Cup as it remains a grave worldwide health threat, Netcare Travel Clinics warned on Monday.

Dr Pete Vincent of the Netcare Travel Clinics said in a statement that the dangers of swine flu or the H1N1 virus, which has already claimed more than 14 700 lives around the world, should not be underestimated.

"The H1N1 virus could well make a big return to South Africa during our next flu season," he said.

"We will have a lot of people visiting the country over the period of the World Cup. Therefore, the conditions for a rapid spread of the virus will be good."

Evident in many countries

Vincent said that while the pandemic was now past its prime autumn and winter peak in many parts of the northern hemisphere, it was still evident in many countries.

He said as a result, South Africans should be ready for swine flu during the World Cup this winter.

Vincent's warning comes as the department of health planned an extensive swine flu vaccination drive of about a million people in March prior to the World Cup.

"The more people are vaccinated against the illness, the greater the protection afforded to the community and visitors to our country. Clinics and pharmacies will also stock the vaccine," Vincent said. "Those who intend travelling now or later in the year should also consider having the vaccination."

"One does not want to get sick while travelling and especially in places where you may not be able to get adequate medical support," Vincent said

=>

WHO says swine flu threatens World Cup in South Africa

The Flu Case, 10 February 2010

https://web.archive.org/web/20100220013624/http://www.theflucase.com/index.php?option=com_content&view=article&id=2726%3Awho-says-swine-flu-threatens-world-cup-in-south-africa&catid=1%3Alatest-news&Itemid=64&lang=en

WHO and the International Football Federation (FIFA) say the mild swine flu virus could threaten the World Cup to be held in South Africa in June 2010 and WHO is urging people to take the swine flu jab, according to local media.

South Africa has already ordered 1.3 million doses of swine flu vaccines and WHO is to donate another 3 million doses for use during the World Cup.

The South African Government, WHO and theFIFA are working closely together on a vaccination strategy.

Jon Rappoport

Swine Flu & Fake Epidemics: Medicalisation and the Push for Global Management

New Down, 10 February 2010

https://web.archive.org/web/20100509164259/http://www.newdawnmagazine.com/articles/swine-flu-fake-epidemics-medicalisation-and-the-push-for-global-management

The Council on Foreign Relations (CFR), headquartered in New York, is one of the key power centres pushing Globalism for All. As I've been writing for some time, medical programs are a clever and deceptive strategy for advancing this goal – the coagulation of Earth under one system of political management.

Global control is not a "right-wing" fantasy. It's an objective much like the European Union, only writ much larger. Gradually, through attrition, sovereign nations decay under a super-bureaucracy that makes all the rules, issues the currency, and, over time, runs a tighter and tighter ship.

The outer shell of the CFR, founded 90 years ago as a Rockefeller plantation of control, is made up mostly of pundits and funded fellows and business leaders and politicians who look and sound like pompous blowhards. Which they are.But behind this mask, the inner CFR core designs schemes that could draw us all under the umbrella of de facto international control.

On October 16, 2009, the CFR held a symposium titled: *Pandemic Influenza: Science, Economics, and Foreign Policy.*

Much of the information in this symposium report is window dressing. However, it's worth noting a few comments made by presenters:

"*Laurie Garrett***,** senior fellow for global health at the Council on Foreign Relations, said at the October 16, 2009 New York symposium that amid the array of unknowns surrounding the H1N1 virus, one certainty is that 'this is a worldwide event and it is occurring in the dawn of our age of globalisation.' Garrett added, 'It's a darn good thing we are dealing with a relatively mild flu this time, because clearly we are ill-prepared at this moment for a more virulent or more dangerous virus, either if this one takes on a more dangerous form… or if a second totally different virus does emerge.' *Helen Branswell* of the Toronto-based *Canadian Press* agreed: 'We thought we were preparing for a more serious (bird flu H5N1) issue, but we are in fact not prepared for a mild one." (Pandemic Influenza: Science, Economics, and Foreign Policy**,** Symposium Rapporteur Report, October 16, 2009, => https://web.archive.org/web/20091030094946/www.cfr.org/content/publications/attachments/LG_Pandemic_Symposium_101609_rapporteur_report.pdf

So two points were established early on: the Swine Flu is a mild disease, not a pandemic by any sensible definition; and leaders of "our age of globalisation" must be prepared for a more drastic disease event by taking worldwide measures now.

This latter issue is highlighted by another contributing CFR speaker:

"It was the overarching consensus of the symposium, first forwarded in the gathering by *Financial Times* correspondent **Andrew Jack** of London, that the current pandemic must serve as 'a teachable moment', focusing expert attention on the inherent contradictions in global governance of health issues, inequities in world access to vaccines and medical supplies, weaknesses in planning and management of epidemics with worldwide risks for economics and politics, and the public's respect for science and public health."

Andrew Jack thus punches up the notion that solutions to so-called global health problems can only be attained through international means.

Medical Crises and Global Governance

The report continues: "[Robert] Rubin [former US Secretary of the Treasury and Co-Chair of the CFR] noted that the increased global interdependency of the current economy has changed the game for pandemic responses in the United States, leaving only one option: 'If the United States, and the world global economy, is going to be moderately well-prepared for this, there has to be an enormous amount of planning and agreed-upon processes and regimen decisions *before* the [pandemic] hits'."

These speakers are talking about a *vast* system, a medical bureaucracy that can oversee planning and execution of "epidemic control" on a global scale.

Laurie Garrett then makes a pitch for equitable redistribution of wealth among nations:

"Moderator Garrett said: 'We have globalised [epidemic] risk and threat today, but not globalised benefits. So the whole world shares the risk of pandemic influenza, but only a small percentage share vaccines, medicines and treatments'."

Who would make those wealth-redistributing decisions from the top? Who would allocate money and drugs and vaccines and doctors from Greenland to Tierra Del Fuego? There is only one answer: an internationally organised body that could override the wishes of sovereign countries.

Then John Lange sounds a sour note of failure in this regard:

"In face of profound scientific and economic insecurities, important foreign policy decisions must be made by the United States to address the globalisation of pandemic *protection* and benefits, as well as threat. Ambassador **John E. Lange**, of the Bill and Melinda Gates Foundation and former Special Representative on Avian and Pandemic Influenza for the State Department, said international coordination in response to the H5N1 pandemic [another mild flu season] of the 1990s paved the way for today's response to H1N1. Nevertheless, Lange said, little has been done to move towards a more institutionalised global response, due as much to a lack of political will as to strained resources, in spite of high expectations."

Lange thus draws the problem. The US has lagged behind. The US is not eager enough for "a more institutionalised global response." The US doesn't want to cede power to some agency like the World Health Organisation (WHO).

Another speaker takes off the mask and drives home Lange's point harder:

"*Canadian Press*' Branswell doubted how feasible it will be for countries such as the United States and Canada to deliver on these expectations. At the heart of the debate is the issue of sovereignty, which may prevent states from carrying through with their agreements in the face of pandemic pressure, instead choosing to nationalise local supplies of vaccines, masks, protective gear and other medical supplies. Conversely, sovereignty has been invoked as the basis for refusing to share samples of dangerous flu viruses with WHO and international scientists, and for declining outside inspections of local outbreaks."

Surrendering National Sovereignty

Well, there it is. It doesn't take a genius to read between the lines. The surrender of national sovereignty is necessary if the world is going to deal with encroaching waves of pandemics. Nations will have to give up their independent status in these situations – and you can be sure that the international body formed to govern epidemic disease will be permanent. No one is stupid enough to think that the enormous effort and time and money needed to establish such a bureaucracy would fade away after the latest and greatest pandemic. Control would transfer now and in the future.

Medical crises, in this way, translate into further steps along the way to global governance.

Before citing more statements from the CFR symposium, let me offer some numbers on these "waves of world illness" we have endured over the last 15 years or so. *Keep in mind that epidemics are the primary justification for internationalisation of a medical monarchy.*

Total cases and deaths:

SARS – 8,096 cases – 774 deaths.

West Nile – 27,836 cases – 1,088 deaths.

Bird Flu – 262 deaths.

Swine Flu – On April 26, 2009, with 20 cases of Swine Flu in the US and no deaths, the US Dept. of Health and Human Services declared a nationwide public health emergency.

The WHO changed its definition of pandemic so that "enormous numbers of deaths and illness" was removed from the definition. This happened in May 2009.

Thus far, WHO estimates about 8,200 deaths from Swine Flu, worldwide. That would average out to about 15,000 deaths for the year. But the CDC claims 36,000 people die every year from *ordinary flu* in the US alone.

So far, the global count of Swine Flu cases is 587,653. Yet WHO states, "Every winter, tens of millions of people get the [ordinary] flu. Most are only ill and out of work for a week, yet the elderly are at a higher risk of death from the illness. We know the worldwide death toll exceeds a few hundred thousand people a year…"

Fear Mongering New Diseases

So why is Swine Flu a pandemic, and why is ordinary flu not a pandemic?

Fear mongering is about NEW diseases. That's why.

It gets worse.

In early November, an explosive report by Sharyl Attkisson hit the CBS News website: Of all the probable or suspected swine flu cases in California actually tested by state labs since July 2009, based on 13,704 tests, only 2% of the patients had Swine Flu. 12% had some other kind of flu. And a whopping 86% didn't have flu at all.

In Florida, based on 8,853 tests for suspected/probable Swine Flu, only 17% had Swine Flu. 83% were negative for other flu. So 83% didn't have ANY kind of flu.

In Alaska, based on 722 tests for suspected/probable Swine Flu, only 11% had Swine Flu. In Georgia, based on 3,117 tests, only 2% had Swine Flu.

My point here is this: All these recent "epidemics" have been outright fakes. The numbers of cases and deaths are miniscule compared with older traditional illnesses – for which no pandemic emergencies have been declared.

Therefore, when the CFR is talking about globalising pandemic responses, and nations surrendering their sovereignty, it's all based on an epidemic cover story that is patently false. It's like saying, "The sky is falling. You have to lend all your support to the construction of a dome that will shield us from the lethal debris. A global 'health czar' will be in charge of building and maintaining the dome, and all governments must bow to his orders, which are given to protect everyone."

Continuing now, with the CFR symposium report: We come to the toxic portion of the issue. In many nations, there has been vigorous debate over the use of so-called adjuvants in flu vaccines. One such substance, squalene, has been banned in several countries, because it can have dangerous effects. But the CFR would apparently like to override this question and promote universal use of squalene in vaccines, despite the glaring fact that Swine Flu itself is so mild the risks of the vaccine far outweigh its need.

"While recently the Obama administration brokered a deal among eleven wealthy nations to donate 10 percent of their vaccine supply of H1N1 to WHO for use in developing countries, Canada has not signed on, in an uncharacteristic decision… On the other hand, the Obama administration has refused the use of adjuvants, which are used in Europe, Canada and Japan to stretch out the antigen supply for wider global use, causing Lange to question the role of the United States as a true 'global player'. Adjuvants help trigger the immune response, allowing dilution of precious flu antigens so that upwards of ten times as many people can be immunised with the same antigen supply. If the US were using adjuvant in its H1N1 vaccines, the country could be in a position to offer sufficient surplus product to WHO to bring the agency's supply for poor countries up by hundreds of millions of doses."

Not "a true global player." That epithet carries considerable weight in CFR and allied circles. It means, "Let's watch this person. If he wants our support, he's going to have to change his tune. Let him understand that."

Combating "anti-vaccine hype"

Finally, the CFR report takes a swipe at people who are educating themselves on the historical toxicity of vaccines. And here, it does:

"The public perception of swine flu has further complicated the issue, causing both public doubt and panic at the same time. Branswell fears that 'the WHO has lost control of the message', allowing misinformed threats, such as the current anti-vaccine hype, to resonate around the world as the scientific community races to catch up with the facts.

"The last great flu pandemic of 1968 occurred in a deeply divided world, where entire regions of the planet were no-travel zones for billions of people. It was an era of telephones and posted mail, evening newscasts, and morning newspapers. Both viruses and information spread comparatively slowly.

"Though today the vaccine methods of production and distribution mirror those practiced a half-century ago, the age of globalisation has ushered in rapid human and animal travel, leading to worldwide spread of viruses. The internet has similarly opened the door to viral spread of disease truths, half-truths and outright lies. Thankfully, the mild H1N1 has offered the world community an opportunity to see these 21st Century challenges without simultaneously experiencing worst-case outcomes. It is a teachable moment, but it remains to be seen whether – on both global and local scales – governments, companies and individuals are learning."

Twenty years ago, when I was writing my first book, *AIDS INC.*, I realised that medical propaganda could be used as a pre-eminent tool in controlling populations, because doctors and public health bureaucrats exude an air of political neutrality.

These esteemed figures appear to have no agenda of a political or economic nature. They speak as minor saints. They always "care and share." When they say citizens must take certain actions to protect themselves and their loved ones, they speak with great authority.

Under that flag, much destruction can be wrought. For example, in certain areas of Africa, people have been dying from the same causes for hundreds of years: protein-calorie malnutrition; outright starvation; gross lack of sanitation; overcrowding; contaminated water supplies; abject poverty; no hope; and more recently, vaccines and medical drugs which, administered to people whose immune systems are already devastatingly compromised, can be lethal.

At the root of these causes is stolen land. Colonisation by governments and then mega-corporations, and brutal repression by local dictators – such controllers want to conceal their own naked actions, and they also want to keep hidden the actual immediate causes of death in Africa – the causes they, the controllers, invoke and maintain.

What better way to reframe this incriminating picture than to claim that a few politically neutral germs are the agents of death. Then, you can build a few showplace hospitals, bring in a bevy of doctors, set up a lab or two and demand that pharmaceutical companies donate medicines for the suffering. Meanwhile, no one cleans up the water, no one restores good land to the dispossessed, and no one alleviates the massively overcrowded living conditions.

Isolate any germ under the sun, give any medicine, as long as the fundamental horrendous facts of life remain the same, people will die in great numbers, and those in control will remain in control.

WHO & CFR: Globalise "humanitarian solutions"

The CFR is part of a sophisticated operation to globalise "humanitarian solutions" under the rubric of medical care. Its main ally is the World Health Organisation, an agency of the UN. Near the close of World War II, members of the CFR were, in fact, tapped to write the basic outline of the soon-to-be created UN.

The WHO is on the march. It is trying to insert itself and its rulings and demands into the governments of many nations. In 2003, it won its biggest one-shot victory. Through fraudulent travel advisories, based on non-science, it raised fears about SARS (at best, a tiny illness) and managed to effectively shut down air travel in and out of Toronto. Toronto lost several billion dollars in the process. I was a peripheral part of a budding effort to convince local business owners to file a lawsuit. At first, there was some enthusiasm, but then it faded out. The people of Toronto knuckled under, some of them lost their shirts, and they plowed on.

The WHO is, by far, the most successful agency of the UN. It has emerged as the rising star of that moribund organisation. It has delivered victories because it is flying under the banner of medical power. The modern priesthood.

CFR, its inner core, is well aware that medical control is a trump card it can play to great advantage. The October Symposium was an event with such an edge.

This is no one-time takeover by force. This is no crashing coup. In intelligence-agency parlance, it's a step-operation. A little progress here, a little progress there. Speakers at the Symposium called Swine Flu "a teaching moment." By this they meant two things. This mild flu gives CFR and its allies a chance to expand their global influence, through the expansion of public-health agencies, most notably WHO and the American CDC. And the population of the planet is "taught" to respect so-called epidemics and the resulting missives that come down from their leaders.

The pace of these fake epidemics and the accompanying media propaganda is quickening. There is an ultimate vision here that at least a few major power players entertain: subsume every citizen of planet Earth under a network of authoritarian medical control – as part of a global-management political system.

Cradle to grave, every person is diagnosed with at least several diseases or mental disorders and falls under the continuing treatment of doctors. These treatments are, for the most part, toxic. That is to say, they weaken the immune system and scramble neurotransmitter systems of the brain. People become less able to take effective action in *any* direction. People everywhere become fixated on their diseases. They become less able to maintain their freedom. They view themselves as lifelong patients.

In case you think this is pure fantasy, let me recite a few facts about the US medical-care system. These numbers are based in part, but not wholly, on a landmark paper published on July 26, 2000, in the *Journal of the American Medical Association*. The paper was titled, “Is US Health Really the Best in the World?” The author was Barbara Starfield, who was then associated with the Johns Hopkins School of Public Health. In other words, this was a mainstream piece of work all the way.

Each year in the US there are:
12,000 deaths from unnecessary surgeries;
7,000 deaths from medication error in hospitals;
20,000 deaths from other errors in hospitals;
80,000 deaths from infections acquired in hospitals;
106,000 deaths from FDA-approved correctly prescribed medicines.
The total of medically-caused deaths in the US every year is 225,000.

This makes the medical system the third leading cause of death in the US, behind heart disease and cancer.

Then if you multiply these numbers by all the people who are emotionally involved in, and temporarily paralysed by, the deaths of these 225,000 Americans, you begin to see the fuller picture of the effects on every level. And all this is just in America.

In, say, Africa, the diversion of attention, by medical propaganda and cover stories, from the *real* causes of millions of annual deaths? How can one even begin to calculate those effects?

If, over the next 10 or 20 years, CFR and its allies, with direct intent or even blind do-good hope, make large strides toward globalising a medical bureaucracy that would oversee the “health of the planet,” consider what that will do, what consequences that will have.

NEWS BBC

Fergus Walsh

Drop in swine flu cases leads to helpline closure

BBC News, 10 February 2010, 17:44:09 GMT
http://news.bbc.co.uk/go/pr/fr/-/2/hi/health/8509241.stm

The National Pandemic Flu Service in England is to close because of the sharp decline in cases of the H1N1 swine flu virus.

From Thursday anyone who needs medical help because of flu will no longer be able to access anti-viral drugs online or via a helpline.

At its peak, 40,000 people a week received antivirals through the National Pandemic Flu Service.

But the figure has now fallen to below 5,000 a week.

"The virus may not be around at the moment but it could come back" – Sir Liam Donaldson Chief Medical Officer for England

England was the only part of the UK to use this system, and health officials say it could be restored to full operation in seven days should the situation change.

Anyone who thinks they have flu can check their symptoms online.

If they still have concerns they can contact NHS Direct (NHS24 in Scotland) or call their GP.

The Chief Medical Office for England, Sir Liam Donaldson has repeated his call for parents of children aged six months to under five to have them immunised - even though cases of swine flu are very low.

He said: "The virus may not be around at the moment but it could come back.

"Some young children have died and if that happens it will be from a vaccine preventable illness."

The UK ordered 90 million doses of H1N1 vaccine and so far 4.63 million doses have been used in England.

However, Sir Liam denied the government had over-reacted: "We bought it as a precaution because it had to be ordered ahead of time - some of the early news from Mexico was very worrying.

"We acted on a precautionary basis and implemented a well-rehearsed plan."

An announcement is expected in around 10 days regarding what the government will do with its remaining stocks of vaccine.

Bloomberg

Phil Serafino

WHO Emergency Panel to Discuss Whether Flu Has Peaked

Bloomberg, 11 February 2010, 09:16 EST
http://www.bloomberg.com/apps/news?pid=20601081&sid=ak7GG4jGwhHM (deleted)
https://web.archive.org/web/20100220013704/http://www.theflucase.com/index.php?option=com_content&view=article&id=2734%3Awhos-emergency-committee-discussing-if-pandemic-has-peaked-might-not-lower-pandemic-level&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Feb. 11 (Bloomberg) – The World Health Organization will convene a meeting this month of its emergency committee, beginning a process aimed at determining the end of the first influenza pandemic in 41 years.

The committee will discuss whether the H1N1 flu outbreak is past its peak, said Keiji Fukuda, the special adviser to the WHO's director general for pandemic influenza, said on a conference call with reporters today.

While the flu continues to spread in parts of the world, notably northern Africa, eastern Europe and eastern Asia, infection activity is declining, he said. The committee probably will meet in the last week of February, he said.

"What we are hoping for is that the worst is behind us," Fukuda said. "We are seeing an overall declining pattern of activity in the northern hemisphere. However, it's also very clear that the virus has not disappeared and it's continuing to cause disease and death in many parts of the world."

More than 15,000 deaths from the flu have been confirmed by laboratory tests since the outbreak began in April, Fukuda said. The full death toll won't be known for a year or two after the pandemic, he said. Seasonal flu kills as many as 500,000 people a year, according to WHO statistics.

The Geneva-based agency's pandemic guidelines anticipate a "post-peak period" where the worst of a pandemic is over, but normal seasonal flu patterns haven't yet resumed, Fukuda said. The WHO's emergency committee provides guidance and advice to the agency's director general.

Next week, a WHO advisory group will meet to recommend the composition of the seasonal influenza vaccine for the northern hemisphere in the fall. The H1N1 virus may be included in the shot, he said.

"The current pandemic virus is by far the most common virus being isolated for influenza viruses around the world," Fukuda said. "It's showing no signs of disappearing."

WHO's emergency committee discussing if pandemic has peaked might not lower pandemic level

The Flu Case, 13 February 2010
https://web.archive.org/web/20100220013704/http://www.theflucase.com/index.php?option=com_content&view=article&id=2734%3Awhos-emergency-committee-discussing-if-pandemic-has-peaked-might-not-lower-pandemic-level&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WHO spokesperson Gregory Hartl has rejected the notion that a meeting of WHO's emergency committee at the end of the month could result in a lowering of the current pandemic level – currently at level 6 – even though the peak of the pandemic could be declared to be over.

"If the EC recommends and the DG decides that we are in a post-peak phase, this does not mean we move from 6 to 5," he said in an email. "Post-peak means that the peak of transmission is probably behind us but that the pandemic is not yet over."

The pandemic level determines the extent of WHO's powers over governments around the world with a pandemic level 6 giving WHO significant authority over police and health care services.

WHO special flu advisor Dr Keiji Fukuda said he thought it highly likely that a bi annual meeting of vaccine experts on February 18th could result in the swine flu virus being given as part of the regular flu shot programme in the flu season 2010/2011.

AFTONBLADET

Sara Rörbecker

Svininfluensan – var det bluff?

Aftonbladet, 14 February 2010
https://web.archive.org/web/20100217032337/http://www.aftonbladet.se/nyheter/article6603505.ab

Svarta rubriker om kaos, skräck och död har förbytts i tystnad. Svininfluensan drog hastigt förbi och lämnade en miljardnota efter sig.

Var insatserna befogade? Eller var hotet tvärt om överdrivet?

Nu väntar eftertankens och utvärderingarnas tid.

– Det har hörts en hel del röster om att detta var en falsk pandemi. Men när besluten fattades tror jag att besluten var adekvata och baserade på den kunskap som fanns vid det tillfället, säger professor Karl Ekdahl, avdelningschef på den europeiska smittskyddsmyndigheten (ECDC).

Vid den här tiden för ett år sedan hade ett influensavirus börjat sprida sig i all tysthet i Mexiko, möjligen också på andra håll i Nordamerika. Det hade lånat genetiskt material från olika influensa-stammar, det var tidigare okänt och det hade utvecklat förmågan att sprida sig från människa till människa.

Stängda skolor

I april upptäcktes viruset i USA, när rutinprover på sjuka barn i Kalifornien gav märkliga resultat i laboratorieanalyserna. USA:s smittskyddsmyndighet CDC slog larm till Världshälsoorganisationen (WHO). Sedan gick det fort. Myndigheterna i Mexiko talade snart om hundratals dödsfall. Skolor, restauranger och teatrar stängdes. Bilder på människor i munskydd spreds över världen under rubriker om attackerande dödsvirus.

Den 11 juni 2009 klassade WHO, med chefen Margaret Chan i spetsen, spridningen av det då världsbekanta viruset som en pandemi. Vid det laget stod det visserligen klart att influensan för de allra flesta smittade gav milda symtom, eller inga alls. Samtidigt var spridningen omfattande och viruset kunde ge svår lunginflammation och systemkollaps hos vissa personer. Barn och unga var i riskzonen för allvarlig sjukdom och död, vilket inte är fallet vid vanlig influensa.

Långa köer

I efterhand har WHO fått massiv kritik för sitt agerande. "En av världens största medicinska skandaler", har exempelvis den tyske Europarådsparlamentarikern Wolfgang Wodarg kallat pandemibeslutet. Han och flera med honom anklagar läkemedelsjättarna för att i eget vinstsyfte, via WHO, ha drivit världens regeringar att agera i onödan.

WHO försvarar sig, och säger sig handla med folkhälsan för ögonen och ingenting annat.

Sverige fick sitt första fall av smitta i början av maj och det första dödsfallet i slutet av augusti. Smittskyddsinstitutet spådde att cirka 50 personer skulle dö om ingen vaccinerades.

I oktober kom de första eftertraktade vaccinleveranserna, men efterfrågan var långt större än tillgången och de första veckorna ringlade köerna långa. Handspriten tog slut. Landets smittskyd-dsansvariga och vårdanställda hade mycket bråda dagar och mediernas bevakning var intensiv.

– Jag har inte precis drabbats av posttraumatisk stress, men det var trötta kvällar, säger Hans-Bertil Hansson, smittskyddsläkare i Region Skåne.

Mycket förvånar

Var pandemin värd allt besvär? Det är alldeles för tidigt att säga, enligt Annika Linde, statsepidemiolog på Smittskyddsinstitutet. Arbetet med att utvärdera hur pandemin hanterades har just påbörjats.

– Vi vet lite grann och vi vet att vi nog har halverat antalet dödsfall i Sverige, säger Linde, och fortsätter:

– Vi har ju lagt ned ett antal miljarder på den här influensapandemin och det är inte min grej att bedöma om det var värt det eller inte, utan min grej är att försöka ta reda på vad vi gjorde, vad vi fick för resultat, hur vi lyckades påverka pandemin och vad det kostade jämfört med vad vi sparade. Sedan måste politiker och medierna och alla övriga debattera om det här är en strategi som vi ska ha i framtiden eller om vi ska ändra på den.

Epidemin kulminerade snabbt. Efter bara ett par veckor på toppen vek den undan och det märkliga är att det skedde ungefär samtidigt i Sverige och i länder som inte alls hade vaccinerat lika flitigt.

– Jag begriper det inte. Det är mycket som har förvånat oss med den här pandemin, säger Hans-Bertil Hansson.

Vaccin över

I dag är efterfrågan på vaccin låg i Sverige. Cirka sex miljoner doser har gått åt av totalt tio miljoner levererade.

Pandemin är ännu inte avblåst. Kanske kommer den, likt tidigare pandemier, tillbaka i en andra våg. Kanske stannar viruset kvar som vanlig säsongsinfluensa.

Nu vidtar arbetet med utvärdering i Sverige, Norden, Europa och världen.

– Det är fortfarande en sjukdom som vi tittar väldigt intensivt på, säger Karl Ekdahl på ECDC.

THE FLU CASE

Sara Rörbecker // Johan Niklasson

Swine flu just a hoax?

Aftonbladet // The Flu Case, 15 February
https://web.archive.org/web/20100220013740/http://www.theflucase.com/index.php?option=com_content&view=article&id=2743%3Aswine-flu-just-a-hoax-swedish-media-pretend-to-care&catid=1%3Alatest-news&Itemid=64&lang=en

This headline is today flashing by on the Swedish Aftonbladet news paper site.

The article then goes to describe the dark horror filled headlines which pushed about 30 million Europeans to take the poisonous so called swine flu shot. The article goes on to give a very twisted description of the events that took place last year with the usual complete disregard for facts. Most astonishingly, the paper does not mention its own vital part in the propaganda, a massive concerted campaign not seen in Swedish media for a very long time if ever before.

"The epidemic culminated fast. After just a few weeks at the top, it declined and the strange thing is that it did so at about the same time in Sweden and in countries which did not vaccinate so fiercely."

"- I don't Get it. There are many things that has taken us by surprise with this pandemic" says Hans Bertil Hansson, specialist in infectious diseases.

The article goes on to state that six million doses of vaccine "was used" in Sweden out of ten million delivered but that statement is an obvious attempt to make the reader believe six million Swedes took the vaccine. The truth is that there is no accurate statistics available and the only thing kept track of is doses distributed, not injected. It was clear from the start that part of the propaganda campaign was set up so that it would seem very many decided to take the shot. Anyone reading carefully could clearly see that the wording used was deliberately misleading the public about this and very many other things. The truth is that the real number of Swedes taking the vaccine are dramatically lower than what is officially stated. No real data about damages, deaths or other "side effects" from the poisinous Pandemrix shots are made available other than the ususal polished and washed data which by now, no one believes in anyway.

Reading the article makes it clear that media now will be forced to pretend to "investigate" the flu hoax and that they for sure will not do their job, which in fact they should have done over a year ago. They will pretend to "investigate", not because they want to know the truth and share it with the public but because they are forced to since it is now clearly one of the biggest medical scandals in the history of mankind.

If anything, the population have lost a great deal of trust in both Swedish media, journalism, politicians and the Swedish medical system, since it is clear to everyone that the health of the people is not the priority and that "someting else, something strange and fishy" is going on. Government agencies who should protect the citizens of the country have clearly failed and even worse, have knowingly tricked, fooled and lied to the people. They have shown that they truly serve other interests and that they willingly do play an active role in the depopulation program.

Side effects showing later than three weeks after the shot will not be recorded. The whitewash has started.

Well over 100 people in Sweden have died from the poisinous "swine flu" Pandemrix shot (the real number might never become known), dozens of abortions have been privately reported (how many really occured might never be known) and the real damage of this poisinous vaccine will be obvious the coming years in the form of suffering, disease and death among tens of thousands of victims. Pandemrix, this deadly cocktail, is what is called a "slow killer" and the ones responsible for pushing it onto the population, knowing the facts and dangers - the media, politicians, doctors and authorities - are nothing but murderers.

SFGATE

Erin Allday

Puzzled doctors asking: Where is the flu?

SFGate, 16 February 2010
https://www.sfgate.com/health/article/puzzled-doctors-asking-where-is-the-flu-3199104.php

The swine flu has all but disappeared for the time being, but in its wake public health officials are facing a bizarre influenza season - there's almost no seasonal flu going around.

This time of year is typically the peak of flu season, but doctors and health care clinics are reporting flu cases far below normal levels. The early spread of the swine flu last fall seems to have either delayed, or perhaps prevented entirely, the normal flu season.

"I have never seen a year when it's been this late in the season and there hasn't been any influenza activity yet," said Dr. Randy Bergen, clinical lead for the flu vaccine program for Northern California Kaiser. "It certainly isn't out of the question that seasonal flu could still show up, but for there to be no activity right now is pretty extraordinary."

Few doctor visits for flu

In California, about 4 percent of visits to doctors' offices this time of year typically are for flulike illnesses, according to the state Health Department. But as of last week, less than 2 percent of visits were for flulike illnesses. And of those patients who were tested to determine what illness they had, almost none had any type of influenza - seasonal or swine flu.

People are still getting sick, and at least anecdotally, doctors say they're just as busy right now as any other February. But their patients aren't catching the flu.

"Our doctors are seeing a lot of sick patients from other causes," said Dr. Bela Matyas, an acting chief in communicable disease control in the California Department of Public Health. "It's probably the same stuff that's out there every year, but we never notice it because we have influenza as well."

Public health officials have been tracking four versions of flu this year: one strain of influenza Type B, and three strains of influenza Type A. The swine flu is a strain of influenza Type A, subtype H1N1. The other three influenza viruses are considered seasonal strains, in that they regularly show up during a certain time of year.

In the absence of influenza, one of the most common viruses going around at the moment is the respiratory syncytial virus, or RSV. Public health officials say the virus that causes the common cold is also fairly widespread, but it's not generally tested for so there's no way to know how many people are sick.

RSV mostly affects small children and causes symptoms similar to the flu. It usually arrives before the flu season, so by this time of year it's started to recede.

"We were hit very hard by RSV in January," said Dr. Larry Drew, head of the UCSF virology lab, which tests virus samples in San Francisco. "People who are sick now probably think swine flu is still going around, but they really have RSV or something else."

Public health officials say they don't know why the swine flu seems to have squeezed out seasonal flu, at least for now. It's possible that people who got sick with swine flu ended up with some small protection from seasonal flu. Or perhaps the massive, rapid spread of swine flu in the fall prevented seasonal flu from ever taking hold.

Public health officials also point out that seasonal flu may still make an appearance. It's unusual, but not unheard of, for seasonal flu to peak as late as March.

Flu could hit yet

"Apparently in China right now, two-thirds of the flu circulating is Type B. So we're watching closely to see what happens with flu B here," said Dr. Erica Pan, an infectious disease specialist with the San Francisco Public Health Department.

Meanwhile, public health officials still encourage people to get the swine flu vaccine. The hope is that with millions vaccinated, and millions already having been sick with swine flu last spring or fall, the population as a whole will be protected from a third wave of illness.

As many as 84 million Americans have been infected with swine flu since it was first identified last April, according to new data from the U.S. Centers for Disease Control and Prevention released Friday. As many as 17,160 people have died, 10 percent of them children under age 18.

Bloomberg BusinessWeek

Deadly Hybrid Flu Possible
Stronger strain could develop if avian, seasonal viruses combine, scientists warnBusinessweek

Business Week, 22 February 2010
https://web.archive.org/web/20100329194832/http://www.businessweek.com/lifestyle/content/healthday/636221.html

MONDAY, Feb. 22 (HealthDay News) – Research in mice suggests the avian flu virus and the ordinary seasonal flu virus could combine to create a new deadly kind of flu, researchers say.

A single bit of genetic material from the seasonal virus converted the avian flu – officially known as H5N1 – into a very dangerous form, the scientists report in a study published in the Feb. 22-26 online edition of the *Proceedings of the National Academy of Sciences*.

"Some hybrids between H5N1 virus and seasonal influenza viruses were more pathogenic than the original H5N1 viruses. That is worrisome," study senior author Yoshihiro Kawaoka, a virologist at the University of Wisconsin-Madison, said in a news release.

Avian flu, also known as bird flu, has killed 262 people, according to the World Health Organization, but it hasn't become very infectious between people.

The researchers warn that swine flu – H1N1 – could also play a role in viral combinations.

"With the new pandemic H1N1 virus, people sort of forgot about H5N1 avian influenza. But the reality is that H5N1 avian virus is still out there," Kawaoka said. "Our data suggests that it is possible there may be reassortment between H5N1 and pandemic H1N1 that can create a more pathogenic H5N1 virus."

Bloomberg

Jason Gale

Swine Flu may have infected 63 Million Americans, study Finds

Bloomberg, 22 February 2010, 2:41 AM EST
https://web.archive.org/web/20100227034841/http://www.businessweek.com/news/2010-02-22/swine-flu-may-have-infected-63-million-americans-study-finds.html

Feb. 22 (Bloomberg) – Swine flu may have infected at least 63 million people in the U.S. last year, according to a study in Pittsburgh, where almost every second schoolchild probably caught the pandemic virus.

Blood tests on Pittsburgh residents found 45 percent of people aged 10 to 19 years had antibodies against the new H1N1 flu strain. About 22 percent of people across all groups developed immunity to the virus by early December and quarter of those born in the 1920s may have already had protective antibodies before the pandemic resulting from prior flu infection, researchers at the University of Pittsburgh found.

The findings, reported online yesterday in the Public Library of Science, suggest a fresh wave of swine flu infections isn't likely unless the virus mutates or people become more susceptible to infection. A World Health Organization advisory panel is holding a teleconference tomorrow to discuss whether the first influenza pandemic in 41 years has peaked.

"With current estimates of seroprevalence and continued increases in population due to vaccination, a significant change in viral antigens or a change in population immunity would be required for further disease spread," Ted Ross, associate professor of microbiology at the university, and colleagues wrote. "We cannot rule out the possibility that geographical pockets of limited immunity may be present in which a third wave may yet occur."

Symptom-Free Cases

At least 15,921 people have died from swine flu as the fast-moving pandemic spread to 212 countries and territories since its discovery in North America in April, the WHO said in a Feb. 19 statement. The global tally underestimates the actual number as many deaths are never tested or recognized as influenza related, the Geneva-based agency said.

In yesterday's study, researchers looked for infection- fighting antibodies against the 2009 pandemic flu strain in 846 anonymous blood samples collected in November and early December from people in southwestern Pennsylvania's Allegheny County ages 1 month to 90 years. The tests identified people who caught the virus, including those who didn't develop a fever, cough or other flu-like symptoms.

The researchers compared the results against tests on blood samples collected in 2008, of which 6 percent contained antibodies that protected against swine flu, probably as a result of infection from a related influenza strain.

Children and adolescents in the 10- to 19-year age group had the highest prevalence of swine flu antibodies, while 29 percent of blood samples from children younger than 9 years tested positive. Residents in the 70- to 79-year age group had the lowest prevalence rate of 5 percent.

When the researchers extrapolated their findings across the county's 1.2 million residents, they found swine flu antibodies in 21.5 percent of people, including more than 70,000 school-age children.

"Extrapolating these results further to the entire US population, we estimate that 63 million persons became infected in 2009," the authors wrote.

THE FLU CASE

French commission of inquiry into mass swine flu vaccination campaign to start in March

The Flu Case, 23 February 2010
https://web.archive.org/web/20100301040144/http://www.theflucase.com/index.php?option=com_content&view=article&id=2807%3Afrench-commission-of-inquiry-into-mass-swine-flu-vaccination-campaign-to-start-in-march&catid=41%3Ahighlighted-news&Itemid=105&lang=en

An inquiry into the influence of pharmaceutical companies on the French government's handling of the mass swine flu vaccination campaign is set to be held in March in the Senate, the Upper Chamber of the French Parliament, following a decision by the Senate Conference of Presidents on Wednesday 17th, February.

A second commission of inquiry is expected to be announced soon in the National Assembly.

Le Parisien reported that 15 of the 17 experts in the French government's swine flu committee had links with the pharmaceutical industry with six of the experts having receiving money directly from pharma companies in 2009.

The French government ordered 94 million doses of swine flu jabs but only 5.5 million doses were administered in spite of an unprecedented campaign.

Only 269 deaths have been attributed to the swine flu in France as of the middle of January.

A report in French:

H1N1 Au Senat: Les questions posées à Roselyne Bachelot

Source: Journal Officiel, «Compte

Politique et santé

Quelle que soit la forme de l'enquête à laquelle la Ministre de la Santé devra répondre sur la gestion nationale de la grippe A/H1N1, en attendant, les questions en francs-tireurs des parlementaires ne manquent pas. Exemple, lors d'une séance de questions aux ministres au Sénat, le sénateur Nicolas About a posé la question qui pourrait fâcher…

«Après l'affaire du sang contaminé, la canicule et l'inscription - peut-être à tort - du principe de précaution dans notre Constitution, quelle peut bien être la marge d'action des pouvoirs publics en matière de risque sanitaire?». Pourquoi, M. About ? Parce que «soit ils n'agissent pas et sont comptables de toute réalisation du risque, soit ils prennent la menace au sérieux et s'exposent à l'écueil inverse: se voir reproché d'avoir surréagi».

Nos pouvoirs publics ont-ils «surréagi» face à l'annonce d'une pandémie dont le vecteur pouvait être si variant (le vaccin 2008-2009 contenait 2 souches A: H1N1 et H3N2 et 1 souche B) qu'il nécessiterait peut-être 2 injections au lieu d'une en saison normale de grippe, le «très important dispositif mis en place contre la pandémie» -qui n'avait chez nous qu'un caractère épidémique) se justifiait-il alors que cette grippe a touché (seulement) 3 millions de personnes et causé 269 décès (seulement ?) en France à mi-janvier ?

Conclusion du sénateur About: «Or le virus s'est révélé beaucoup moins virulent qu'on aurait pu le craindre et la campagne de vaccination n'a pas rencontre le succès escompté: les décisions prises se sont donc trouvées invalidées par les faits». Le sénateur conclut: «Nous ne vous blâmons pas d'avoir pris ces décisions».

Quelles leçons tirer de tout cela ? Les parlementaires veulent la transparence des décisions, sur le rôle de l'OMS et des comités d'experts incitant à commander 94 millions de doses, «dont 88 millions sont toujours inutilisées», dont toutes n'ont pas été livrées et à sur-stocker antiviraux et masques. Bref: combien cela coûte, quels sont les accords avec les laboratoires, quelles leçons tirer de tout cela ?

Comme d'autres pays (à qui il reste aussi des stocks inutilisés), la France a décidé de mener une vaste campagne de vaccination car «cette grippe avait une typologie différente de celle des autres grippes», donc l'offre du nouveau vaccin devait être large. Mais ce choix de stratégie «s'explique par une raison technique mais aussi par une raison éthique», dit Madame Bachelot.

Sur le plan éthique « nous nous sommes référés à l'avis n° 106 du Comité consultatif national d'éthique, selon lequel, au nom du principe de l'égalité républicaine, dans le cadre d'une pandémie grippale, tous nos concitoyens qui le souhaitent doivent pouvoir être vaccinés ».

Sur le plan technique « les autorités sanitaires nationales et internationales nous ont indiqué qu'il s'agissait d'une vaccination à deux doses mais que, à l'évidence, certaines personnes n'allaient recevoir qu'une seule dose : en tenant compte d'un taux d'attrition de 25 %, nous avons donc acheté 94 millions de doses ».

Ce n'est en fait que fin novembre que les autorités sanitaires européennes et internationales ont fait savoir qu'une seule dose vaccinale suffisait à établir l'immunité spécifique, ce qui a conduit la France à résilier une commande de 50 millions de doses.

Bilan à mi-janvier: 5,5 millions de doses utilisées, 10 millions de doses offertes à l'OMS sur 44 millions de doses. Il reste environ 25 millions de doses utilisables, et que l'on va utiliser, car la vaccination contre le virus A/H1N1 est toujours d'actualité, au moins jusqu'au septembre - jusqu'à l'apparition de la grippe de la saison.

«Le risque pandémique est toujours là et nos compatriotes doivent se faire vacciner car c'est la meilleure technique de prévention», conclut la Ministre de la Santé. La vaccination anti-pandémique est désormais confiée aux médecins traitants. Car comme dit le Dr Keiji Fukuda, conseiller spécial de l'OMS pour la grippe pandémique, «Nous espérons, c'est que le pire est derrière nous», ce que devrait déterminer un Comité d'urgence de l'OMS à la fin de ce mois, pour déterminer une éventuelle nouvelle stratégie de l'OMS si une seconde vague s'annonce ou si la situation redevient analogue à celle d'une grippe saisonnière.

THE FLU CASE

NHS cuts feared after flu spending

The Flu Case, 23 February 2010, 16:11
https://web.archive.org/web/20100301040124/http://www.theflucase.com/index.php?option=com_content&view=article&id=2803%3Anhs-cuts-feared-after-flu-spending&catid=41%3Ahighlighted-news&Itemid=105&lang=en

(UKPA) Health Secretary Andy Burnham mounted a strong defence of Government spending on swine flu as the Tories warned NHS capital projects could be cut to pay for unused vaccines.

It came as a Commons written statement showed that the Department of Health had transferred £200 million from its capital budget to its revenue budget to "meet existing commitments on pandemic flu".

During Commons question time, Mr Burnham said 38 million swine flu vaccines had so far been provided to the UK by drug firms GlaxoSmithKline (GSK) and Baxter Healthcare.

Shadow health secretary Andrew Lansley said: "You said you have 38 million doses, we've used five million. How much is going to be the total cost of the procurement of these vaccines and what are going to be the cuts in capital projects now in the NHS to pay for that?"

Mr Burnham admitted that the Government had "secured a surplus" but there would still be a need for vaccines in the future.

He said: "While we have secured a surplus, this strain H1N1 is likely to replace the seasonal flu as the main strain this year. We will continue to have a need for this vaccine going forward.

"You will know that the Chief Medical Officer's (Sir Liam Donaldson) advice to the at-risk group is that they continue to accept vaccination because while the second wave has ended, there could be a third wave later in the year."

He said it was not yet possible to give a final figure on spending as contractual negotiations with GSK were ongoing.

Some 309 people have died after contracting the disease in England and there were still people with the condition in hospital, he added.

The Washington Post

David Brown

Swine flu wanes, but experts say pandemic strain could reemerge

Washington Post, 23 February 2010
https://www.washingtonpost.com/wp-dyn/content/article/2010/02/22/AR2010022203638.html?hpid%3Dsec-health&sub=AR

Even as officials from the Centers for Disease Control and Prevention are announcing that the epidemic of the H1N1 flu is no longer widespread in any state, no disease expert is willing to say there isn't a third – or fourth – wave of swine flu in the country's future.

Influenza transmission waxes and wanes, and outbreaks of novel pandemic strains occur in particularly unpredictable waves that depend on such variables as human behavior, atmospheric conditions and even competition from other microbes. That places them among the bigger mysteries of epidemiology, the science of disease outbreaks.

The "Spanish flu" of 1918 had four waves of greatly differing deadliness, spread over two years. The "Asian flu" of 1957, like the current H1N1 strain, had a late-spring and a fall wave – followed by a third in late winter of 1958. It then took a year off before peaking again in 1960. The "Hong Kong flu" of 1968 had more than a year hiatus between its two waves, with the second infecting nearly as many people as the first.

"We are not at all out of the woods because the virus continues to circulate, but the chances of a very large additional wave are very hard to predict," said Anne M. Schuchat, who is leading the government's response to the H1N1 pandemic at the CDC.

What explains the retreat of this flu since its peak in late October? "That's a great question, and it is still very much an open question," said Katia Koelle, a biologist at Duke University who studies the dynamics of disease outbreaks.

Why doesn't a flu outbreak last all winter, when the optimal conditions of cool temperatures, low humidity and crowded living are present? "It just doesn't. It runs through a community and moves on," said Walter R. Dowdle, who worked at CDC during the 1968 pandemic and is now an epidemiologist at the Task Force for Global Health in Decatur, Ga.

"Why do we have waves? I can't find anybody who can tell me a biological explanation that makes sense," said Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota.

At one level, the reason for H1N1's waning is straightforward. People infected with the virus are passing it on to fewer people now than they were last fall.

The growth and maintenance of a disease outbreak is a matter of simple arithmetic. If each person carrying a microbe passes it on to more than one person, the epidemic will spread. If each person passes it, on average, to less than one person – which means that many people don't transmit it to anyone – then the epidemic will eventually burn out.

Let's do the numbers

How many people the average infected person infects is called the basic reproductive number, or R0 (pronounced "R naught"). It is a crucial feature of each microbe's personality. Some microbes are simply more transmissible than others; they have a higher R0.

Measles, which is probably mankind's most contagious infection, has an R0 of about 18. Polio's number is about 6; severe acute respiratory syndrome (SARS) about 5. For seasonal flu strains, the R0 is about 1.2, and for pandemic strains it is rarely higher than 2. For the novel H1N1 strain (also known as swine flu), it's about 1.6.

What this low R0 means is that flu outbreaks are always teetering on the verge of having their myriad chains of transmission broken by people who get infected but don't pass the virus to anyone else.

Flu viruses typically spread quickly among children, who gather in school and then pass the virus on to the rest of the population. The brief first wave last spring was most evident in schools, particularly in New York. The virus spread during the summer in places where children congregated, specifically camps. The second wave took off with the nationwide resumption of the school year in September.

"The main determinant of decline is vacation period, and the main determinant for the rise again is the aggregation of people for school terms," said Roy Anderson, a professor of infectious disease epidemiology at University College London.

One consequence of this is that when a lot of children get infected, recover and become immune, the entire epidemic slows down. "With this virus, once about half the children are infected . . . then you really can't sustain transmission unless the infectivity goes up for some reason," said Ira Longini, a disease modeler at the University of Washington.

That's apparently what happened last fall and in the Asian flu of 1957, its eerily similar predecessor.

Visits to doctors' offices for flu peaked in this pandemic in the week ending Oct. 24. In 1957, school absenteeism peaked in the last two weeks in October, depending on the city. (In both epidemics, the peaks occurred before there was any appreciable use of vaccine.)

What's next?

So why did the virus start to ebb so early, and does that say anything about the likelihood of a third wave?

In 1957, the epidemic may have simply have run out of children. A study of one of the first places hit by the 1957 virus – Tangipahoa Parish, in Louisiana – found that 60 percent of schoolchildren were infected in that fall wave. What fraction of schoolchildren are now immune to the H1N1 virus – either because they've had it, or have gotten the swine flu vaccine -- isn't known. But CDC is trying to find out.

The Asian flu virus came back in February 1958, ultimately killing about 20,000 people (compared with 40,000 in the fall). Most of the deaths occurred among old people, who were spared in the fall for mysterious reasons -- possibly because they had little contact with schoolchildren. Epidemiologists believe today's elderly may be partly immune to the H1N1 virus because of exposure to a related virus that circulated more than 40 years ago. If so, an Asian-flu-like third wave is less likely.

What does seem clear is that environmental conditions for a flu outbreak are better now than they were last October.

A study published in December in the journal Public Library of Science Currents provided real-world support for numerous lab experiments showing that flu virus survives best in dry air.

A team of virologists and climate researchers, led by Jeffrey Shaman of Oregon State University, showed that over a period of 31 years seasonal flu outbreaks in the United States consistently started about three weeks after a marked decline in the humidity of the air. They used this observation to predict the timing of outbreaks in five states with different climates (Arizona, Florida, Illinois, New York and Washington), and the predictions were accurate.

The message is clear: When the air is dry, the virus spreads. Typically, winter air – both outdoors and in – is the driest of all seasons. The air is drier now than it was last fall, so the H1N1 virus should be spreading better now than it did in October. But it isn't.

Of course, there may be *other* reasons for that, including the need for influenza virus to compete with other microbes for human noses and throats.

When a person is infected with one respiratory virus (such as rhinovirus, which causes colds), the chance of catching a different virus (such as flu) declines greatly. Part of the reason is that the first infection provokes what's called "innate immunity" – a flood of interferon and other cellular hormones that defend the body in a general way without specifically targeting the invader. That protection can last weeks, breaking chains of transmission and slowing a flu epidemic.

A similar form of interference occurs *between* strains of flu, which is one of the reasons there's been almost no "seasonal flu" in recent months. The strains circulating last season and still occasionally found this season – H3N2, other forms of H1N1 and influenza B – have all been outcompeted by the upstart H1N1.

In fact, even if there isn't a third wave, the new H1N1 may well spell the end of one or more of the families of flu virus that have been circulating for decades. That's what's happened in previous pandemics, at least.

The H1N1 family arrived in 1918 with the Spanish flu. In the 1957 pandemic, the new virus was in the HN2 family; it drove all H1N1 strains to extinction. In 1968, the new virus was an H3N2. It spelled the end of the H2N2 family, which disappeared. H1N1 returned in 1977, apparently the result of an accidental release from a laboratory in Russia or China.

Like all pandemic strains, the novel H1N1 virus (or an immediate descendant of it) will eventually infect – but not necessarily sicken – nearly everybody on Earth who isn't already immune to it through vaccination. It may take years. It could happen by unpredictable waves or slow percolation. But it is virtually inevitable.

"We're going to have this virus for many decades to come," said Longini, the University of Washington epidemic modeler. "And we don't know what it's going to do next."

THE FLU CASE

Katie Drummond

WHO Set to Announce Swine Flu has Peaked, Warns of Bird Flu

The Flu Case, 23 February 2010, 16:13
https://web.archive.org/web/20100301040131/http://www.theflucase.com/index.php?option=com_content&view=article&id=2804%3Awho-set-to-announce-swine-flu-has-peaked-warns-of-bird-flu-&catid=1%3Alatest-news&Itemid=64&lang=en

(Feb. 23) – The World Health Organization is expected to announce that the worst of the swine flu pandemic is over.

But the WHO won't be proclaiming the end of the H1N1 pandemic entirely. Instead, a panel of experts meeting today will determine whether the global community has moved into "a post-peak period," where rates of illness start returning to more typical influenza levels.

And the panel warns that this final stage could endure for months. The WHO is scheduled to announce the panel's decision Wednesday.

"There is no on and off switch for a pandemic, and it's not a single event," WHO spokesman Gregory Harti said at a news conference. "What we have to see is that the behavior of the H1N1 virus becomes like the behavior of other seasonal viruses."

As of now, the virus is still causing outbreaks in atypical flu seasons and affecting groups not usually at increased risk of seasonal influenza, like kids and teens. Seasonal influenza is usually predominantly seen in the elderly.

The WHO first announced that swine flu had reached pandemic status in June, when it raised the alert level on the illness to the maximum level of six on its warning scale.

Right now, the estimated global death toll is 16,000, with millions having been infected since the initial outbreak. In the United States, a study out of Pittsburgh extrapolated blood samples from 846 residents to estimate that 63 million Americans fell ill with the flu strain. More than 70 million have been vaccinated.

Even if the WHO panel determines that the virus has peaked, warnings will likely persist. Transmission rates can come in waves, and many experts are wary that we could experience more peaks and crests before the strain is finally contained.

"We are not at all out of the woods because the virus continues to circulate, but the chances of a very large additional wave are very hard to predict," Anne M. Schuchat of the Centers for Disease Control and Prevention told The Washington Post.

The latest update from the CDC is, however, a promising one: Its data shows that swine flu activity is "relatively low" and isn't spreading out of control anywhere in the country.
=> https://web.archive.org/web/20100302074546/http://www.cdc.gov/h1n1flu/

But as H1N1 begins to wane in the public consciousness, new warnings of a hybrid combination between avian flu (H5N1) and regular human influenza are beginning to circulate. A study in this week's Proceedings of the National Academy of Sciences determined that the combination has the potential to create "highly pathogenic viruses" easily transmitted between humans.

World Health Organization

Dr Margaret Chan

Director-General Statement
Following the Seventh meeting of the Emergency Committee

Geneva, WHO, 24 February 2010
https://www.who.int/news/item/24-02-2010-director-general-statement-following-the-seventh-meeting-of-the-emergency-committee

The Emergency Committee held its seventh meeting by teleconference on 23 February 2010. The Director-General sought the Committee's views on the determination of the pandemic status.

A detailed update was provided to the Committee on the global pandemic situation. After asking additional questions and reviewing the evidence and holding extensive discussion, the Committee was of the view that there was mixed evidence showing declining or low pandemic activity in many countries, but new community level transmission activity in West Africa. Moreover, they expressed concern that the winter months of the Southern Hemisphere had not yet started and there was uncertainty whether additional generalized waves of activity might occur and the need to not undermine preparations. The Committee advised that it was premature to conclude that all parts of the world have experienced peak transmission of the H1N1 pandemic influenza and that additional time and information was needed to provide expert advice on the status of the pandemic. The Committee accordingly suggested that the Committee be re-convened in a few weeks to review intervening developments and related epidemiological information.

Having considered these views, the current epidemiological evidence and other relevant information, the Director-General determined that there had been no change in the pandemic phase, and decided to continue to monitor the situation and developments closely and to convene the Committee again within the next several weeks.

The WHO Director-General asked the Committee for their views on continuance of the three current temporary IHR recommendations issued for the public health emergency of international concern. The consensus view of the Committee was in favor of continuation but to update the second recommendation by replacing "Intensify" with "Maintain" in recognition of the increased pandemic surveillance already implemented by countries and the need to maintain this activity. Having considered the views of the Emergency Committee, and the ongoing pandemic situation, the Director-General determined to continue the three temporary recommendations, as modified, namely:

- countries should not close borders or restrict international traffic and trade;
- maintain surveillance of unusual flu-like illness & severe pneumonia;
- if ill, it is prudent to delay travel.

REUTERS

Stephanie Nebehay

Pandemic has not yet peaked, WHO experts advise

Reuters, 24 February 2010, 9:33 AM GMT+8
https://www.reuters.com/article/business/healthcare-pharmaceuticals/pandemic-has-not-yet-peaked-who-experts-advise-idUSTRE61M6DM/

Washington (Reuters) - The pandemic of H1N1 swine flu has not yet peaked, a committee of experts advised the World Health Organization on Tuesday.

"The committee advised that it was premature to conclude that all parts of the world have experienced peak transmission of the H1N1 pandemic influenza and that additional time and information was needed to provide expert advice on the status of the pandemic," WHO spokesman Gregory Hartl said by e-mail.

WHO planned a news conference for Wednesday.

The United Nations agency declared last June that the new virus was causing the first influenza pandemic in more than 40 years after it spread around the world from Mexico and the United States in just six weeks.

Under WHO rules the emergency committee, composed of 15 experts and headed by Australian John MacKenzie, makes confidential recommendations to WHO director-general Dr. Margaret Chan.

She is then required to inform the health ministries of WHO's 192 member states and the Vatican of her decision. The WHO's decision will be announced formally by the WHO's top flu expert Dr. Keiji Fukuda on Wednesday at 1000 GMT.

WHO has confirmed the virus has killed 16,000 people but notes this is a gross underestimate, as hardly any patients are diagnosed or tested. It will take a year or two after the pandemic ends to establish the true death toll, the WHO says.

The Centers for Disease Control and Prevention does projections based on testing and patterns of disease reports and projects that H1N1 has killed up to 17,000 people in the United States alone, and put as many as 370,000 into the hospital with serious illness.

In contrast, seasonal influenza kills 250,000 to 500,000 people globally but most are frail and elderly. H1N1 has attacked young adults and children.

Substantial Outbreaks

The pandemic sparked a race to develop new vaccines by drug makers including GlaxoSmith Kline and Sanofi-Aventis but has proved to be of moderate severity, and many people failed to take the new vaccine.

Previous influenza pandemics have had waves of disease activity spread over months, meaning the post-peak period could last quite a while, according to the WHO.

The final stage, called the post-pandemic period, is when disease activity returns to levels normally seen for seasonal influenza, it says.

"There is no on and off switch for a pandemic. It's not a single event. What we have to see is that the behavior of the H1N1 virus becomes like the behavior of other seasonal viruses," Hartl said earlier on Tuesday.

"At the moment, it is still causing substantial outbreaks of disease outside the normal influenza seasons and affecting groups who are not normally affected by seasonal influenza. So as long as that continues, it does not behave like seasonal influenza."

Younger people, especially those with chronic medical conditions, and pregnant women continue to be at a higher risk of infection and viral pneumonia from the H1N1 virus, Fukuda told reporters last week.

The WHO has cautioned that the H1N1 virus could still mutate or mix with the more deadly bird flu virus, which remains endemic in poultry in many Asian countries.

REUTERS

Jonathan Lynn

WHO to assess whether H1N1 has peaked within weeks

Reuters, 24 February 2010, 7:49 PM GMT+8
https://www.reuters.com/article/economy/who-to-assess-whether-h1n1-has-peaked-within-weeks-idUSLDE61N1CU/

GENEVA, Feb 24 (Reuters) – Health experts will review the status of the H1N1 pandemic in a few weeks to decide whether it has peaked but it is already clear that it is less severe than previous outbreaks, the World Health Organisation said.

The WHO's emergency committee decided on Tuesday that it was premature to declare the pandemic, which was declared in June and was the first in more than 40 years, was past its worst.

The 15 members of the body that makes confidential recommendations to WHO Director-General Dr. Margaret Chan deliberated for two hours but decided there were too many uncertainties about how the pandemic was behaving, even if it appeared to be subsiding in North America and Europe.

Dr. Keiji Fukuda, the WHO's top influenza expert, told reporters on Wednesday that rising levels of infection in West Africa and the risk posed by the winter months in the southern hemisphere were the dominating concerns of the committee. "We have some reason to be concerned about what may develop as half of the world goes into its winter months," Fukuda said.

He said the United Nations health agency had confirmed reports of rising infection in Senegal and Mauritania, and was checking to see whether the flu virus was spreading in other parts of West Africa.

Fukuda urged people and governments not to let their guard down even though the current swine flu outbreak has not been as harsh as pandemics that killed millions over the past century. "This pandemic appears to be on the less severe side of the spectrum of pandemics that we have seen in the 20th century," he said.

Over 16,000 Confirmed Deaths

So far the WHO has confirmed 16,226 deaths attributable to the H1N1 pandemic virus, but the real death toll – which will take a year or two to ascertain – will be much higher, as many victims have so far not been diagnosed with the flu strain.

People should continue to seek vaccination against the pandemic, which is dangerous for young adults, especially those with chronic health conditions, and pregnant women, in contrast to seasonal strains where the elderly are vulnerable, he said.

Fukuda said over 300 million people have now been vaccinated against pandemic influenza, and the shots, which have an excellent safety record, have proved 70-75 percent effective.

The pandemic sparked a race to develop new vaccines by drug makers such as GlaxoSmithKline <GSK.L> and Sanofi-Aventis <SASY.PA> but many people have not taken the vaccine as the outbreak has turned out to be fairly mild.

A decision by the WHO emergency committee that the pandemic has entered a "post-peak" phase will indicate to governments and health authorities that the virus, while still a global pandemic, is in a transition to a more normal state of affairs where it circulates as seasonal influenza.

That would enable authorities to revise their emergency health arrangements. (For WHO statement go to http://link.reuters.com/zeh62j) (Additional reporting by Kate Kelland in London; Editing by Noah Barkin)

THE FLU CASE

WHO keeps world on pandemic emergency level 6

The Flu Case, 24 February 2010, 11:34
https://web.archive.org/web/20100301040204/http://www.theflucase.com/index.php?option=com_content&view=article&id=2811%3Awho-keeps-world-on-pandemic-emergency-level-6&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WHO special pandemic flu advisor Dr Keiji Fukuda today said that there were no plans to lower the pandemic threat level from the current level 6.

Six is highest pandemic emergency level that allows for emergency drug use authorization and also for WHO to assume control of health and police services of 193 countries under the pretext of managing a pandemic threat.

WHO said it had followed the recommendation of an emergency committee headed by Dr John Mackenzie that met yesterday, Tuesday, on the request of General-Director Dr Margaret Chan.

Mackenzie, an Austrialian biosecurity scientist, also headed the emergency committee that declared a pandemic level emergency level 6 in June over the mild swine flu.

He has recently come under scrutiny for his financial links to pharmaceutical companies. The names of the other members of the WHO emergency committee are not known, making it impossible to ascertain what links they may have to pharmaceutical companies.

These have made huge profits from vaccine sales due to WHO's pandemic declaration.

The decision not to declare the pandemic is "post peak" will come as a surprise given that the latest update from European Centre for Disease Prevention and Control (ECDC) reports that pandemic flu activity has passed its peak in most of Europe.

Only 6.7% of the 684 specimens testing positive for the influence virus, and most of those in eastern European countries such as Romania.

According to the ECDC update, only 1549 people in Europe have died from the swine flu virus, a fraction of the number of people who die each year from the seasonal flu.
=>http://ecdc.europa.eu/en/publications/Publications/100219_EISN_Weekly_Influenza_Surveillance_Overview.pdf

Fukuda has said that it is concerned about a possible mutation of the swine flu virus into a hybrid bird flu virus, and this is one reason for maintaining the pandemic emergency level.

Indeed, WHO-affiliated scientist Bruno Lina is working on bioengineering just such a lethal combination in an Inserm lab in Lyon, according to a report in Nature. However, the emergence of any new, hybrid virus will make the current vaccines useless.

The emergency committee headed by Mackenzie is to meet again in a few weeks to reassess its decision.

A financial meltdown in Europe, a false flag terrorist event, a cyberattack or a war against Iran could create the kind of turmoil in which WHO might hope to implement another vaccination campaign.

CNSNEWS.COM The Right News. Right Now.

Joe Schoffstall

Swine Flu Casualties Far Below White House Projections, Latest Mortality Data Show

CNS News, 26 February 2010

https://web.archive.org/web/20100301011204/http://www.theflucase.com/index.php?option=com_content&view=article&id=2836%3Aswine-flu-casualties-far-below-white-house-projections-latest-mortality-data-show&catid=41%3Ahighlighted-news&Itemid=105&lang=en

(CNSNews.com) – New statistics on the H1N1 swine flu strain show that it is no longer a "pandemic" in the United States, and that fatalities here never came close to the levels projected by the White House last fall.

As of Feb. 14, the World Health Organization (WHO) reported that more than 212 countries and overseas territories or communities have reported laboratory-confirmed cases of "pandemic influenza H1N1 2009," and 15,921 deaths have been confirmed worldwide.

Outbreaks in North and South America are now at a low level, WHO said.

"In the Americas, both in the tropical and northern temperate zones, pandemic influenza virus continues to circulate at low levels but overall pandemic influenza activity continued to decline or remain low in most places," the WHO report added.

Meanwhile, H1N1 cases and fatalities in the United States are no longer occuring at an epidemic level, according to the federal Centers for Disease Control and Prevention in Atlanta, and are far below the levels that had been predicted in 2009.

The CDC reported on Feb. 12 that an estimated 8,330 to 17,160 people have died in the U.S. alone since the H1N1 "swine flu" virus first broke out in April 2009.

For H1N1 (Swine Flu) related deaths, the mid-level in the range was about 11,690, the CDC said.

The CDC also estimated that between about 183,000 and 378,000 H1N1-related hospitalizations occurred between April and Jan.16 of last year.

The CDC numbers differ from the WHO statistics because the U.S. agency said it stopped reporting "laboratory confirmed" cases in 2009. The CDC now only reports "estimates" of flu-related hospitalizations and deaths from influenza.

"Early in the 2009 H1N1 outbreak, CDC did collect information related to 2009 H1N1 cases, but on July 24, 2009, states discontinued reporting of individual cases of 2009 H1N1 because as the outbreak expanded, individual case counts become increasingly impractical and not representative of the true extent of disease," according to the CDC Web site.

"For this reason, definitive counts of how many people have become infected with 2009 H1N1 are not available. However, CDC developed a method to provide an estimated range of the total number of 2009 H1N1 cases, hospitalizations and deaths in the United States," the public health agency said.

Still, U.S. estimates fall significantly below the average number of 36,000 fatalities the government says typically occur each year from seasonal flu.

The CDC estimates are also well below the White House projection last fall that a low of 30,000 deaths to a maximum of 90,000 could be expected.

On Aug. 24, the President's Council of Advisors on Science and Technology (PCAST) – a panel chaired by White House Science Czar John P. Holdren -- released a report assessing H1N1 preparations. This report suggested that anywhere between "30,000 and 90,000" people could possibly die as a result of the flu.

The PCAST report stated, "While the precise impact of the fall resurgence of 2009-H1N1 influenza is impossible to predict, a plausible scenario is that the epidemic could:

"– produce infection of 30-50 percent of the U.S. population this fall and winter, with symptoms in approximately 20-40 percent of the population (60-120 million people), more than half of whom would seek medical attention.

"– lead to as many as 1.8 million U.S. hospital admissions during the epidemic, with up to 300,000 patients requiring care in intensive care units (ICUs). Importantly, these very ill patients could occupy 50-100 percent of all ICU beds in affected regions of the country at the peak of the epidemic and could place enormous stress on ICU units, which normally operate close to capacity.

"– cause between 30,000 and 90,000 deaths in the United States, concentrated among children and young adults. In contrast, the 30,000-40,000 annual deaths typically associated with seasonal flu in the United States occur mainly among people over 65. As a result, 2009-H1N1 would lead to many more years of life lost."

In October of 2009, President Obama signed a proclamation declaring H1N1 a "national emergency" as the "rapid increase in illness" continued.

As noted, the CDC now is reporting that, in the United States, between 8,330 to 17,160 people have died from H1N1 since the virus first broke out in April 2009, and that the mid-level in the range was about 11,690 deaths.

THE FLU CASE

WHO Hypes Swine Flu Pandemic in Africa

The Flu Case, 27 February 2010, 15:36
https://web.archive.org/web/20100301011214/http://www.theflucase.com/index.php?option=com_content&view=article&id=2850%3Awho-hypes-swine-flu-pandemic-in-africa&catid=41%3Ahighlighted-news&Itemid=105&lang=en

In sun-soaked Africa, the flu is the least of the worries facing people who have to cope with wars, regional conflicts, life threatening famines, undernourishment and other diseases such as malaria.

Nevertheless, the WHO is now hyping the threat of a swine flu pandemic on the continent in preparation for a mass vaccination campaign with the untested and toxic swine flu jabs.

The African Regional Office of the World Health Organization (WHO) has now reported first nine cases of swine flu in Niger as the scare mongering campaign gains momentum.

The up coming World Cup in South Africa would provide a good opportunity for anyone planning to dramatise an outbreak of a more virulent swine flu in order to drive people to take the vaccine.

World Health Organization
REGIONAL OFFICE FOR Africa

WHO African Region situation updates

Geneva, WHO
http://www.afro.who.int/index.php?Itemid=2544
https://web.archive.org/web/20100204072955/http://www.afro.who.int/index.php?Itemid=2544

Pandemic (H1N1) 2009 in the African Region: Update 69

As of February 3, 2010, 09H00 GMT, 32 countries have officially reported 17,128 laboratory confirmed human cases of pandemic (H1N1) 2009 *including **167** deaths.* The breakdown of confirmed cases and deaths by country is given in the table below. [CFR: 167 / 17,128 => 0.975 %]

THE WALL STREET JOURNAL.

Betsy McKay

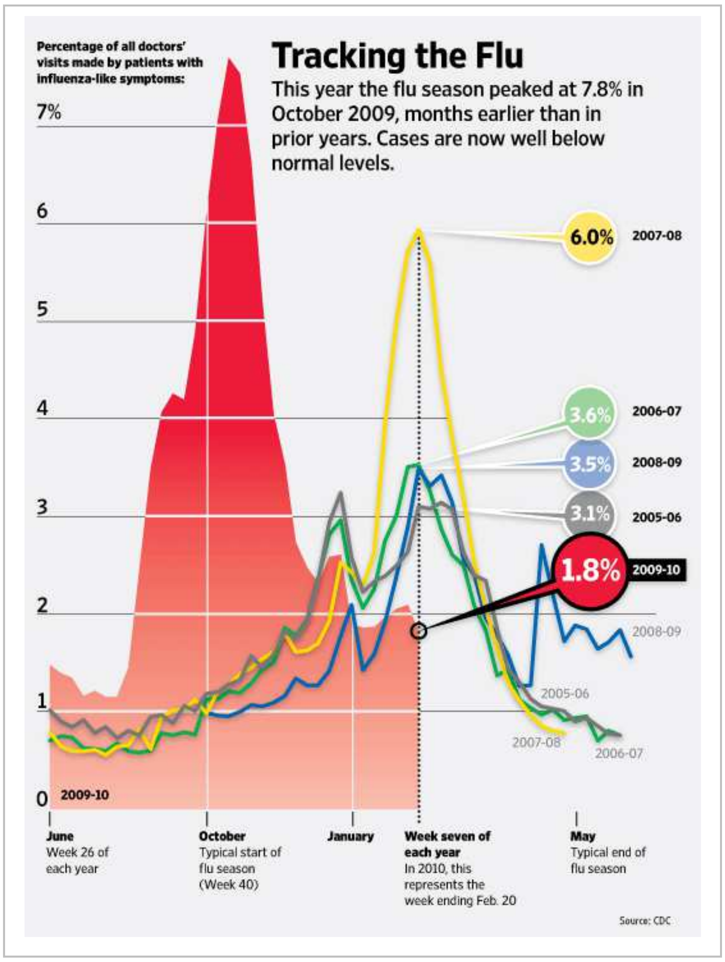
The Flu Season that Fizzled: Cases of H1N1 have Dwindled, Seasonal Flu has been a no-show and Doctors wonder Why

WSJ, 2 March 2010, 12:01 am ET
https://www.wsj.com/articles/SB10001424052748703429304575095743102260012

This has been a flu season like few others.

Normally at this time of year, influenza is rampant in the U.S., prompting hundreds of thousands of people to stay home in the dead of winter with fever, aches and pains.

Now, after raging through college campuses and communities last summer and fall, cases of the new H1N1 swine flu virus have dwindled to a trickle, and run-of-the-mill seasonal flu has barely made an appearance. Not one state reported widespread flu illness to the Centers for Disease Control and Prevention for the week ended Feb. 20, the latest data available. The percentage of all doctors' visits by patients with influenza-like symptoms has dropped from a high of 7.8% in late October – the largest peak since the agency began surveillance in 1997 – to 1.8% in late February, well below the norm for flu season.



Doctors and flu experts say the lull is unusual. "This is typically the peak of flu," said James Turner, executive director of the University of Virginia's department of student health. He said the Charlottesville, Va., student health center usually sees as many as 130 students a week complaining of flu symptoms this time of year. Recently, no more than three to five students a week have been coming in with fever, cough or other signs of flu, he said.

It is not clear why there is so little flu, particularly swine flu, going around, experts say. "Surely there's a sufficient number of people who haven't been infected or vaccinated," said Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota.

Many scientists say the answer probably has to do with how the flu virus progresses. Influenza comes and goes in waves, normally running from October through May. But pandemic viruses – new viruses that emerge and spread quickly around the globe – often move to a different rhythm, and can reach their busiest stage at unusual times like summer and early fall, although the reason for this isn't understood. Flu has peaked in late February or early March in 20 of the past 26 flu seasons, said Lyn Finelli, the CDC's chief of flu surveillance and outbreak response. But the latest swine flu wave started in August, and peaked in late October, before waning.

Widely publicized preventive measures such as hand washing, and the large national vaccination effort thus far, may also have played a role in the sharp drop off in H1N1 infections, but it is not clear by how much, said Anthony Fiore, a medical epidemiologist with the CDC's influenza division.

By mid-January, swine flu had sickened about 57 million people in the U.S. and killed roughly 11,700 – mostly young adults and children – from the time it emerged in late April through mid-January. Young people who ordinarily fight off flu easily ended up in intensive care units on advanced life support. Pregnant women, children, and other people at risk of flu complications stood in line for hours for vaccine, as slow production and delays prompted limited supplies.

In past years, when seasonal flu was the big worry, influenza has typically sickened about 25 million people a year, and directly killed about 8,000, according to the CDC.

The H1N1 flu virus hasn't disappeared, and another wave could still come this winter. "We've had peaks [of flu] as late as May, so we're not out of the woods yet," said Dr. Fiore of the CDC's influenza division. The virus could also mutate, spawning more new infections, though it hasn't done so yet. Flu experts estimate that more than half the country's population may still be vulnerable to the H1N1 virus, either because they haven't been sick or gotten vaccinated.

Some recent statistics could be warning signals. A few states have reported small increases in the percentage of doctors' visits by patients with flu-like symptoms. And the American College Health Association reported for the week ending Feb. 19 its first uptick in swine flu cases on college campuses since mid-December, to 4.1 cases per 10,000 from 2.7 cases per 10,000.

Dr. Turner, who is also president of the ACHA, said the organization plans to decide along with the CDC after getting more data this week whether to warn colleges to promote prevention measures to thwart a new wave that may be on its way. He said he is concerned that college students traveling on spring break could bring the disease back with them to campus. "If there's anytime we're going to see an increase in disease activity, I'd say March or early April is the time," he said.

U.S. and global health officials have recommended that the new H1N1 virus be included as one of three strains in next season's flu vaccine. The CDC's vaccine advisory panel also expanded its recommendation for who should get flu shots to include young and middle-aged adults, among whom death rates from the new H1N1 virus have been higher than for the elderly or children. The change means that all Americans now will be encouraged to get flu shots when the next vaccine is ready in September.

The unusual course this flu season is taking isn't one that public health officials are eager to repeat. Not knowing when the next flu outbreak could occur will mean staying on high alert for much of the year. It would also mean another rush to get vaccine distributed quickly. The CDC, which normally starts tracking flu hospitalizations and deaths in October, will continue to monitor them this spring, summer, and early fall. "We're going to make sure when it hits, we know about it and can describe it," Dr. Finelli said.

Nancy Cox, the CDC's influenza chief, told a vaccine advisory panel last week that the pandemic H1N1 virus is likely to eventually become a seasonal strain, though it is not one yet. Globally, the pandemic virus is still circulating in tropical countries and some parts of Europe, but is waning in most places, according to the World Health Organization.

Flu experts say they don't know why there is so little seasonal flu circulating this year. One theory doctors are debating is that people infected with H1N1 swine flu may produce a chemical in their bodies that protects them against other flu viruses.

The new virus doesn't appear to have completely muscled out other flu viruses, as some past pandemic viruses have. While one seasonal strain appears to have succumbed to the new tide of H1N1, another that is considered particularly hard on the elderly – H3N2 – has continued to circulate in pockets of the globe, albeit in small amounts.

While relatively few people are currently seeking out H1N1 shots, the CDC isn't giving up on promoting the vaccine this winter. About 155 million doses of H1N1 vaccine have been distributed so far this flu season, and about 86 million people have been vaccinated – a few million less so far than normally get vaccinated for seasonal flu. The agency is especially urging parents with children under 10 who have only had one dose to get a second, which it says is needed for full protection.

Even if a new wave of H1N1 illness occurs, some experts believe it won't be as large as the one last fall.

That's because millions more people have become immune either through infection or vaccination. "I think we'll have scattered outbreaks in communities that didn't have it," said Dr. Finelli.

The Daily Illini

Phil Johnson

Widespread illness: fluke or actual flu?

The Daily Illini (Urbana, IL), 3 March 2010, V 139, N 112, p. 4A
https://www.newspapers.com/image/757918582/?terms=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22&match=1

The bitter irony is best taken with strong drink. The pharmaceutical empires were about to be forcibly and politically injected with an antigluttony serum, but they got a hold of the needle first. Petrified by the prospect of becoming their gated communities' poor kids, they altered the cure and stuck anyone they could on their filthy green medical play-ground. Their lunacy and fear turned most of us into crazed hypochondriacs while the only virus around was a legendary strain of greed. Healthy skepticism was the antidote, but when dirty words like "conspiracy" and "theory" are listed as common side effects by the very ones profiting, things get weird.

Our "progressive" Robin Hood of a President trotted out scientists projecting 120 million American swine fluke infections – we're gonna lose 90,000 to this thing. Did he know he was being had or was he so naive? Either hurt. The World Health Organization said a third of the world would catch it, and hundreds of thousands would perish. While many college students called the puppet organization's bluff, world leaders were not about to ruin their political careers just in case this one happened to be real – remember the devastation SARS and the Avian Fluke wreaked? Bird Fluke has claimed 282 lives to date, and cannot even spread from person to person.

Swine fluke was announced to he a pandemic in June and soon after Big Pharma saw approximately $10 billion in profit. The U.S. flushed $2 billion into the scam. Fear definitely muddles the mind, but greed is worse. Someone in our government must have been aware that WHO changed their definition of a pandemic only one month prior to "outbreak." What was once "simultaneous epidemics worldwide with enormous numbers of death and illness" became "pandemics can be either mild or severe in the illness they cause." As director of WHO's Collaborating Centre for Epidemiology, Dr. Ulrich Keil said the severity of a disease no longer mattered. The redefinition becomes even more confusing when you read on the WHO Web site that there are "annual epidemics" of seasonal flu that claim between 250,000 and 500,000 lives. Else-where the Web site states swine fluke has only killed 14,000 worldwide, 4,000 in the U.S. – only a ninth of typical annual U.S. seasonal flu victims. Couldn't these guys have contracted the Bush administration for help on successfully covering up a fear campaign?

All that mattered was return-ing an investment. In this case it was the $4 billion investment Big Pharma had already made on swine fluke vaccine patents before swine fluke was so blatantly falsely labeled as a pandemic. Maybe at one point these pigs did think swine fluke would strike the way they projected, but when it didn't, they sure as hell were not going to be the ones left holding millions of useless vaccines. So they pulled some strings and their puppet turned the profiteering fear machine on. According to the Harvard School of Public Health, WHO overestimated the deadliness of swine fluke somewhere between 40 and 250 times. An honest mistake by the greatest medical minds in the world, right?

The Council of Europe, the oldest international organiza-tion working toward European integration, launched an investigation into the get-even-rich-er-quick scam late last month. Addressing the Council, Dr. Keil criticized the "hysterical announcements and reactions of ministries, scientific bodies and not least the media sharply contrasting with the mounting epidemiological evidence of a mild viral infection..." All about spreading the fear, CNN, ABC, MSNBC and even the bastion of unbiased reporting, FOX News, have done little reporting on the investigation for the truth. Surely Big Pharma has no impact on the media's portrayal of this grand scheme. What stings the worst is the availability of the answers. WHO acknowledges that their swine scientists have private sector associations. However, before each meeting, scientists are asked to declare all possible conflicts of interest. What a farce. A glance at WHO's 2008-2009 budget shows that $958 million of their funding comes from the UN, while $3.2 billion comes from decidedly involuntary investments they like to call "voluntary donations." My generation was right about this. We smelled the horsecrap fresh out of the gate. Our college quarantine leaves us relatively immune to the greed pandemic. Out in the "real world", the patients run the madhouse and they create fake diseases to further their pursuit of arbitrarily valuable pieces of paper, the ultimate root of this sickening psychosis.

THE FLU CASE

US extends pandemic emergency to 2012

The Flu Case, 8 March 2010, 13:15
https://web.archive.org/web/20100322201039/http://www.theflucase.com/index.php?option=com_content&view=article&id=2944:us-extends-pandemic-emergency-to-2012&catid=1:latest-news&Itemid=64&lang=en

Eileen Danneman has uncovered document showing that the US Health and Human Services secretary Kathleen Sebelius has extended the pandemic emergency to 2012 on March 5th, 2010, with little or no attention from the media.

"Sebelius: HHS document Extending the Pandemic to 2012 (Federal Register March 5, 2010) Therefore, pursuant to section 319F-3(b) of the Act, I have determined there is a credible risk that the spread of pandemic influenza A viruses and those with pandemic potential and resulting disease does or could constitute a public health emergency.

Section 319F-3(a)(4)(A) confers immunity to manufacturers and distributors of the Covered Countermeasure, regardless of the defined population.
...and amended on September 28, 2009 to provide targeted liability protections for pandemic countermeasures to enhance distribution ... and extends through February 28, 2012.

GovInfo

Federal Register, 5 March 2010, Vol. 75, N 43
https://www.govinfo.gov/content/pkg/FR-2010-03-05/html/2010-4644.htm

Department of Health and Human Services
Office of the Secretary
Pandemic Influenza Vaccines - Amendment

NATIONAL ARCHIVES — FEDERAL REGISTER — The Daily Journal of the United States Government

Pandemic Influenza Vaccines-Amendment
A Notice by the Health and Human Services Department on 03/06/2012
https://www.federalregister.gov/documents/2012/03/06/2012-5312/pandemic-influenza-vaccines-amendment

ACTION: Notice of Amendment to the March 1, 2010 Republished Declaration under the Public Readiness and Emergency Preparedness Act. ... etc.

ATS abovetopsecret

Sebelius Extends Declaration of Pandemic Two More Years to 2012.
9 March 2010, 01:01 PM
https://www.abovetopsecret.com/forum/thread550222/pg1#lastPost

SPIEGEL International

Philip Bethge, Katrin Elger, Jens Glüsing, Markus Grill,
Veronika Hackenbroch, Jan Puhl, Mathieu Von Rohr, Gerald Traufetter

Chronik einer Hysterie

Spiegel, 8 March 2010, 14:12 Uhr
https://www.spiegel.de/spiegel/a-682149.html

Fast ein Jahr lang hielt die Schweinegrippe die Welt in Atem. Eine gigantische Impfkampagne sollte ihr Einhalt gebieten. Dabei handelte es sich nur um einen eher harmlosen Virenstamm. Wie konnte es zu solch einer Überreaktion kommen? Eine Rekonstruktion.

Anfangs sieht es wirklich nicht gut aus für Edgar. Der Fünfjährige glüht vor Fieber. Er mag nicht mehr essen, sein Rachen brennt, ihn schmerzt der ganze Körper.

Rasch stehen für die Leute in dem mexikanischen Dorf La Gloria die Schweine unter Verdacht. Die sind ein Fluch, davon sind sie hier seit langem überzeugt. Allein im nahen Städtchen Perote werden eine halbe Million Schweine gemästet. Von dort bläst der Wind den Gestank durch die Gassen der umliegenden Dörfer. Ist es da ein Wunder, dass Edgar Hernández zu fiebern begann?

Doch dann, nach nur vier Tagen, berappelt sich der Junge wieder. Seine Krankheit ist ebenso plötzlich verschwunden, wie sie aufgetaucht war. Eine Grippe, sonst nichts. Bald schon redet niemand in La Gloria mehr darüber.

Erst Wochen später wird ein Labor in Kanada einen Schleimhautabstrich des Jungen untersuchen. Das Ergebnis macht ihn berühmt: Edgar hatte keine gewöhnliche Grippe. Er war mit einem neuartigen Erreger infiziert - dem Schweinegrippe-Virus. Edgar geht als "niño cero" in die Geschichte ein, als erster Mensch, der an der neuen Seuche erkrankte.

Der Infekt des mexikanischen Jungen verlief glimpflich - ebenso wie bei den allermeisten der Millionen Menschen weltweit, die sich in den folgenden Monaten anstecken sollten. Und deshalb wäre das neue Virus wohl unbeachtet geblieben, gäbe es die moderne molekulare Medizin nicht, mit ihren Genanalysen, Antikörpertests und Referenzlabors. Die Schweinegrippe hätte die Welt erobert, und kein Arzt hätte etwas davon gemerkt.

Doch es kam anders. Denn es gibt sie, die Hightech-Medizin und die Impfstoffindustrie. Ebola, Sars, Vogelgrippe: Systematisch haben Seuchenwächter, Medien, Ärzte und Pharmalobby die Welt mit düsteren Katastrophenszenarien eingestimmt auf die Gefahr neuer, bedrohlicher Infektionskrankheiten.

Und keiner von diesen wird mehr Aufmerksamkeit gewidmet als der Influenza: Verteilt auf 102 Länder lauern Forscher in mehr als 130 Labors weltweit auf neue Grippe-Erreger. Karrieren, ganze Institutionen und sehr viel Geld hängen daran. "*Manchmal kommt es mir vor, als hätten manche geradezu Sehnsucht nach einer Pandemie*", konstatiert der Grippe-Experte Tom Jefferson von der internationalen Cochrane Collaboration. "Alles, was es jetzt brauchte, um diese Maschinerie in Gang zu bringen, war ein kleines mutiertes Virus."

Nun endlich war es also aufgetaucht, und die Maschinerie setzte sich in Bewegung. Die Forscher machten sich daran, die molekulare Gestalt des Virus aufzuklären. Die Pharmaindustrie begann an Impfstoffen zu tüfteln. Und die Behörden schmiedeten Katastrophenpläne. Nur eines ignorierten sie alle: *dass der neue Erreger eigentlich ziemlich harmlos war*. **Wie nur war so etwas möglich**?

24. APRIL 2009, WHO-Zentrale in GENF

Kurz nach Mitternacht bekommt Keiji Fukuda, Grippe-Spezialist der Weltgesundheitsorganisation (WHO), jenen Anruf, der die Maschinerie zum Laufen brachte. Am anderen Ende der Leitung meldet sich Nancy Cox aus Atlanta, die oberste Grippe-Expertin der US-Seuchenkontrollbehörde CDC.

Fukuda und Cox kennen sich. Gemeinsam haben sie einst gegen die asiatische Vogelgrippe gekämpft. Sie können sich noch gut daran erinnern, wie der aggressive Killer in Hongkong aufgetaucht war. Jeder Dritte, der sich damals ansteckte, starb. Die Angst, dass solch ein Erreger dauerhaft auf den Menschen überspringen könnte, sitzt Fukuda noch heute in den Knochen.

Deshalb ist ihm sofort klar, was dieser Anruf bedeuten kann: den Beginn einer neuen verheerenden Pandemie. 2,0 bis 7,4 Millionen Menschen weltweit, so die Schätzung der WHO, könnten sterben - einen eher milden Verlauf vorausgesetzt. Sollte sich das neue Virus als ähnlich aggressiv erweisen wie jenes, das 1918 die Spanische Grippe auslöste, könnten es sogar Zigmillionen Opfer werden.

"Das Erste, was ich dachte, war: Wir müssen jetzt schnell handeln", sagt Fukuda. Sofort ruft er WHO-Generaldirektorin Margaret Chan an, auch sie eine Veteranin im Kampf gegen die Vogelgrippe. Als Leiterin der Hongkonger Gesundheitsbehörde war sie es seinerzeit gewesen, die alle Hühner der Stadt töten ließ.

Um 3.15 Uhr weckt ein Anruf auch den IT-Spezialisten Jered Markoff, der für das Strategic Health Operations Centre, den sogenannten Shoc Room, verantwortlich ist. Noch von zu Hause aus aktiviert Markoff diese Krisenoperationszentrale der WHO. Über seinen Heimcomputer fährt er die 15 in den Tischen versteckten Monitore aus, er startet die Rechner und wirft die an den Wänden angebrachten Großbildschirme an. Dann fährt er selbst in die WHO-Zentrale.

Monatelang wird der Shoc Room das Zentrum des weltweiten Kampfes gegen die Schweinegrippe sein. Er ist 24 Stunden lang besetzt, in drei Schichten wechseln sich die WHO-Mitarbeiter ab. Per Videokonferenz sind sie mit Ärzten, Wissenschaftlern, Politikern und Industrievertretern auf der ganzen Welt verbunden. Auf den Bildschirmen an den Wänden laufen rund um die Uhr Nachrichten, es werden Grafiken präsentiert, Landkarten und Statistiken.

Wie schnell verbreitet sich das Virus?

Noch ist die Lage sehr unübersichtlich: Zunächst ist von mehreren Dutzend Toten in Mexiko die Rede, bald darauf werden die Behörden diese Zahl auf vorerst sieben korrigieren. Die Seuchenschützer bewegen sich in einer wissenschaftlichen Grauzone: Die Informationen widersprechen sich, viele entscheidende Fragen sind noch offen. Wie schnell verbreitet sich das Virus? Welche Menschen sind besonders gefährdet? Schützt die normale Grippe-Impfung? Und vor allem: Wie gefährlich ist das neue Virus wirklich?

Um die bestmögliche Einschätzung zu bekommen, ruft WHO-Chefin Chan das "Emergency Committee", eine Gruppe von 15 handverlesenen Experten aus der ganzen Welt, zu einer ersten Telefonkonferenz zusammen. "Wir hatten in dieser frühen Phase noch zu wenig Informationen", erinnert sich der Australier John Mackenzie, der Vorsitzende des Komitees. "Aber alles, was wir damals wussten, hörte sich alarmierend an."

Heißt dies, dass ein sehr milder Verlauf der Pandemie von Anfang an gar nicht in Betracht gezogen wurde? Auf jeden Fall ist Abwiegeln unerwünscht: Die WHO will bei ihren Entscheidungen erklärtermaßen von einem Worst-case-Szenario ausgehen. "Wir wollten die Situation lieber über- als unterschätzen", sagt Fukuda.

Auch Mackenzie, ein erfahrener Seuchenschützer, ist es gewohnt, stets und überall Gefahr zu wittern. Mehrere Jahre war er beim Australian Biosecurity Cooperative Research Centre dafür verantwortlich, Australien vor neuen ansteckenden Krankheiten zu schützen. Bei seinem Abschied 2008 warnte er eindringlich vor der nächsten Grippe-Pandemie.

Vor allem aber ist es wohl das Schreckensbild der Vogelgrippe, das den Experten den Blick verstellt auf die Eigenheiten des neuen Erregers. In ihren Köpfen hat sich die Vorstellung eines höchst aggressiven Virus festgesetzt, das, einmal verbreitet, unweigerlich in die Katastrophe führt.

Auch die Medien befördern die Angst. Der SPIEGEL etwa hatte immer wieder über die Vogelgrippe berichtet. Nun widmet er dem neuen "Welt-Virus" eine Titelgeschichte, die geprägt ist von der Sorge, der Schweinegrippe-Erreger könne zum Horrorvirus mutieren.
https://www.spiegel.de/politik/angriff-aus-dem-schattenreich-a-93aab053-0002-0001-0000-000065243804?context=issue

Geschickt hat es besonders die Pharmaindustrie verstanden, diese Vision wachzuhalten. Eigens zu diesem Zweck finanzieren die Grippemittel- und Impfstoffhersteller einen eigenen Wissenschaftlerverband: die

European Scientific Working Group on Influenza, die regelmäßig Kongresse und Expertentreffen veranstaltet. An der Spitze der Lobbyvereinigung steht Albert Osterhaus vom Erasmus Medical Center in Rotterdam - der zugleich einer der einflussreichsten WHO-Berater in Sachen Grippe-Impfung ist.

Gemeinsam mit Osterhaus soll auch Johannes Löwer der WHO-Chefin Empfehlungen zum Thema Schweinegrippe-Impfung geben. Der damalige Präsident des für Impfstoffe zuständigen Paul-Ehrlich-Instituts (PEI) ist inzwischen selbst davon überzeugt, dass die Horrorszenarien der Vogelgrippe sein Denken wohl zu stark geprägt hätten, ebenso wie dasjenige seiner Expertenkollegen: "Wir waren in Erwartung einer richtigen Pandemie, wir dachten, die muss jetzt kommen. Da war keiner, der sagte, denkt noch mal nach."

27. April 2009: Die WHO ruft Pandemie-Warnstufe 4 aus. Das Virus wird also in mindestens einem Land von Mensch zu Mensch übertragen. +++

28. April 2009: In Deutschland gibt es die ersten sieben Fälle von Verdacht auf Schweinegrippe. +++

29. April 2009: Die WHO ruft Stufe 5 aus, die letzte Vorstufe zur Pandemie. Influenza-Forscher versetzt dies in Höchststimmung: "Eine Pandemie - das ist für uns Virologen so etwas wie für Astronomen die Sonnenfinsternis im eigenen Land", sagt Markus Eickmann, Leiter des BSL-4- Hochsicherheitslabors in Marburg.

30. April 2009: In Ägypten beginnt die Tötung sämtlicher Hausschweine des Landes. Brigitte Bardot bittet Staatspräsident Husni Mubarak vergebens, die Massentötung zu stoppen. +++

4. Mai 2009: In Mexiko haben die Fußballspiele der vier höchsten Ligen ohne Zuschauer stattgefunden. In der Verwaltung des saarländischen Landtags wird ein Verbot von Begrüßungsküsschen erlassen. +++

10. Juni 2009: Der WHO wurden inzwischen 141 Schweinegrippe-Todesopfer gemeldet. Die Mehrzahl von ihnen hatte schwere Vorerkrankungen. Meist jedoch verläuft die Infektion mild. Ein genesener Patient berichtet in der "Süddeutschen Zeitung": "Mein Hauptproblem war, wer einkaufen geht."

11. Juni 2009, WHO-Zentrale

Wieder einmal schaltet sich das Emergency Committee zu einer Telefonkonferenz zusammen. Diesmal geht es um die große, die alles entscheidende Frage: Soll die WHO Stufe 6 der Seuche ausrufen? Ist die Schweinegrippe eine Pandemie?

Stundenlang beraten die 15 rund um den Erdball verteilten Experten. Dann schließlich wendet sich Chan an die Presse. Das Virus sei unberechenbar und könne nicht gestoppt werden, sagt sie. Damit gilt offiziell: Der Grippepandemiefall ist eingetreten, erstmals seit 41 Jahren.

"Ich denke, wir haben alles richtig gemacht", sagt der Vorsitzende Mackenzie rückblickend. Und formal hat er damit sogar recht.

Denn die Regularien besagen, dass Stufe 6 in Kraft tritt, wenn sich ein neues Virus unkontrollierbar in mehreren Regionen der Erde verbreitet. Über die Schwere der Erkrankung sagen sie nichts.

Tatsächlich aber verbinden die allermeisten Seuchenexperten den Begriff der "Pandemie" automatisch mit wirklich aggressiven Viren. Auf der Website der WHO etwa ist in der Antwort auf die Frage "Was ist eine Pandemie?" von "einer enormen Anzahl von Todes- und Krankheitsfällen" die Rede - jedenfalls bis zum 4. Mai 2009. Dann machte ein CNN-Reporter die Seuchenschützer auf den Widerspruch zur eher mild verlaufenden Schweinegrippe aufmerksam, und diese Passage wurde umgehend getilgt.

Auch die deutschen Seuchenschützer haben die offizielle WHO-Definition der Phase 6 offenbar gründlich missverstanden. Bei einer Influenza-Pandemie, heißt es im 2007 aktualisierten nationalen Pandemieplan, handle es sich um "eine lang anhaltende, länderübergreifende Großschadenslage". Sie verursache "derart nachhaltige Schäden, dass die Lebensgrundlage zahlreicher Menschen gefährdet oder zerstört wird".

Davon kann am 11. Juni 2009 keine Rede sein. Kritiker fragen spöttisch, ob die WHO demnächst auch einen neuen Schnupfen zur Pandemie erklären wolle. "Manchmal denken einige von uns, WHO steht für Welt-Hysterie-Organisation", meint Richard Schabas, einstmals Gesundheitschef der kanadischen Provinz Ontario.

Als Chan ihre Entscheidung fällte, da wusste sie, dass Dutzende Staaten, darunter Großbritannien, China und Japan, eindringlich gewarnt hatten, nicht voreilig die Phase 6 zu verkünden. Hongkongs Gesundheitsminister hatte gefordert: "Das System der Pandemie-Phasen muss überarbeitet werden." Auch Seuchenwächter Mackenzie ist rückblickend dieser Meinung: "Wir brauchen ein Fein-Tuning von Phase 6, bei dem auch die Schwere der Erkrankung mitberücksichtigt wird." Sogar die WHO selbst denkt im Mai darüber nach, die Kriterien in diesem Sinne zu ändern - sieht dann jedoch wieder davon ab.

Die Warnungen verhallen. Warum? Weil Vorschrift nun einmal Vorschrift ist? Weil man lieber auf Nummer sicher gehen will? Fest steht: Eine Partei mit gutem Draht nach Genf hat ein überragendes Interesse daran, dass möglichst schnell Phase 6 ausgerufen wird: die Pharmaindustrie.

"Die Pharmaindustrie hat keine unserer Entscheidungen beeinflusst", sagt Fukuda. Doch Mitte Mai, rund drei Wochen bevor die Schweinegrippe zur Pandemie erklärt wird, treffen sich in der WHO-Zentrale 30 hochrangige Vertreter von Pharmakonzernen mit WHO-Chefin Chan und Uno-Generalsekretär Ban Ki Moon. Offiziell geht es darum, wie auch die Versorgung der Entwicklungsländer mit Pandemie-Impfstoff sicher-gestellt werden kann. Doch für die Impfstoffindustrie ist zu dieser Zeit etwas anderes die Schlüsselfrage: die Entscheidung für Phase 6.

Es geht um nichts Geringeres als die Versorgung großer Teile der Menschheit mit Grippe-Impfstoffen. Alles hängt an dieser Entscheidung: Phase 6 funktioniert wie ein Schalter, der die Kassen der Industrie risikofrei klingeln lässt. Denn viele Pandemie-Impfstoff-Verträge sind längst abgeschlossen. Deutschland etwa hat sich schon 2007 dem britischen Konzern GlaxoSmithKline (GSK) gegenüber verpflichtet, GSK-Pandemie-Impfstoff zu kaufen - sobald Phase 6 ausgerufen wird. Das mag erklären, warum Professor Roy Anderson, einer der wichtigsten wissenschaftlichen Berater der britischen Regierung, die Schweinegrippe sogar schon am 1. Mai zur Pandemie erklärte. Was er dabei nicht mitteilte: dass er ein Jahresgehalt in Höhe von mehr als 130 000 Euro von GSK bezieht.

Mitte Juni 2009: Der Deutschland-Chef des Impfstoffherstellers GSK ermahnt Gesundheitsministerin Ulla Schmidt, "die im Vertrag vorgesehene Belieferung dringend zu bestätigen". Die thüringische Gesund-heitsministerin fordert er auf, "uns die vertraglich fixierten Bestellungen der Bundesländer unverzüglich verbindlich zu bestätigen". Ähnliche Schreiben gehen an andere Länder.

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4. Juli 2009: Es wird bekannt, dass Rupert Grint an der Schweinegrippe erkrankt war: "Zuerst dachte ich, ich müsste sterben", sagt der Schauspieler, der in den "Harry Potter"-Filmen Ron Weasley spielt, "doch dann hatte ich nur Halsschmerzen." +++

14. Juli 2009: In Deutschland gibt es jetzt offiziell 727 Infizierte, gestorben ist keiner. +++

August 2009: Die australische Grippesaison geht zu Ende. Obwohl noch kein Impfstoff existiert, sind dort am Ende nur 190 Menschen gestorben, deutlich weniger als in einer normalen Grippesaison. +++

29. August 2009: Eine SPIEGEL-Umfrage ergibt: Nur 13 Prozent der Deutschen wollen sich impfen lassen.

7. September 2009, Thüringische Landesvertretung in Berlin

Sondergipfel in der Berliner Mohrenstraße. Nach und nach treffen die Gesundheitsminister der Länder ein. Es soll um die Frage gehen, ob noch mehr Impfstoff nachbestellt werden soll.

Alle, die gekommen sind, wissen: Es ist Wahlkampf in Berlin, und Ulla Schmidt hat unmissverständlich klargestellt: "Ich möchte, dass jeder, der sich impfen lassen will, auch geimpft werden kann." Und: "Ich erwarte, dass sich die Länder ihrer Verantwortung stellen." Auf keinen Fall will die Ministerin den Eindruck entstehen lassen, sie enthalte der Bevölkerung etwas vor.

Es ist ein warmer Nachmittag im Spätsommer, die Stimmung bei der Sondersitzung aber ist eisig. "Der Bund hatte im Vorfeld massiv Druck auf uns gemacht, mehr Impfstoff zu bestellen", sagt der Hamburger Gesundheitssenator Dietrich Wersich (CDU). "Dabei war uns allen klar, dass die Impfbereitschaft in der Bevölkerung äußerst gering war."

Denn inzwischen ist eine Debatte darüber entbrannt, ob Deutschland mit Pandemrix nicht auf den falschen Impfstoff gesetzt habe. Das Präparat enthält einen neuartigen Wirkverstärker, ein sogenanntes Adjuvans, das zusammen mit dem Schweinegrippe-Antigen noch nie in größerem Umfang an Menschen getestet worden ist. Eine Massenimpfung von Millionen Menschen mit einem kaum erprobten Impfstoff? "Das ist ein Großversuch an der deutschen Bevölkerung!", warnt Wolfgang Becker-Brüser, Herausgeber des "arznei-telegramms".

Theoretisch, sagt der ehemalige PEI-Chef Löwer, wäre es durchaus möglich gewesen, auch in Deutschland kurzfristig einen Adjuvans-freien Schweinegrippe-Impfstoff zuzulassen. Doch die Verträge über Pandemrix sind schon seit 2007 unterschrieben. Seit der WHO-Entscheidung für Phase 6 sind sie automatisch in Kraft getreten. Deutschland steckt in der Falle.

Missmutig debattieren die Länderminister: 50 Millionen Impfdosen, so meinen sie, seien doch schon bestellt, fast eine halbe Milliarde Euro hat die Länder das bereits gekostet. Ist es da wirklich nötig, noch mehr zu ordern?

Von allen Seiten fühlen sich die Minister unter Druck gesetzt: Zum einen schüren die Medien die Angst vor dem Virus. Vor allem die "Bild"-Zeitung verkündet fast täglich neue Horrorbotschaften. Zum anderen drängen die Pharmafirmen; immer wieder stellen sie Ultimaten.

Gut können sich die versammelten Minister noch daran erinnern, wie der Pharmakonzern Roche die Bundesländer zum Kauf des Grippemedikaments Tamiflu gedrängt hatte. Mit der Betreffzeile: "eilt: Angebot Roche" erreichte sie schon am 30. April um 15.28 Uhr eine E-Mail aus dem thüringischen Gesundheitsministerium: "Roche hat uns soeben mitgeteilt, dass sie noch über einen Bestand von 180 000 Packungen Tamiflu verfügen. Diesen Bestand stellen sie den Ländern bis heute spätestens 16.30 Uhr zur Verfügung, ansonsten werden mit dem Bestand andere Anfragen von Großhandel usw. bedient." Tatsächlich jedoch sind zu keiner Zeit ernsthafte Lieferengpässe bekanntgeworden.

"Mit bis zu 80.000 Todesfällen müsse gerechnet werden"

Aber auch von den Seuchenwächtern im Robert-Koch-Institut (RKI) und im Paul-Ehrlich-Institut geht Druck auf die versammelten Minister aus. "Wir haben uns damals miserabel beraten gefühlt", erinnert sich der Bremer Staatsrat Hermann Schulte-Sasse (SPD). "Die Institute haben uns nicht dabei geholfen, wenn es darum ging, Panikmache zu verhindern."

Immer wieder warteten RKI und PEI mit neuen Horrorzahlen auf. Mit bis zu 80.000 Todesfällen müsse gerechnet werden, hatte es noch im Juni geheißen, und mit einem "Produktionsausfall von 15 bis 45 Milliarden Euro".

Warum die Forscher ihnen denn nichts berichtet hätten über neue Studien, die darauf hinweisen, dass auch eine Einmalimpfung bei der Schweinegrippe auszureichen scheint, empört sich einer der Versammelten. Wenn das zutreffe, könnten die Länder schließlich viel Geld sparen. Denn dann würden die 50 Millionen bereits bestellten Dosen nicht nur für 25 Millionen, sondern für 50 Millionen Menschen ausreichen, eine Nachbestellung wäre damit überflüssig.

Alle Blicke sind nun auf RKI-Chef Jörg Hacker gerichtet. "Die Stichproben sind bisher viel zu klein gewesen", wiegelt dieser ab. Hacker mag solche Situationen nicht. Er ist Wissenschaftler, kein Politiker.

Wenn eine einzige Impfdosis jedoch ausreicht, dann würde dies nicht nur viel Impfstoff sparen. Es wäre zugleich auch ein starker Hinweis darauf, dass die Bevölkerung dem Virus keineswegs wehrlos ausgeliefert ist. Die Gefahr, die von der Schweinegrippe ausgeht, könnte also deutlich kleiner sein als gedacht.

Doch bei keinem im Saal kommt diese Botschaft der Entwarnung an. Am Ende beschließen die Minister widerwillig, beim Pharmakonzern Novartis die Option auf weitere 18 Millionen Impfdosen offenzuhalten.

9. Oktober 2009: Wolf-Dieter Ludwig, Onkologe und Vorsitzender der Arzneimittelkommission der deutschen Ärzteschaft, erklärt: "Die Gesundheitsbehörden sind auf eine Kampagne der Pharmakonzerne hereingefallen, die mit einer vermeintlichen Bedrohung schlichtweg Geld verdienen wollten." +++

21. Oktober 2009: In giftigem Gelb warnt die "Bild"-Schlagzeile: "Schweinegrippe-Professor befürchtet in Deutschland 35 000 Tote!" Der Professor heißt Adolf Windorfer, und auf Nachfrage gibt er zu, unter anderem von GSK und Novartis Geld zu erhalten. Neben der "Bild"-Schlagzeile prangt eine Anzeige des Verbands Forschender Arzneimittelhersteller. +++

28. November 2009: Die Schweinegrippe in Deutschland flaut ab. Kaum jemand will sich noch impfen lassen. +++

8. Dezember 2009: Auf Englands vereisten Straßen wird das Streugut knapp. Paul Flynn, Labour-Abgeordneter im britischen Parlament, schlägt vor, die staatlichen Tamiflu-Vorräte zum Streuen zu verwenden. Eine Untersuchung der Cochrane Collaboration hatte gezeigt, dass die Wirkung des Grippemittels nur schwach ist. +++

7. Januar 2010: RKI-Präsident Hacker warnt vor einer neuen Grippewelle. "Der Impfstoff ist nach wie vor notwendig, das Virus ist ja auch noch unter uns." +++

26. Januar 2010: Der deutsche Abgeordnete Wolfgang Wodarg kritisiert im Europarat in Straßburg, dass weltweit "Millionen Menschen ohne einen guten Grund geimpft" wurden. Die Ausrufung der Pandemie durch die WHO habe den Pharmakonzernen 18 Milliarden Dollar Zusatzeinnahmen in die Kassen gespült. Allein der Jahresumsatz des Grippemittels Tamiflu ist um 435 Prozent auf 2,2 Milliarden Euro gestiegen. +++

5. März 2010: Die Bundesländer wollen zehn Millionen überflüssiger Dosen des Schweinegrippe-Impfstoffs Pandemrix an Pakistan verkaufen.

ANFANG MÄRZ 2010, WHO-ZENTRALE IN GENF

Der Shoc Room wird inzwischen längst für andere Notfälle gebraucht. Hilfe für Haiti etwa wurde von hier aus koordiniert. Doch oft steht der Raum auch einfach leer.

Die Stimmung bei der WHO hat sich inzwischen merklich entspannt. Die Presseabteilung ist längst nicht mehr rund um die Uhr besetzt. Das Journalistenzelt auf dem Mitarbeiterparkplatz ist abgebaut. IT-Spezialist Jered Markoff kann wieder durchschlafen. Und der Grippe-Experte Keiji Fukuda ist froh, dass er sich wieder seinem Hobby, dem Cellospiel, widmen kann.

Was ist diese Pandemie also gewesen? Alles nur "eine gute Übung für den Ernstfall", wie es der WHO-Berater und Industrielobbyist Osterhaus formuliert? Haben die Behörden alles richtig gemacht, wie der australische Seuchenwächter John Mackenzie meint?

Sicher nicht. Niemand bei WHO, RKI oder PEI kann stolz auf sich sein. Diese Behörden haben kostbares Vertrauen verspielt. Denn wer wird ihren Einschätzungen bei der nächsten Pandemie jetzt noch Glauben schenken?

Vielleicht hätten sich alle ein Beispiel nehmen sollen an Ewa Kopacz, der polnischen Gesundheitsministerin. Die 53-Jährige ist von Beruf Ärztin und Mitglied der liberalen Bürgerplattform. Sie hat den Ruf, keinem Streit aus dem Weg zu gehen.

Als sie in der großen Impfstoffdebatte ans Rednerpult des Sejm trat, hatte sie ein knallrotes Kleid angelegt, eine Kampfmontur: "Als Ärztin ist mein oberster Grundsatz, niemandem zu schaden", sagte sie. Deshalb werde Polen sich gegen den Rest Europas stellen: "Wir werden keinen Impfstoff gegen die Schweinegrippe kaufen."

Die Volksvertreter murrten, doch Polens Gesundheitsministerin blieb hart: "Ist es meine Pflicht, Verträge zu unterschreiben, die im Interesse der Polen liegen oder im Interesse der Pharmakonzerne?"

Inzwischen blickt Europa neidisch auf ihre Standfestigkeit. Rund 170 Menschen sind in Polen an der Schweinegrippe gestorben, weitaus weniger, als die saisonale Grippe jedes Jahr dahinrafft.
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Auf dem Dorfplatz von La Gloria im Mexikanischen Hochland wurde inzwischen eine 1,30 Meter große und 70 Kilogramm schwere Bronzestatue errichtet - ein Abbild von Edgar Hernández, dem Wunderknaben, der die Schweinegrippe besiegte.

SPIEGEL International

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The Swine Flu Panic of 2009

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https://www.spiegel.de/international/world/reconstruction-of-a-mass-hysteria-the-swineflu-panic-of-2009-a-682613.html

Swine flu kept the world in suspense for almost a year. A massive vaccination campaign was mounted to put a stop to the anticipated pandemic. But, as it turned out, it was a relatively harmless strain of the flu virus. How, and why, did the world overreact? A reconstruction.

At first things did not look good for Edgar. The five-year-old boy had a high fever. He'd lost his appetite, his throat was burning and his entire body ached.

The people in the Mexican village of La Gloria were quick to blame the pigs. They had long been convinced that the animals were a curse. In the nearby town of Perote, half a million hogs were being fattened for slaughter. The wind carried the stench through the narrow streets of the surrounding villages. No one was very surprised when Edgar Hernandez fell ill.

But then, after only four days, the boy recovered. His illness disappeared as quickly as it had started. It turned out to be nothing more than the flu, and the people of La Gloria soon forgot about it.

'Boy Zero'

It wasn't until several weeks later that a laboratory in Canada tested a mucosal smear taken from the boy. The results made him famous. Edgar didn't have an ordinary flu, but had been infected with a new kind of pathogen, the swine flu virus. Edgar went down in history as *niño cero*, "boy zero," the first person to fall ill with the new plague.

The Mexican boy's infection was mild, like an overwhelming majority of the millions of cases that would occur worldwide in the coming months. The new virus would probably have attracted far less attention if it hadn't been for modern molecular medicine, with its genetic analyses, antibody tests and reference laboratories. The swine flu would have conquered the world, and no doctor would have noticed.

But the world did notice, largely because of high-tech medicine and the vaccine industry. From Ebola to SARS to the avian flu, epidemiologists, the media, doctors and the pharmaceutical lobby have systematically attuned the world to grim catastrophic scenarios and the dangers of new, menacing infectious diseases.

None of these diseases receives more attention than influenza. Researchers in more than 130 laboratories in 102 countries are constantly on the lookout for new flu pathogens. Entire careers and institutions, and a lot of money, depend on the outcomes of their work. "Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur," says flu expert Tom Jefferson, from an international health nonprofit called the Cochrane Collaboration. "And all it took was one of these influenza viruses to mutate to start the machine grinding."

Now turned up, the machinery was set into motion. Researchers got to work examining the molecular structure of the virus. The pharmaceutical industry started to develop vaccines. Government agencies laid out disaster plans. There was only one thing that everyone was ignoring: The new pathogen was, in fact, relatively harmless. How did all this happen?

April 24, 2009: WHO Headquarters in Geneva

Shortly after midnight Keiji Fukuda, an influenza specialist with the World Health Organization (WHO), received a phone call from Nancy Cox, the chief of the influenza division at the United States Centers for Disease Control (CDC) in Atlanta.

Fukuda and Cox had once worked together to fight the Asian bird flu. Both scientists remembered all too well how the aggressive killer surfaced in Hong Kong. A third of those infected with the virus died. To this day, Fukuda retains the fear that a similar pathogen could permanently make the jump to humans.

So the potential significance of the call was clear to Fukuda: the start of a devastating pandemic, in which, according to WHO estimates, between 2.0 and 7.4 million could die -- assuming the pandemic was relatively mild. But if the new virus proved to be as aggressive as the one that triggered the Spanish Flu in 1918, the death toll could run to the tens of millions.

"The first thing I thought was: We have to act quickly," says Fukuda. He immediately called WHO Director-General Margaret Chan, another veteran of the fight against avian flu. As Hong Kong's director of health at the time, she was the one who ordered the slaughter of all chickens in the city.

It specialist Jered Markoff, in charge of the WHO's Strategic Health Operations Center – also known as the SHOC room -- received a call at 3:15 a.m. Markoff activated the SHOC room from home: Using his personal computer, he issued the necessary commands to pull out the 15 monitors hidden in tables, start up the computers and switch on the large projection screens attached to the walls. Then he drove to WHO headquarters.

For the next few months, the SHOC room would serve as the center of the worldwide battle against H1N1, the swine flu virus. It was staffed 24 hours a day with three rotating shifts of WHO employees, who used videoconferencing equipment to communicate with doctors, scientists, politicians and industry representatives around the world. News, charts, maps and statistics were constantly popping up on the projection screens.

The situation was still confusing. At first, there was talk of several dozen dead in Mexico, but soon the authorities adjusted that number downward to seven. The epidemic experts were moving in a scientific gray area, filled with contradictory information and many unanswered questions. How fast does the virus spread? Which people are at the greatest risk? Does the normal influenza vaccine provide protection? Most of all: Just how dangerous is the new virus?

To obtain the best possible assessment, WHO Director-General Chan convened the "Emergency Committee," a group of 15 carefully selected experts from around the world, for a first teleconference. "In that early phase, we still had too little information," says Australian John Mackenzie, the chairman of the committee. "But everything we knew at the time sounded alarming."

Worst-Case Scenarios

Does this mean that a very mild course of the pandemic was not even considered from the start? At any rate, efforts to downplay the risks were unwelcome, and the WHO made it clear that it preferred to base its decisions on a worst-case scenario. "We wanted to overestimate rather than underestimate the situation," says Fukuda.

Mackenzie, another veteran in fighting epidemics, is accustomed to smelling trouble around every corner. He worked for the Australian Biosecurity Cooperative Research Centre for several years, where he was responsible for protecting Australia from new infectious diseases. When he left the Centre in 2008, he issued an emphatic warning about the next influenza pandemic.

Most of all, however, it was probably the horrific images of the avian flu that distorted the experts' view of the idiosyncrasies of the new pathogen. The vision of a highly aggressive virus had become lodged in their minds, a virus that, once it began to spread, would lead to catastrophe.

The media also did its part in stoking fears. SPIEGEL, for example, had reported at length on the avian flu. Now it devoted a cover story to the new "global virus," a story filled with concerns that the swine flu pathogen could mutate into a horrific virus.

The pharmaceutical industry was particularly adept at keeping this vision alive. Manufacturers of flu remedies and vaccines even funded a group of scientists devoted solely to this issue: the European Scientific Working Group on Influenza, which regularly held conferences and meetings of experts. The lobbying group was headed by Albert Osterhaus of the Erasmus Medical Center in Rotterdam, who also happened to be one of the WHO's most influential advisors on influenza vaccines.

Together with Osterhaus, Johannes Löwer was asked to provide Director-General Chan with recommendations on the subject of swine flu vaccination. The then president of the Paul Ehrlich Institute (PEI), which specializes in vaccines, is now convinced that he and his fellow experts were probably too strongly influenced by the horror scenarios swirling around the avian flu. "We expected a real pandemic, and we thought that it had to happen. There was no one who suggested re-thinking our approach."

April 27, 2009: *The WHO raises its pandemic warning to phase 4, meaning it has discovered human-to-human transmission of the virus in at least one country.*

April 28, 2009: *The first seven suspected cases of swine flu are reported in Germany.*

April 29, 2009: *The WHO raises its warning to phase 5, the last stage before a pandemic. Influenza researchers are elated. "A pandemic – for virologists like us, it's like a solar eclipse in one's own country for astronomers," says Markus Eickmann, director of the BSL-4 high-security laboratory in the central German city of Marburg .*

April 30, 2009: *Egypt begins killing all domestic pigs in the country. French actress and animal rights activist Brigitte Bardot begs President Hosni Mubarak to stop the mass slaughter, but her appeals are unsuccessful.*

May 4, 2009: *In Mexico , football matches in the country's four highest-ranking leagues take place without spectators. The legislature in Germany 's western state of Saarland imposes a ban on kissing as a form of greeting.*

June 10, 2009: *The WHO has received reports of 141 swine flu deaths. The majority of the victims have serious pre-existing conditions. In most cases, however, the course of the infection is mild. A recovered patient tells a German daily newspaper, the Süddeutsche Zeitung, "My main problem was finding someone to go shopping for me."*

June 11, 2009 , WHO Headquarters

The Emergency Committee convened for another teleconference. This time the discussion focused on critical questions: Should the WHO raise its warning to phase 6? Was the swine flu a pandemic?

The 15 experts scattered around the world debated for hours. After the meeting, Chan told the press that the virus was unpredictable and unstoppable. It was official: An influenza pandemic had broken out for the first time in 41 years.

"I think we did everything right," committee chairman Mackenzie says, looking back. Strictly speaking, his statement is correct.

According to the regulations, phase 6 becomes effective when a new virus is spreading uncontrollably in several regions of the world. The regulations say nothing about the severity of the disease.

In fact, the vast majority of experts on epidemics automatically associate the term "pandemic" with truly aggressive viruses. On the WHO Web site, the answer to the question "What is a pandemic?" included mention of "an enormous number of deaths and cases of the disease" – until May 4, 2009. That was when a CNN reporter pointed out the discrepancy between this description and the generally mild course of the swine flu. The language was promptly removed.

Apparently German infectious disease experts also misunderstood the official WHO definition of phase 6. An influenza epidemic, according to Germany's national pandemic plan – updated in 2007 – is "a long-lasting, international situation involving substantial loss…and causing such lasting damage as to jeopardize or destroy the livelihood of large numbers of people."

The situation on June 11, 2009 did not correspond with these descriptions. Critics were already asking derisively whether the WHO had any plans to declare the latest outbreak of the common cold a pandemic. "Sometimes some of us think that WHO stands for World Hysteria Organization," says Richard Schabas, the former chief medical officer for Canada's Ontario Province.

'Fine-Tuning' the Definition of Pandemic

When Chan reached her decision, she knew that dozens of countries, including Great Britain, China and Japan, had warned against prematurely raising the warning phase to 6. Hong Kong's health minister had said: "The system of pandemic levels needs to be revised." Epidemiologist Mackenzie says, in retrospect: "We need to fine-tune phase 6 so that the severity of the disease is also taken into account." In May 2009, even the WHO itself considered amending the criteria in the way Mackenzie suggested, but then it changed its mind.

The warnings faded away. Why? Because regulations are simply regulations? Because health officials decided to err on the side of caution? One thing is clear, though. A party with strong connections in Geneva had a strong interest in phase 6 being declared as quickly as possible: the pharmaceutical industry.

"The pharmaceutical industry did not influence any of our decisions," says Fukuda. But in mid-May, about three weeks before the swine flu was declared a pandemic, 30 senior representatives of pharmaceutical companies met with WHO Director-General Chan and United Nations Secretary General Ban Ki Moon at WHO headquarters. The official reason for the meeting was to discuss ways to ensure that developing countries would be provided with pandemic vaccine. But at this point in time the vaccine industry was mainly interested in one question: the decision to declare phase 6.

Everything hung on this decision. At stake was nothing less than a move to supply large segments of the world's population with flu vaccine. Phase 6 acted as a switch that would allow bells on the industry's cash registers to ring, risk-free. That's because many pandemic vaccine contracts had already been signed. Germany, for example, signed an agreement with the British firm GlaxoSmithKline (GSK) in 2007 to buy its pandemic vaccine -- as soon as phase 6 was declared. This agreement could explain why Professor Roy Anderson, one key scientific advisor to the British government, declared the swine flu a pandemic on May 1. What he neglected to say was that GSK was paying him an annual salary of more than €130,000 ($177,000).

In mid-June, 2009, the head of GSK's German division urged Health Minister Ulla Schmidt "to confirm the delivery stipulated under the contract as soon as possible." He also asked the health minister of the eastern state of Thuringia to "promptly provide us with binding confirmation of the contractually stipulated orders of the German states." Similar letters were sent to other German states.

July 4, 2009: *It's revealed that Rupert Grint has contracted swine flu. "At first I thought I was going to die," says the actor, who portrays the character Ron Weasley in the "Harry Potter" films, "but then I just got a sore throat."*

July 14, 2009: *In Germany, 727 people are officially infected, but no deaths have been reported.*

August 2009: *The Australian flu season has ended. In the absence of a vaccine, only 190 people have died by the end of the season -- a significantly smaller number than in a normal flu season.*

August 29, 2009: *A SPIEGEL survey shows that only 13 percent of Germans want to be vaccinated.*

Sept. 7, 2009, Offices of the State of Thuringia, Berlin

A special summit on Berlin's Mohrenstrasse. The state health ministers arrived, one after another. The purpose of the meeting was to decide whether more vaccine should be ordered. Everyone knew it was election season in Berlin, and Ulla Schmidt had made it abundantly clear that "everyone who wants to be vaccinated can be vaccinated. I expect that the states will live up to their responsibility." The minister was extremely careful not to create the impression that she was depriving the population of anything.

It was a warm, late summer afternoon, but the mood at the meeting was icy. "Ahead of the crisis, the federal government placed us under massive pressure to order more vaccine," says Dietrich Wersich, a member of the conservative Christian Democratic Union (CDU) and Hamburg's health senator. "But it was clear to all of us that there was very little willingness within the population to get vaccinated."

Meanwhile, a debate had erupted over whether Germany had chosen the wrong vaccine, Pandemrix. It contained a new type of agent designed to boost its effectiveness, known as an adjuvant, which had never undergone large-scale human trials in connection with the swine flu antigen. Were millions of people about to receive a vaccine that had hardly been tested? "This is a large-scale experiment on the German people!" warned Wolfgang Becker-Brüser, publisher of the medical journal *Arznei-Telegramm*.

In theory, says former PEI President Löwer, it would have been possible to approve an adjuvant-free swine flu vaccine in Germany. But the contracts for Pandemrix had been signed in 2007, and they came into effect automatically when the WHO decided to declare phase 6. Germany was in a bind.

The disgruntled state health ministers pointed out that the 50 million vaccine doses that been ordered had already cost the states half a billion euros. Was it truly necessary to order more, they asked?

The ministers felt pressured from all sides. On the one hand, the media were stoking fears of the virus. The German tabloid newspaper *Bild*, in particular, was printing new tales of horror almost daily. On the other hand, the pharmaceutical companies were upping the pressure and constantly setting new ultimatums.

'Miserable Advice' from the Health Institutes

The ministers attending the meeting in Berlin still remembered all too clearly how drug maker Roche had urged the German states to buy the flu medication Tamiflu. On April 30, at 3:28 p.m., the ministers had received an email from the Thuringia health ministry, under the subject line "Urgent: Roche offer." It read, "Roche has just informed us that it still has an inventory of 180,000 packages of Tamiflu. They are making this inventory available to the states until 4:30 p.m. today. Otherwise the inventory will be used to service other inquiries from wholesalers, etc." In fact, however, there had been no reports of any serious supply bottlenecks at any time.

The infectious disease experts at the Robert Koch Institute (RKI) and PEI were also applying pressure to the state health ministers. "We felt that we were getting miserable advice at the time," says Social Democrat Hermann Schulte-Sasse, a member of the Bremen State Council. "The institutes were no help to us in terms of preventing scaremongering."

Instead, the RKI and PEI were coming up with new alarming numbers. In June, the experts warned that Germany could expect up to 80,000 deaths, and "€15 billion to €45 billion in lost production."

One of the health ministers at the Berlin meeting was outraged that the researchers had not told them about new studies that suggested a single vaccination appeared to be sufficient for the swine flu. If it was true, the states stood to save a lot of money, because the 50 million doses they had already ordered would be enough for 50 million people, not a mere 25 million people as described in the original plan. Ordering more vaccine would be unnecessary.

All eyes were on RKI President Jörg Hacker. "The random samples have been too small up to now," he said, seeking to downplay the issue. It was a situation for which Hacker – a scientist, not a politician – was poorly prepared.

If a single dose was sufficient, it meant not only that the states could manage with a lot less vaccine; it was also a strong indication that the population was by no means at the mercy of the virus. The dangers of swine flu, in other words, may have been far smaller than previously thought.

But the all-clear signal didn't reach anyone in the room. The ministers reluctantly agreed to keep an option to buy 18 million more doses of vaccine from yet another pharmaceutical company, Novartis.

Oct. 9, 2009: Wolf-Dieter Ludwig, an oncologist and chairman of the Drug Commission of the German Medical Association , says: "The health authorities have fallen for a campaign by the pharmaceutical companies, which were plainly using a supposed threat to make money."

Oct. 21, 2009: *A BILD newspaper headline, printed in toxic yellow, warns: "Swine Flu Professor Fears 35,000 Dead in Germany !" The professor's name is Adolf Windorfer, and when pressed, he admits that he has received payments from the industry, including GSK and Novartis. Next to the BILD headline is an ad for the German Association of Pharmaceutical Companies.*

Nov. 28, 2009: *The swine flu begins to subside in Germany . Hardly anyone wants to be vaccinated.*

Dec. 8, 2009: *English road crews run out of grit to treat the country's icy roads. Paul Flynn, a Labour MP in the British Parliament, proposes using the government's unused Tamiflu pills instead. A study by the Cochrane Collaboration has shown that the flu medication was relatively ineffective.*

Jan. 7, 2010: *RKI President Hacker, warning of a new wave of the flu, says: "The vaccine is still needed because the virus is still here."*

Jan. 26, 2010: *Wolfgang Wodarg, a member of the German parliament, tells the European Council in Strasbourg that "millions of people worldwide were vaccinated for no good reason." According to Wodarg, the WHO's classification of the swine flu as a pandemic have earned the pharmaceutical companies $18 billion in additional revenues. Annual sales of Tamiflu alone have jumped 435 percent, to €2.2 billion.*

March 5, 2010: *German states propose selling 10 million doses of surplus doses of the swine flu vaccine Pandemrix to Pakistan .*

Early March 2010, WHO Headquarters

The SHOC room is now being used for other emergencies, including the coordination of aid for earthquake victims in Haiti. But often the room is empty.

The mood at the WHO has grown less tense. The press office is no longer staffed around the clock. The tent set up for journalists in the employee parking lot is gone. IT specialist Jered Markoff no longer receives phone calls in the middle of the night. And influenza expert Keiji Fukuda is happy to spend time on his hobby – playing cello – once again.

What was this pandemic? Was it all just "good practice for an emergency," as WHO advisor and industry lobbyist Osterhaus puts it? Did the authorities do everything right, as Australian epidemiologist John Mackenzie insists?

Certainly not. No one at the WHO, RKI or PEI should feel proud of themselves. These organizations have gambled away precious confidence. When the next pandemic arrives, who will believe their assessments?

Perhaps they should have followed the example of Ewa Kopacz, the Polish health minister. The 53-year-old physician, a member of the free-market Civic Platform, has a reputation for courting controversy.

When she stepped up to the podium in the Polish parliament, the Sejm, during its vaccine debate, she wore a bright-red dress -- her combat gear. "As a doctor, my first obligation is to harm no one," she said. For this reason, she added, Poland was not going to follow in the rest of Europe's footsteps. "We will not purchase any vaccine against the swine flu," Kopacz told the Sejm.

Politicians grumbled, but the health minister stood her ground. "Is it my duty to sign agreements that are in the interest of Poles, or in the interest of the pharmaceutical companies?" she asked.

Today, Europe can admire her steadfastness. About 170 people died of the swine flu in Poland, a much lower number than the annual death toll attributable to the seasonal flu.

A 1.3-meter (4'3") bronze statue weighing 70 kilograms now stands on the village square in La Gloria, in the mountains of Mexico – a likeness of Edgar Hernandez, the miracle boy who first defeated the swine flu.

THE FLU CASE

Der Spiegel's reconstruction of the false pandemic: Goebbels propaganda from the controlled media?

The Flu Case, 16 March 2010, 10:32
https://web.archive.org/web/20100525024749/http://www.theflucase.com/index.php?option=com_content&view=article&id=3032%3Ader-spiegels-reconstruction-of-the-false-pandemic-goebbels-propaganda-from-the-controlled-media-&catid=1%3Alatest-news&Itemid=64&lang=en

Weeks after investigations into the false swine flu pandemic have been announced by the Council of Europe Parliamentary Assembly and the French parliament, Germany's magazine Der Spiegel finally gets around to printing a report on the scandal.

Der Spiegel assigns eight reporters to write an article called "Reconstruction of a Mass Hysteria:The Swine Flu Panic of 2009" published online on March 12, which uses facts, evidence and documents that have been in the public domain for almost a year.

Clearly enjoying excellent contacts with WHO – a key actor in the false pandemic – , Der Spiegel is able to embellish its long overdue account with quotes from WHO pandemic flu chief Dr Keiji Fukuda that give his side of the story.
=> http://www.spiegel.de/international/world/0,1518,682613,00.html

Der Spiegel "reconstruction" asks why world overreacted to a non-existant virus threat.

But Der Spiegel ignores the fact that it promoted the mythical pandemic - and continued to do so for months after it was clear from the facts, documents and evidence that there was no lethal pandemic.

That said, Markus Grill made an inuathentic apology for Der Spiegel's lies in another report last week in German.

In addition, Der Spiegel reconstruction makes no mention of the risks associated with the pandemic vaccine or the lack of pharmacovigilance.

Given Der Spiegel's role in fabricating this pandemic, the report by the Goebbels propaganda team of eight is too little, too late.

International Swine Flu Conference

Conference: **March 10-11, 2010** Workshop: **March 12, 2010**

International Swine Flu Conference UK

10-11 March 2010, Workshop: 12 March 2010
https://web.archive.org/web/20091031184102/http://www.new-fields.com/ISFC_UK/
https://web.archive.org/web/20091031184102/http://www.new-fields.com/ISFC_UK/brochure.pdf

Top leaders and key decision-makers of major companies representing a broad range of industries will meet with distinguished scientists, public health officials, law enforcers, first responders, and other experts to discuss pandemic prevention, preparedness, response and recovery at the 1st International Swine Flu Conference.

At the International Swine Flu Conference, attendees will be able to draw on first-hand best practices to create the solid business continuity plans that their companies and organizations need in order to prepare for, respond to, and survive a pandemic.

The International Swine Flu Conference draws on the success of the seven previous Bird Flu summits which featured as speakers several distinguished personalities such as Dr. **David Nabarro**, the United Nations Coordinator for Avian and Human Influenza, **Alex Thiermann** of the World Organization for Animal Health (OIE) and Dr. **Wenqing Zhang** of the WHO Epidemic and Pandemic Alert and Response.

Well-known emergency responders, heads of hospitals from around the world, and hog/swine industry leaders will speak in this summit.

Each day of the conference will offer papers on a wide range of topics including:
- Preparing Community Strategies
- Local Partnership and Participation
- Delivery of Vaccine and Antiviral Medication
- Emergency Response and Hospital/Healthcare Coordination
- Prevention Education Efforts and Risk Communication
- Command, Control and Management
- Business Community’s Role

Panel Discussions include:
- Clinical Picture: Country Report & Situation Update
- Clinical Picture: Impact of US Export Regulations on International Cooperation in the H1N1 Pandemic Flu Response
- Risk Communication, Prevention Education Efforts and Risk Communication
- Understanding the Connection Between Human and Animal Disease, Exploring One World, One Health
- Vaccines delivery

Over 20 breakout sessions will be offered addressing a wide range of issues, including:
Breakout: Agricultural Perspective: Socio-Economic Impact on Swine Industry
Breakout: Schools/University Planning: How and When to Close Schools

Next International H1N1 Swine Flu Conference planned on 18-19 August 2010
=> 2nd International Swine Flu Conference. – Washington, DC, 18-19 August 2010.
See: https://www.sheilapantry.com/oshworld/diary/2010/diary1008.html

1A KRANKENVERSICHERUNG
clever vergleichen und sparen

Schweinegrippe offenbar maßlos überschätzt

1A krankenversicherung, 12 März 2010, 10:45 Uhr
https://web.archive.org/web/20100314205605/http://www.1a-krankenversicherung.org/nachrichten/20100312/7486/schweinegrippe-offenbar-masslos-ueberschaetzt/

Die Schweinegrippe ist in Deutschland stark abgeflaut. Lediglich 43 neue Fälle wurden in der vergangenen Woche gemeldet. Viel weniger Menschen als erwartet haben sich in Deutschland gegen die Schweinegrippe impfen lassen. Die Bundesländer bleiben auf Millionen Dosen des Impfstoffs Pandemrix sitzen.

Es ist ruhig geworden um die Schweinegrippe. Noch im November letzten Jahres hatten sich bis zu 45.000 Menschen in einer Woche mit dem Virus der neuen Grippe angesteckt. Insgesamt wurden seit Frühjahr 2009 225.921 Fälle der Schweinegrippe an das Robert-Koch-Institut gemeldet. 243 davon verliefen tödlich. Die Sterblichkeit liegt damit deutlich unter der der saisonalen Grippe, obwohl für letztere kaum genaue Zahlen vorliegen. Schätzungen gehen aber von mehreren tausend Todesfällen in jeder Grippesaison aus. Dass das A/H1N1-Virus längst nicht so verheerend gewütet hat wie ursprünglich befürchtet, veranlasst Experten nun dazu, Pandemiepläne in der jetzigen Form in Frage zu stellen.

Neue Welle ab Herbst?

Das Robert-Koch-Institut hat bisher aber keine Entwarnung gegeben. Die Virologen weisen darauf hin, dass die weitere Entwicklung der Grippeaktivität nicht vorhersehbar sei. Denkbar ist eine weitere Welle, die ab Herbst über Deutschland rollen könnte. Typisch für die Verbreitung der Influenza sei nach Erfahrung der Biologen eine Ausbreitung in Wellen. Allerdings sprach der Mikrobiologe Alexander Kekulé gegenüber dpa davon, dass die Viren voraussichtlich nicht gefährlicher werden dürften.

Kekulé forderte, den Pandemieplan der WHO anzupassen. Die Erfahrungen hätten gezeigt, dass zwischen gefährlichen und ungefährlichen Erregern unterschieden werden müsse. Bei der Schweinegrippe ist trotz relativ geringer Gefahr, die vom Virus ausgeht, die höchste Pandemiestufe durch die Weltgesundheitsorganisation WHO ausgerufen worden. Dabei war allein die Geschwindigkeit, mit der sich das Virus auf dem Globus verbreitete, ausschlaggebend.

Mangelnde Impfbereitschaft

Während die Gesundheitsexperten der WHO die Gefahr der Schweinegrippe offenbar überschätzten, hat die Bevölkerung scheinbar den richtigen Instinkt gehabt. Deutlich weniger Menschen als erwartet ließen sich impfen. Genaue Zahlen gibt es zwar nicht, doch Schätzungen gehen von einer Quote von vier bis zehn Prozent der Bevölkerung aus. Allerdings hatten die Bundesländer 50 Millionen Dosen des Impfstoffs Pandemrix bestellt. Das sollte für rund 30 Prozent der Bevölkerung reichen.

Doch diese Kalkulation ging noch davon aus, dass zwei Impfungen nötig seien, um einen wirksamen Schutz herzustellen. Es stellte sich aber im Verlauf der Impfkampagne heraus, dass eine Dosis ausreicht, so dass deutlich weniger Impfstoff verbraucht wurde als geplant. Von den 50

Millionen bestellten Dosen müssen die Länder zwar nur noch 34 Millionen abnehmen. Dennoch wurden lediglich acht Millionen Impfeinheiten verbraucht.

Impfstoff ins Ausland

Teile des überschüssigen Impfstoffs gegen die Schweinegrippe sollen daher verkauft werden. Es gibt mehrere Interessenten, darunter Pakistan. Das niedersächsische Gesundheitsministerium leitet die Verhandlungen, gab jedoch bisher keine Details zum Verkauf bekannt. Seit einigen Wochen planen die Bundesländer, überschüssigen Impfstoff ins Ausland zu verkaufen. Solange die höchste Pandemiestufe der WHO nicht aufgehoben wird, muss außerdem eine bestimmte Menge des Impfstoffs bevorratet werden.

=>

THE FLU CASE

Germany reported only 43 new cases of swine flu last week: is pandemic emergency state justified?

The Flu case, 12 March 2010, 12:36

https://web.archive.org/web/20100325184950/http://www.theflucase.com/index.php?option=com_content&view=article&id=3000%3Agermany-reported-only-43-new-cases-of-swine-flu-last-week-is-pandemic-emergency-state-justified&catid=1%3Alatest-news&Itemid=64&lang=en

There were only 43 new cases of the mild swine flu reported in Germany last week, prompting criticism of the decision by governments and WHO to retain the pandemic emergency level 6 declaration, report local media.

According to Germany's Robert Koch Institute, 225,921 people in the country have fallen sick with the swine flu since spring 2009 and a total of 243 people died, far fewer than from the regular seasonal flu.

РИА НОВОСТИ

Геннадий Онищенко:

Продажу всего спиртного в РФ нужно запретить с 21 часа

РИА, Новости, 14 марта 2010, 16:11
https://ria.ru/20100314/214204464.html

- Ваш прогноз на весну-лето по ситуации с гриппом? Есть ли риск возвращения уже подзабытого «птичьего» гриппа (H5N1) с началом весеннего перелета птиц?

- Мы о нем не забыли. У нас ведется мониторинг за этим гриппом, а также за так называемым свиным гриппом. Первая волна H1N1 прошла. На эту неделю уровень циркуляции этого гриппа в общем объеме невысокий. Мы регистрируем превалирование сезонного гриппа типа B.

Осенью текущего года прививаться будем трехкомпонентной вакциной против гриппа, куда войдут штаммы A/H1N1 (California 07/2009), A/H3N2 (Perth 16/2009) и B (Brisbane 60/2008). То есть, будут заменены два штамма, один из них актуальный сейчас - свиной.

Этот грипп оправдал наши надежды, к счастью. Хотя он и успел распространиться по всему миру, но не приобрел агрессивных качеств, и это хорошо.

- То есть, свиной грипп оказался не так страшен, как «малевали». Всемирная организация здравоохранения поспешила, объявляя пандемию? Можно ли говорить о некоей ангажированности этой структуры фармкомпаниями?

- ВОЗ совершенно правильно объявила пандемию. Они собрали экспертов со всего мира и приняли решение. Новый штамм появился – да, захватил всю планету – да. И, слава Богу, что он оказался не таким страшным.

В чем были издержки? С самого начала ВОЗ стала говорить о том, что эффективен конкретный препарат, а остальные – не эффективны. На самом деле, это не так. И такое поведение вызывает вопросы. Это делали уже действительно отдельные чиновники, и здесь было нарушение корпоративной этики, и даже устава ВОЗ.

- В России была создана собственная вакцина для защиты от свиного гриппа. Не зря потратили 4 миллиарда рублей?

- Конечно, не зря. Во-первых, мы организовали свое производство. Мы показали, что мы в этом плане защищены. Ведь, в принципе, это была организованная природой биологическая атака на здоровье россиян. Причем потери от гриппа, они самые большие всегда, учитывая, что обычно болеет огромное число людей. Поэтому это нужно, вакцинация продолжается, а к следующему сезону это будет уже не моновакцина, а трехкомпонентная вакцина, которую надо будет создавать.

LE PROGRES.fr

Olivier Saison

A Lyon on essaie de croiser les virus H1N1 et H5N1de la grippe

Le Progres, 18 March 2010
https://web.archive.org/web/20100501090431/http://www.leprogres.fr/fr/france-monde/article/2859863,192/A-Lyon-on-essaie-de-croiser-les-virus-H1N1-et-H5N1de-la-grippe.html

Depuis trois semaines, le P4 de Lyon a interrompu toutes ses autres manipulations. Ce laboratoire de sécurité maximale - il n'en existe qu'un en France et une vingtaine dans le monde - se concentre actuellement sur une expérience à haut risque : des tentatives de croisement entre le nouveau virus H1N1 et celui de la grippe aviaire, le H5N1. Le premier se propage beaucoup et tue peu, le second se propage peu et tue beaucoup. Une hybridation des deux serait calamiteuse.

«On essaie de comprendre, en infectant une cellule avec ces deux virus, quels sont les déterminants génétiques qui leur permettraient d'échanger leurs gènes (notamment chez le cochon NDLR)» résume le virologue Bruno Lina, qui dirige les travaux sur la grippe A pour ce laboratoire Inserm. Trois biologistes de son équipe ont été détachés pour effectuer ces tests décidés et avalisés au niveau ministériel. Pourvus de passeports spécifiques, ils sont assistés par une demi-douzaine de techniciens attachés au site. « Toutes les manipulations se font en scaphandre et obéissent à des règlements très contraignants » assure Bruno Lina.

Si l'expérience est bien liée au Centre national de référence des virus de la grippe, que ce dernier dirige, sa finalité ne serait, selon lui, pas d'aboutir à un vaccin, mais juste « cognitive » : « Pourquoi fabriquer un vaccin contre un virus qui n'existe pas ? » Ou pas encore. Les premiers résultats ne tomberont avant deux mois et décideront de la suite à donner à cette opération au budget (provisoire) de 200 000 euros. Pour l'heure, « on a fait quelques essais, mais on n'a obtenu que des résultats très préliminaires » poursuit le virologue. S'il est trop tôt pour en déduire quoi que ce soit quant à la probabilité de l'apparition d'un tel monstre viral, « aujourd'hui, le risque semble faible » confie-t-il. Et de conclure: «C'est une bonne nouvelle».

Si les médias semblent pour l'instant en avoir fini avec la grippe A, ce n'est sans doute pas le cas de nos organismes. «C'est une certitude, iI y aura bien une nouvelle vague épidémique» estime Bruno Lina, directeur du Centre national de référence des virus de la grippe.

«Soit le virus H1N1 se transforme en virus saisonnier et cette épidémie aura alors un impact modéré, soit il déclenche une deuxième vague l'hiver prochain» poursuit-il.

Deuxième vague qui pourrait avoir un impact plus important, comme cela avait été le cas lors des épidémies grippales des hivers de 1957 (H2N2) et 1968 (H3N2): «C'est lors des deuxièmes vagues, en hiver 58 et en hiver 69, qu'il y avait eu le plus de décès» rappelle le virologue. Même « si rien n'est logique avec cette grippe, il faut quand même garder ça en tête».

Sans être alarmiste, le chercheur garde aussi un œil sur le virus aviaire H5N1 (287 décès sur 486 cas dans le monde) qui, constate-t-il, «semble un peu reprendre du poil de la bête». Comme en témoignent les cinq nouveaux cas répertoriés en Egypte.

O.S. - Les filovirus Ebola et Marburg - Les arénavirus de type 4 : le virus Lassa d'origine africaine et les arénavirus d'origine sud américaine. - Le virus de la fièvre hémorragique de Congo Crimée - Le virus de la variole - Les Henipavirus Nipah et Hendra - Les virus Influenza A H5N1 d'origine

THE FLU CASE

Grippe H1N1:
Bachelot le 23 mars devant la commission d'enquête du Sénat

The Flu Case, 18 March 2010, 12:20
https://web.archive.org/web/20100525025321/http://www.theflucase.com/index.php?option=com_content&view=article&id=3052%3Afrench-health-minster-to-give-evidence-on-false-swine-flu-pandemic-before-senate-next-week&catid=41%3Ahighlighted-news&Itemid=105&lang=en

(AFP) – Il y a 1 jour

Paris – La commission d'enquête du Sénat sur le rôle des firmes pharmaceutiques dans la gestion par le gouvernement de la grippe A (H1N1) auditionnera le 23 mars la ministre de la Santé Roselyne Bachelot, a annoncé le Sénat mardi.

Cette audition, qui se déroulera Ã 17H00 salle Clémenceau, sera ouverte Ã la presse.

Cette commission a été créée Ã l'initiative du groupe CRC-SPG (24 sénateurs) qui a fait valoir son "droit de tirage" (tout groupe parlementaire peut demander une fois par session la création d'une commission d'enquête).

Evoquant "une surévaluation des risques", une "dramatisation", François Autain (Parti de Gauche), en présentant fin janvier Ã la presse la demande de son groupe, avait estimé nécessaire d'enquêter sur "le rôle des experts", déplorant que ceux "qui conseillent les laboratoires sont souvent ceux qui conseillent les gouvernements".

"Notre commission portera essentiellement sur ces liens incestueux qui expliquent la situation dans laquelle nous sommes", avait-il précisé.

"La France a le plus grand écart entre le taux de vaccinés, 5,5 millions de personnes – 7% de la population – et les doses commandées, 94 millions de doses vaccinales", avait-il dénoncé.

François Autain préside la commission et le poste clef de rapporteur est occupé par Alain Milon (UMP).

French health minster to give evidence
on false swine flu pandemic before Senate next week

The Flu Case, 18 March 2010, 12:20

The French Health Minister Roselyne Bachelot is scheduled to give evidence on the mass swine flu vaccination campaign before a Senate inquiry on March 23rd, according to AFP.

Francois Autain, the head of the commission, said the inquiry would focus "essentially on the incestuous links" between pharmaceutical companies and government, saying these links "explain the situation in which we are".

5.5 million people in France, or 7% of the population, were given the swine flu jab after an unprecedented campaign by the government and media.

At the end of August 2009, plans by Bachelot to vaccinate the entire French population in special swine flu vaccine centres were leaked.

Plans to suspend civil rights under the pretext of fighting a pandemic were also leaked.

Autain said that the risks of the swine flu vorus had been "overestimated" and the subject of a "dramatisation".

He said the role of "experts" needed to be investigated, noting that the same experts that advised the government also advised the pharmaceutical companies.

Both chambers of the French parliament -- the Senate and the National Assembly -- have announced inquiries into the mass vaccination campaign with the untested swine flu jab.

destinationsanté
L'information santé au quotidien

Should we be worried about the next pandemic wave?
Yes, argues French blog Panier des Crabes
Translated by Carolyn Dunning

Destination Sant, 22 March 2010 // The Flu Case, 26 March 2010 13:53
https://web.archive.org/web/20100401142117/http://www.theflucase.com/index.php?option=com_content&view=article&id=3156%3Ashould-we-be-worry-about-the-next-pandemic-waves-yes-argues-french-blog-panier-des-crabes&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Several pieces of information indicate that an attempt is being made to start a second, more lethal pandemic:

A) Firstly, the Swiss pharmaceutical group Novartis:

On 26/01/2010, Novartis warned governments not to cancel contracts for H1N1 vaccines.

On Tuesday, the Swiss pharmaceutical group Novartis, which produces a vaccine against H1N1 pandemic influenza, warned governments against the cancellation of orders, warning that in the future "reliable" states would be served first. The boss of the pharmaceutical giant warned that "the next time there was a pandemic - and there will be an pandemic" - governments that had been reliable partners would be treated preferentially.

Of course when the boss of Novartis said

- "the next time there is a pandemic - and there will be a pandemic,"

it can be argued that since time immemorial there have been pandemics but all the same .. . it sounds like a threat!

B) Secondly: 23/02/2010 The medical newspaper "Le Quotidien du Médecin", stated:

The WHO, which gives vaccine recommendations twice a year for the northern hemisphere and the southern hemisphere, has already expressed a recommendation in September for the southern countries.

The seasonal vaccine for the 2010-2011 northern hemisphere can therefore be expected to contain three strains of virus: H1N1 A-California/7/2009, H3N2 A / Perth/16/2009 and B/Brisbane/60/2008.

Indeed, these other influenza viruses have been circulating this winter across the world and should "continue to coexist in 2010-2011 in the northern hemisphere with a probability that the pandemic virus of 2009 will dominate," said the UN agency.

However, the seasonal H1N1 strain has circulated very little this winter.

"It is unlikely that seasonal influenza A (H1N1) viruses will circulate next winter in the northern hemisphere," says the WHO.

Therefore, WHO recommends not to include the seasonal H1N1 strain (which was the 'A/Brisbane/59/2007 in 2009-2010 such as the vaccine: Vaxigrip) in the vaccine 2010-2011.

Anyway those who refused the vaccination against influenza A but who were vaccinated for seasonal influenza will receive for the year 2010-2011 the A-California/7/2009 H1N1 (influenza A) which was rejected by so many people.

A reminder: The new virus, A / California / 7 / 2009, has been described as a recombination of multiple origins of the H1N1 strain.

It contains genetic sequences:
- from North American swine flu,
- from North American bird flu,
- from human flu,
- from eurasian swine flu.

To clarify:
In 2010-2011, you will receive an injection: A/California/7/2009 + H3N2 A/Perth/16/2009 and / Brisbane/60/2008.

Strain: A/California/7/2009 consists of
- Seasonal flu: very contagious and deadly
- Swine flu (H1N1): highly contagious but not deadly
- Bird flu: not contagious but extremely lethal in 60% of cases.

C) Thirdly: on 18/03/2010 in another surprising article by lyoncapitale:

A viral monster tested in Lyon
The P4 maximum security laboratory, has made the first page headline in this morning's newspaper “Progrès”.

At issue: the experiments undertaken by virologists who have worked for three weeks on crossing H1N1 (swine flu) and the H5N1 (bird flu) viruses. The first is highly contagious but not deadly, while the second is often fatal but spreads little. The experiment was especially designed to anticipate a possible mutation of the two viruses but not (yet) to create a vaccine. The virologist Bruno Lina, interviewed by the newspaper, said however that the probability of the existence of such viruses are fairly low.

Ok! Here, there is a problem ... Flashback to 13.03.2009: See note: Swine Influenza A (swine flu) coincidence or not?

The company Baxter had confirmed that it had manufactured a product contaminated with the bird flu virus H5N1.

The contaminated product, a mixture of human flu H3N2 virus and H5N1 bird flu virus which were not correctly identified ....

Biosafety specialists expressed fears the human influenza H3N2 virus had been mixed with bird influenza H5N1 virus.

This is a dangerous practice that should be prohibited, according to several experts.

An accidental spread of the mixture of H5N1 and H3N2 viruses could have led to disastrous consequences.

The H5N1 virus does not easily infect humans, but H3N2 does.

Again according to experts, in the event that a person exposed to the mixture was simultaneously infected by both strains, that person could serve as an incubator to a hybrid virus capable of spreading easily from one human to another.

This mixture of reassorted strains is one of two ways to create a pandemic virus.

And, strangely less than a month afterwards, we were alerted about a pandemic influenza A, obliging member states of WHO to buy vaccines.

So in 2009-2010, the cross between the H1N1 (swine flu) virus and the H5N1 (bird flu) virus was already tested in real life situation on those who agreed to be vaccinated against influenza A with strain: A/California/7/2009.

Let us not forget that it was a mixture of:
- Seasonal Influenza (H3N2): highly contagious and deadly
- Swine flu (H1N1): highly contagious but not deadly
- Bird flu (H5N1): very contagious but extremely lethal in 60% of cases.

As we understand from the WHO, the experiment will continue next year with the injection of the 2010-2011 flu vaccine still containing the A/California/7/2009 strain.

Given the concern about the mixture of the H3N2 virus and the bird flu H5N1 virus manufactured by the Baxter Group, specialists in biosafety were alarmed about people who would be simultaneously infected by both strains. Their fears revolved around the fact that they could serve as an incubator for a hybrid virus.

The research carried out by the security laboratory experimenting over the last three weeks a crossing of H1N1 (swine flu) and H5N1 (bird influenza) viruses is understandable, and according to them the purpose is to anticipate a possible mutation of the two viruses.

Questions:

Should we worry about a second pandemic?
Will people vaccinated in 2009-2010 be incubators for a hybrid virus capable of spreading easily from one human to another in 2010-2011?
And if not this winter, when? 2011?

Personally, I think if this were to happen, it would be for winter 2012!
Trying to cross H1N1 and H5N1 influenza viruses

on 18/03/2010 04h00
In the P4, a maximum security laboratory, an experiment in progress attempts to determine the conditions for hybridization of the two viruses. The first spreads fast but kills few, the second is not contagious but often fatal.

Over the last three weeks, the P4 in Lyon has stopped all other experiments. This maximum security laboratory - there is only in France and twenty in the world - is currently focusing on high-risk experiments: attempts to produce a cross between the new H1N1 virus and bird flu, the H5N1 virus. The first spreads far and kills few; the second spreads not much and kills many. Creating a hybrid of the two would be disastrous.

"We are trying to understand, by infecting a cell with these two viruses, which are the genetic determinants that would allow them to exchange genes (especially in pigs – Editor's note)" says virologist Bruno Lina, who heads the influenza A project for this Inserm laboratory. Three biologists from his team have been assigned to perform these tests which were determined and endorsed at ministerial level. Provided with specia ID, they are assisted by a half-dozen technicians attached to the site. "All operations are carried out in airtight safety suits (scaphandre) and are subject to very restrictive regulations" declares Lina.

If the experiment is linked to the National Reference Center for influenza virus, which Lina directs, its purpose would not, in his opinion, lead to a vaccine, but would just be "for knowledge purposes": "Why make a vaccine against a virus that does not exist? Or does not yet exist. The first results will not be before two months and will decide the action following the operation, the (provisional) budget of which is 200 000 euros. For now, "we have carried out some experiments, but obtained only very preliminary results," adds the virologist. If it is too early to deduce anything about the likelihood of the emergence of such a viral monster, "today, the risk seems low," he says. He concluded: "That is good news." // *Olivier Saison*

H1N1: Meanwhile, before the second wave

If the media appears to have finished with swine flu story, this is probably not true of our bodies. "*It is a certain there will be a new pandemic wave*," says Bruno Lina, head of the National Reference Center for influenza viruses. "Either the H1N1 virus will become a seasonal virus and the pandemic will have a moderate impact, or it will trigger a second wave next winter," he adds.

A second wave that could have a greater impact, as was the case during the winter influenza epidemics of 1957 (H2N2) and 1968 (H3N2): "It was during the second wave, in winter 58 and winter 69 that there were the most deaths," the virologist reminds us.

Even "if nothing is logical with this flu, we must still keep this in mind." Without being alarmist, the researcher is also keeping an eye on the bird H5N1 virus (287 deaths out of 486 cases in the world), which he says, "seems to be on the revival." As evidenced by five new cases reported in Egypt.

OS - The filoviruses Ebola and Marburg - Arenavirus of type 4: Lassa virus of African origin and arenaviruses from South America. – The haemorrhagic fever virus from the Crimean Congo - The smallpox virus - The Nipah and Hendra Henipaviruses – Influenza A viruses of H5N1 origin.

BFM.RU

Зачем придумали «свиной» грипп

BFM.ru, 22 марта 2010, 08:36
https://www.bfm.ru/news/49100

«Свиной» грипп держал в напряжении весь мир на протяжении почти года. Масштабная компания по вакцинации была предпринята, чтобы остановить возможную пандемию. Однако, как выяснилось позднее, H1N1 был всего лишь безобидным штаммом обычного гриппа.

«Свиной» грипп держал в напряжении весь мир на протяжении почти года. Масштабная компания по вакцинации была предпринята, чтобы остановить возможную пандемию. Однако, как выяснилось позднее, H1N1 был всего лишь безобидным штаммом обычного гриппа. Как и почему этот штамм вызвал мировую гиперреакцию? Хронику событий попыталось восстановить издание Spiegel.

Сейчас только в Германии 10 млн доз ненужных вакцин от некогда «смертельно опасного» вируса «свиного гриппа», который было «невозможно остановить». Власти пытаются продать их Пакистану. Пресс-центр Всемирной организации здравоохранения не работает больше круглые сутки. Эксперты организации тратят свободное время на себя и свое хобби – как главный эксперт ВОЗ по вопросам пандемического гриппа Кейджи Фукуда, который играет после работы на виолончели. Российские регионы, наконец, начали получать вакцины от свиного гриппа и удивляются отсутствию желающих привиться. «Что же это была за пандемия?» – задается вопросом издание.

Первый случай так называемого «свиного» гриппа был зафиксирован в апреле 2009 года в мексиканской деревне у пятилетнего ребенка, который потерял аппетит, страдал от высокой температуры и болей во всем теле. Жители деревни поспешили обвинить во всем свиней, так как давно были убеждены, что это проклятые животные. Мальчик выздоровел так же внезапно, как и заболел. Однако результаты его медицинских анализов сделали его знаменитым – врачи обнаружили новый вид вируса, а ребенок стал первой его официальной жертвой.

Течение болезни было мягким, как и подавляющее большинство из тех миллионов случаев заболевания, которые будут отмечаться последующие несколько месяцев. Новый вирус мог бы привлечь меньше внимания, если бы не современная медицина, генетический анализ и тесты на антитела. Свиной грипп завоевал бы мир, и ни один врач этого бы не заметил.

Однако на этот раз мир заметил вирус – преимущественно из-за высокотехнологичной медицины и индустрии вакцин. «Иногда тебе кажется, что вся промышленность только и ждет пандемии, – говорит врач Том Джефферсон. – И все это потому, что один из вирусов гриппа мутировал».

24 апреля 2009 года специалист Всемирной организации здравоохранения (ВОЗ) Кейджи Фукуда позвонил начальнику отдела Центра по контролю над заболеваниями Нэнси Кокс. Потенциальные последствия этого звонка были ясны: могла начаться разрушительная пандемия, в результате которой, по прогнозам ВТО, могло умереть от 2 до 7,4 млн людей – в лучшем случае.

Ситуация же оставалась неясной: сначала сообщалась о нескольких десятках летальных исходов в Мексике, однако потом официальная цифра упала до 7. Эпидемиологи попали в неопределенную ситуацию, когда пришлось отвечать на вопросы: как быстро распространяется вирус? Кто в группе риска? И, главное, насколько опасен новый грипп? Чтобы получить

наиболее точные оценки, глава ВОЗ Маргарет Чен созвала экстренный комитет из 15 экспертов разных стран мира.

Значит ли это, что мягкое течение пандемии с самого начала не считалось возможным? В любом случае, попытки принизить риски были нежелательны, а ВОЗ ясно дала понять, что предпочитает основываться на самом пессимистичной сценарии. «Мы предпочитаем переоценивать, а не недооценивать ситуацию», – заявил Фукуда.

Средства массовой информации также внесли свою лепту в разжигание массовой истерии, считает издание. Сам Spiegel, например, напомнил об атипичной пневмонии и посвятил первую полосу новому «мировому вирусу», наполнив статью опасениями по поводу мутации вируса.

Отдельная роль в этой истории принадлежит фармпромышленности: производители вакцин даже начали специальное финансирование ученых. Группу лоббистов возглавлял Альберт Остерхаус из Erasmus Medical Center в Роттердаме, который также стал одним из наиболее влиятельных советников ВОЗ по вакцинам от гриппа.

Далее события разворачивались с калейдоскопической быстротой:

- 27 апреля 2009 года. ВОЗ подняла уровень пандемической угрозы до 4.
- 28 апреля 2009 года. Первые семь случаев заболевания предположительно новым вирусом гриппа в Германии.
- 29 апреля 2009 года. ВОЗ подняла уровень пандемической угрозы до 5. «Гриппозные» исследователи ликовали. «Пандемия для вирусологов – это как солнечное затмение для астрономов», – заявил тогда Маркус Айкман, глава лаборатории в Германии.
- 30 апреля 2009 года. Египт начал убой всех домашних свиней в стране.
- 4 мая 2010 года. В Мексике было объявлено, что футбольные матчи пройдут без зрителей. В одной из земель Германии было запрещено приветствовать друг друга поцелуем.
- 10 июня 2009 года. ВОЗ получил данные о 141 смерти от свиного гриппа.
- 11 июня в штаб-квартире ВОЗ состоялось совещание, после которого глава организации объявил, что вирус непредсказуем и его не остановить. Была объявлена пандемия. Однако реальная ситуация на 11 июня мало соответствовала таким мрачным заявлениям. Критики уже начали насмешливо спрашивать у ВОЗ, не будет ли очередная вспышка простуды также объявлена пандемией.

«Фармотрасль не влияет ни на какое-либо наше решение», – заявлял Фукуда. Однако в середине мая, за три недели до объявления пандемии, 30 представителей фармкомпаний встретились с главой ВОЗ Маргарет Чен и генсеком ООН Пан Ги Муном. Официальным поводом было заявлено обсуждение того, как развивающиеся страны будут обеспечиваться новыми вакцинами. Однако на тот момент всю индустрию интересовал лишь один вопрос – когда уровень эпидемиологической угрозы вырастет до 6?

Шестой уровень угрозы был спусковым крючком, тем более, что к тому моменту многие контракты на вакцины были уже подписаны.

- 14 июля 2009 года. Только в Германии зафиксировано 727 случаев нового гриппа. Ни одной смерти в результате его.
- Август 2009 года. Сезон гриппа в Австралии закончился. При отсутствии вакцин к концу сезона умерло 190 человек, что ниже, чем от «обычного» гриппа.

Всю осень 2009 года правительства всех стран обсуждали, какие вакцины закупать, в каком количестве и закупать ли их вообще. Фармацевтические компании не успевали наращивать производство под предстоящие заказы вакцин и прогнозировали бурное развитие отрасли и рекордные прибыли. В 2009 году фармацевтическая промышленность мира могла заработать на продаже вакцин против вируса A/H1N1 более 7 млрд евро, по подсчетам инвестиционного банка JP Morgan. Однако спрос населения на прививки от свиного гриппа был крайне низок, а «недостаток» летальных исходов начал сводить массовую истерию на нет.

В январе 2010 года ВОЗ попыталась оживить общественный интерес к H1N1. 28 января на собрании экспертов ВОЗ Кейджи Фукуда высказал мнение, что возможна еще одна, третья, волна свиного гриппа, передавал Reuters. Число умерших от этого заболевания составило по всему миру около 14 тысяч человек. Это заявление ВОЗ не смогло подогреть панику, а некоторые страны даже начали отказываться от вакцинации. Так, Швеция попыталась отказаться от заказанных вакцин, так как невостребованными оказались около 7 млн доз из 18 млн, заказанных ранее.

В итоге, в феврале 2010 года Всемирная организация здравоохранения была вынуждена признать: «Пандемия гриппа H1N1, кажется, является менее опасной, чем другие вспышки гриппа, скажем, в 20 веке», – заявил главный эксперт ВОЗ по вопросам пандемического гриппа Кейджи Фукуда. На всякий случай ВОЗ призвала не терять бдительность и продолжать закупать противовирусные препараты.

На прошлой неделе Главный санитарный врач России Геннадий Онищенко заявил, что российское правительство не зря потратило 4 млрд рублей на создание вакцины против свиного гриппа. «В принципе, это была организованная природой биологическая атака на здоровье россиян», – передает «РИА Новости» слова главсанврача. – Этот грипп не оправдал наши надежды, к счастью. Хотя он и успел распространиться по всему миру, но не приобрел агрессивных качеств, и это хорошо».

franceinfo:

La ministre sera auditionnée sur la collusion présumée entre laboratoires pharmaceutiques et experts sanitaires

France Info, 23 March 2010

https://www.francetvinfo.fr/france/la-ministre-sera-auditionnee-sur-la-collusion-presumee-entre-laboratoires-pharmaceutiques-et-experts-sanitaires_239155.html

Cette commission d'enquête du Sénat sur "le rôle des firmes pharmaceutiques dans la gestion par le gouvernement de la grippe H1N1" a été mise en place à l'initiative des communistes et du Parti de gauche.François Autain, sénateur et médecin, a donné le ton des débats en dénonçant une "surévaluation des risques", voire une "dramatisation".

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"Plus on alarme, plus ça fait vendre"

Parlant de "liens incestueux", il a déploré que les experts qui travaillent avec les laboratoires soient "souvent ceux qui conseillent les gouvernements". On s'est affolé parce que "plus on alarme, plus ça fait vendre", a dénoncé le sénateur Autain.

L'audition devrait s'élargir à une critique générale de la gestion gouvernementale de la lutte contre la pandémie : contrats signés à la hâte sans clause de résiliation, commande de 94 millions de doses "inutilisées et inutilisables", mise à l'écart des généralistes pour ce qui n'était finalement "pas une véritable pandémie". Depuis, l'indépendance des experts est mise en doute vis-à-vis de laboratoires qui financent leurs recherches, leur offrent des postes de consultants et des participations à des congrès.

Lors d'une audition collective sur l'expertise organisée début mars à l'Assemblée nationale par le député PS Gérard Bapt, Jean Marimbert, directeur général de l'Afssaps (l'agence du médicament), les avait défendus en estimant qu'"il y a une stigmatisation injuste des experts, dans l'ensemble intègres" et qu'il était difficile de trouver des experts sans conflit d'intérêt dans des domaines "pointus".

Pour lui, il faut seulement être "intraitable" sur le respect des règles de déontologie. La loi, certes, impose aux experts de préciser les intérêts personnels qu'ils peuvent avoir dans une affaire du fait notamment de leurs liens avec les laboratoires. Mais les déclarations d'intérêts ne sont pas vérifiées, et il n'y a pas de sanction en cas d'omission.

Un travail est en cours sur une charte de la déontologie de l'expertise en santé publique, commune à toutes les agences sanitaires. André Cicolella, du Réseau environnement santé, a suggéré de créer une "Haute autorité de l'alerte et de l'expertise", qui ferait respecter les principes. "Sans gendarme, le code de la route est un chiffon de papier", a-t-il dit à l'Assemblée.

L'Etat déboursera 48 millions d'euros pour les vaccins annulés

L'Etat va débourser 48 millions d'euros, au lieu des 358 millions prévus initialement, pour les commandes de 50 millions de vaccins contre la grippe A H1N1 résiliés, indique Le Figaro mardi, sans citer ses sources. Le ministère n'a pas souhaité commenter l'information. Toutefois, la ministre de la Santé, devrait faire le point lors de son audition mardi après-midi au Sénat, indique-t-on.

Le laboratoire Novartis a signé l'accord de résiliation avec le ministère, mais les deux autres laboratoires (GSK et Sanofi) sont toujours en cours de négociation avec l'Etat français, a indiqué une source proche du dossier.

L'Etat avait commandé 94 millions de doses de vaccins contre la grippe aux laboratoires pharmaceutiques, à l'occasion de l'épidémie de la grippe, pour un montant d'environ 700 millions d'euros. Cependant, la grippe a été moins virulente que prévu et seulement 5,6 millions de personnes ont été vaccinées.

Le Monde

Roselyne Bachelot rejette les critiques sur sa gestion de la grippe A

Le Monde, 23 Mars 2010, à 21h19
https://www.lemonde.fr/planete/article/2010/03/23/roselyne-bachelot-rejette-les-critiques-sur-sa-gestion-de-la-grippe-a_1323578_3244.html

La ministre de la santé, Roselyne Bachelot, a défendu devant la commission d'enquête du Sénat sa gestion de la lutte contre la pandémie de grippe A.

Achat en masse de vaccins, indépendance des experts, information des médecins généralistes, négociations avec les laboratoires : la ministre de la santé, Roselyne Bachelot, a défendu au Sénat, mardi 23 mars, sa gestion de la lutte contre la pandémie de grippe A(H1N1).

La commission d'enquête sur *"le rôle des firmes pharmaceutiques dans la gestion par le gouvernement de la grippe H1N1"* avait été mise en place à l'initiative des communistes et du Parti de gauche. Elle est présidée par François Autain (Parti de gauche) et son rapporteur est Alain Milon (UMP). Pourquoi 94 millions de doses achetées ? Pourquoi des commandes fermes ? Les experts sont-ils vraiment impartiaux ? Pourquoi les médecins généralistes ont-ils été tenus à l'écart ? Autant de sujets abordés par les sénateurs, lors d'une audition au ton parfois âpre, qui a duré plus de deux heures et demie.

LIENS D'INTÉRÊT

M. Autain a insisté sur l'influence des laboratoires pharmaceutiques et sur les liens d'intérêt des experts. *"Ce n'est pas parce qu'un expert va travailler pour un laboratoire que son expertise n'est pas valable ou qu'elle est orientée*, a déclaré Mme Bachelot. *Les liens d'intérêt ne sont pas forcément des conflits d'intérêt.* (...)*Nous devons mobiliser les professionnels les plus compétents, et, dans un domaine donné, leur nombre est compté."* Elle a estimé aussi que les expertises étaient toujours rendues *"de facon collégiale et plurielle"* et que cela représentait *"une garantie"*.

La ministre a fait le point sur les négociations avec les laboratoires suite à l'annulation de commandes de vaccins. Confirmant les informations rapportées ce matin par *Le Figaro*, elle a redit qu'un contrat d'indemnisation avait été signé avec le seul laboratoire Novartis, d'un montant de 16 % du contrat initial, et que les négociations *"continuent"* avec les autres laboratoires, GSK et Sanofi-Pasteur. *"Si nous ne parvenons pas à une démarche transactionnelle, nous notifierons à ces laboratoires une indemnisation unilatérale sur les mêmes bases que le contrat Novartis, de 16 %"*, a dit la ministre. Rappelant que les acquisitions de 94 millions de doses avaient été *"dimensionnées de façon a pouvoir proposer la vaccination à l'ensemble de la population"*, elle a souligné que les laboratoires étaient *"en position de force"* et demandaient *"des commandes fermes"*.

Mme Bachelot a par ailleurs listé le nombre de fois où elle a rencontré les médecins généralistes, les pharmaciens et les infirmières, assurant qu'on ne *"pouvait pas dire qu'on ne les a pas écoutés"*.

THE FLU CASE

French Health Minister faces tough questions over swine flu vaccination campaign in Senate:
reports Le Monde

The Flu Case, 24 March 2010, 14:06
https://web.archive.org/web/20100601144135/http://www.theflucase.com/index.php?option=com_content&view=article&id=3136%3Afrench-health-minister-faces-tough-questions-over-swine-flu-vaccination-campaign-in-senate-reports-le-monde&catid=41%3Ahighlighted-news&Itemid=105&lang=en

French Health Minister Roselyne Bachelot was subjected to a grill that was much tougher than expected in France's parliamentary chamber, the Senate, yesterday over the role pharmaceutical companies played in the country's mass swine flu vaccination campaign.

Chaired by Francois Autain and Alain Milon, the Senate commission quizzed Bachelot for two and half hours on potential conflicts of interest, asking why the government had bought 94 million doses of swine flu vaccines : why contracts had been put under seal; whether government experts were really impartial; and why family doctors had been excluded from the mass vaccination campaign, reports Le Monde.

It emerged during the inquiry that Novartis has agreed to a 16% indemnity for surplus swine flu vaccine.

The government has, however, not been able to reach a deal with Glaxo Smith Kline or Sanofi, Batchelot revealed.

Only about 7 million people in France took the inadequately tested swine flu jab – for which pharmaceutical companies were given blanket immunity – leaving the government sitting on a stock of almost 90 million jabs.

VOA

Lisa Schlein

H1N1 Swine Flu Cases Increasing in Southern Hemisphere

Voice of America, 29 March 2010

https://www.voanews.com/a/h1n1-swine-flu-cases-increasing-in-southern-hemisphere-89394817/114894.html

Nurse Kim Bigham gives Alfredo Ochoa a vaccination against the H1N1 or "swine flu," as his daughter Monserrat Ochoa and her cousin Esteban Ochoa, 3, watch at the Riverside Neighborhood Family Health Center in Riverside, California, 17 Feb 2010

A Senior World Health Organization Official confirms the H1N1 Flu pandemic appears to have peaked in North America and Europe. He says the center of increasing pandemic activity has shifted to Africa and other parts of the southern Hemisphere. Lisa Schlein reports for VOA from WHO headquarters in Geneva.

The World Health Organization (WHO) says more than 213 countries and territories have reported nearly 17,000 laboratory confirmed deaths from the H1N1 influenza pandemic. It says most of these deaths have occurred in the northern Hemisphere.

But now the pandemic is more active in the southern Hemisphere and more deaths are likely to occur in that part of the world.

WHO Special Adviser on Pandemic Influenza, Keiji Fukuda, says the H1N1 virus is circulating most actively in parts of Southeast Asia, West Africa, and in the tropical zone of the Americas.

Fukuda says the World Health Organization is concerned about what will happen as the southern Hemisphere enters its winter season.

"Many of the countries in the southern Hemisphere are the countries who are least able to handle large outbreaks of disease and who have the least resources," noted Dr. Fukuda. "As you know, the reports of H1N1 in some parts of Africa, particularly West Africa have been relatively recent. We did not have reports of activity in Western Africa in 2009. They really were more reported in 2010"

Dr. Fukuda says a main focus of WHO activity is to get H1N1 vaccines shipped to countries in the southern Hemisphere.

He says 25 out of 95 poor countries in need of the vaccines have received them. He notes another concern is the weak monitoring ability in developing countries.

"I think it is clear that surveillance capacities still can be made much better," Dr. Fukuda added. "They can be improved in Africa, but also in a number of countries. So, this is one of our big aims that we hope to continue moving on over the next number of years to improve those basic capacities there."

The World Health Organization reports pandemic influenza activity remains variable in Sub-Saharan Africa. Data suggests the most active areas of transmission continue to be in West Africa and in limited areas of East Africa, particularly in Rwanda.

It says Ghana and Senegal have the largest number of reported cases of H1N1 In West Africa.

Fukuda says the world is far better prepared to tackle influenza pandemics now than in the past. He says important lessons have been learned from past outbreaks.

CIDRAP

Lisa Schnirring

WHO sets up external panel to review pandemic response

CIDRAP, 29 March 2010
https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/who-sets-external-panel-review-pandemic-response

Mar 29, 2010 (CIDRAP News) – The World Health Organization (WHO) today said it is in the final stages of putting together an independent committee to review its preparation for and response to the H1N1 pandemic, a group of about 29 experts that will meet for the first time in the middle of April.

Keiji Fukuda, MD, special advisor on pandemic influenza to the WHO director-general, shared details about the review group with journalists in Geneva. The WHO posted an audio recording of the press conference on its Web site.

Fukuda said the independent review will parallel another review effort within the WHO that will examine pandemic response as part of a required evaluation of how the International Health Regulations (IHR) functioned during the outbreak. He said the H1N1 pandemic was the first major test of the IHR, which are an agreement outlining how governments should handle global health emergencies.

Fukuda and other WHO health officials have often said the group looks forward to the lessons learned from its pandemic response. "The bottom line is how we can do better with our preparations and response," he said.

The review's timing isn't a signal that the pandemic is over, he said. Instead, the review comes one year into the pandemic, when health officials have accumulated a lot of experience with the response and the actions are still fresh in people's memories.

Some elected officials and health ministers have criticized the response of the WHO and governments, claiming that health officials overreacted to the disease threat and were influenced by pressure from pharmaceutical companies to buy vaccine stockpiles. The WHO and health authorities from several countries have strongly denied the claims.

The Council of Europe (COE) has launched its own inquiry into the WHO and governmental pandemic responses, and today in Paris the social, health, and family affairs committee of the COE's Parliamentary Assembly (PACE) held its second hearing on the issue. The COE, separate from the European Union, works on issues such as civil rights, economics, and democracy. The group was established after World War II and is made up of elected officials from 47 nations.

The WHO is still putting together the pandemic review group, which will have a broad range of expertise, including scientists and public health experts both inside and outside the infectious disease arena. Fukuda said that though the review group will operate independently from the WHO, members will be required, like the WHO's internal expert groups, to make declarations of interest and reveal potential conflicts of interest.

The group will hold its first meeting Apr 12 to 14. The committee will elect its own chair and cochair, set its own agenda, and seek out its own expert assessments. It will produce a preliminary report on its actions for the WHO director-general to present to the World Health Assembly in May.

Fukuda said the WHO anticipates that many countries will want to air their views with the new committee, and countries will have the opportunity to speak or submit written comments at the group's first meeting. Though there won't be a public gallery for the meetings, representatives from governments and other groups will be welcome to observe, and the WHO is still working out how to provide media access.

A final report on the WHO's pandemic response will likely be completed in time for the WHO director-general to present to the May 2011 World Health Assembly.

At today's COE hearing, Paul Flynn, a socialist member of the British Parliament, presented an initial inquiry report on the WHO's pandemic response. Flynn said the report reflects a recent meeting with Gillian Merron, Britain's public health minister. He said he will meet with WHO officials on Apr 15 to gather more information. COE said in a press release that the PACE committee will likely approve the report in late April, in advance of a possible debate on the topic in Strasbourg in June.

Today the committee focused on transparency issues related to the WHO and governmental pandemic responses. The group heard from Poland's health minister, Ewa Kopacz, about the country's decision not to buy pandemic vaccine.

Also on the agenda were Marc Gentilini, a member of France's National Academy of Medicine, who spoke on France's pandemic response; Dr Tom Jefferson, from the Cochrane Collaboration, who spoke on the use of scientific evidence when making flu-related decisions; and Michele Rivasi, a European Parliament member who is calling for that group to launch an inquiry. The European Parliament is an elected group and is one of the European Union's two legislative branches.

USA TODAY

Steve Sternberg

H1N1 flu resurfaces in the Southeast

US Today, 29 March 2010, 7:26 PM
https://web.archive.org/web/20100418003554/http://www.usatoday.com/news/health/2010-03-30-swineflu30_ST_N.htm?csp=34

State and federal disease detectives have converged in Georgia to investigate a late-season flurry of people hospitalized with H1N1 flu, health officials said Monday.

Georgia reflects a "worrisome trend" of persistent flu throughout the Southeast, says Anne Schuchat, director of the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Disease.

Georgia, Alabama and South Carolina all report an increase in regional flu activity. Local clusters of cases have been reported in Arkansas, Louisiana, Mississippi, North Carolina, Tennessee and Virginia.

It's too soon to tell whether the situation in the Southeast heralds a new wave of illness nationwide, Schuchat says. "I'm worried about a different possibility – more cases occurring day in, day out" in people who believe H1N1, or swine flu, is no longer a threat.

Georgia's hospitalizations, and a sprinkling of deaths, began among adults in mid-February and have continued, says Patrick O'Neal, Georgia's director of emergency preparedness and response.

Each week since then, hospitals have reported at least 40 hospitalizations and no more than four deaths statewide, O'Neal says. "That doesn't sound like a lot," he says. "But we had dropped down to no hospitalizations at the end of December. Seeing 40 per week was a significant increase for us."

Most of those hospitalized have chronic illnesses, including diabetes, chronic lung disease and neurologic ailments. Pregnancy also raises a woman's risk of severe flu illness.

U.S. Surgeon General Regina Benjamin urged people Monday to get vaccinated, especially those in high-risk groups. O'Neal said parents should take children younger than 9 for the full set of two shots.

Paul Flynn MP

WHO calamity

Pail Flynn, MP, 30 March 2010
https://paulflynnmp.typepad.com/my_weblog/2010/03/who-calamity.html

Yesterday was a whirlwind of good science and courageous politics. The *Polish Minister of Health explained* how she was threatened by the vaccine manufacturers. They wanted the Polish Government to take responsibility for the adverse reactions to the flu vaccines that they were trying to sell her. As a health professional she was aware that the vaccines were untried and the threat from swine flu was slight. She resented the blackmail that said she would be blame when 10s of thousands of deaths occurred. *She ordered no vaccine and saved her country a fortune*. In the UK we ordered enough vaccines for 80% of the population. Less than 10% was used.

The outcome in the two countries in the numbers of death and the incidence of the disease was roughly the same ! This is the press release that the Council of Europe published this morning.

Paris, 29.03.2010 – “The next time someone cries wolf over a pandemic, the overwhelming majority will not take it seriously,” participants were told today at a parliamentary hearing on the handling of the H1N1 pandemic, organised in Paris by PACE’s Social, Health and Family Affairs Committee.

“A pandemic can be whatever the WHO declares it is. If it turns out that former PACE member Wolfgang Wodarg was right when he said the pandemic was decided to help the pharmaceutical industry make bigger profits, this might well turn out to be one of the biggest health scandals ever,” said Paul Flynn (United Kingdom, SOC), PACE rapporteur on this issue.

Participants also expressed regret at the WHO’s failure to revise its position on the pandemic, and warned against a possible repetition of events if no lessons were learnt. “The world no longer trusts the WHO, but we need a body of this kind and it must therefore restore its own credibility,” Mr Flynn added.

He paid tribute to the rare courage of the Polish Health Min ist er Ewa Kopacz, who had refused to be held hostage by the pharmaceutical industry and did not order vaccines. She said that drug company profit should not be more important than people.

She urged the WHO to urgently re-examine their position and decrease the pandemic alert level. She also denounced the lack of solidarity among European states when the pandemic was declared and the lack of co-ordination at EU level. Marc Gentilini, an expert in infectious diseases who is a former President of the French Red Cross, regretted that there was no such thing as a European health policy and called for the building of what he called a Europe of Health: “The precautionary principle is not a political umbrella to be abused,” he said.

Health researcher Tom Jefferson, of the independently-funded Cochrane Collaboration, stressed that parliamentary democracy was the best means of ensuring that private interests do not prevail over the sovereignty of states: “We trust democracy to have a surveillance system that works. The public health sector may not rely on privatised expertise,” he warned, underlining that so-called experts did not emerge like daisies but were “created and made into key opinion-leaders”.

Michèle Rivasi, a member of the Green Group in the European Parliament, who is calling for an inquiry by MEPs into the handling of the ‘flu pandemic, illustrated what she called “the chronicle of a pandemic foretold” and denounced the rush with which the WHO had announced the pandemic. She asked whether we were getting the whole truth from the WHO. She said it was important for PACE and the European Parliament to work together on this issue.

The participants also regretted that the WHO had not accepted the invitation to participate in this second hearing.

abc NEWS

Michael Smith

CDC hypes return of swine flu to USA, blames low vaccination rates
Pandemic Influenza Strain Persists in Southeast, Top Doctors Say

ABC News, 30 March 2010, 13:56
https://abcnews.go.com/Health/SwineFluNews/georgia-h1n1-cases-spike-low-vaccination-rates-blamed/story?id=10238235

Health officials are carefully watching a spike in cases of the pandemic H1N1 flu in the Southeastern United States.

Georgia is particularly worrisome, with 40 people admitted to hospital for the flu last week – more than in any other state, according to Dr. Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases.

Georgia has outpaced the rest of the nation in laboratory-confirmed H1N1 flu cases admitted to hospitals for the past three weeks, Schuchat said in a telephone press conference Monday.

The press conference – the first in several weeks to discuss the pandemic – was called largely because of the situation in Georgia, she said. The rate of H1N1 disease overall nationally is lower on average than last fall.

The increase in Georgia is "unusual, and we did want to spotlight that," she said.

Schuchat added that the number of hospital cases in the state is higher now than it was in early October, and since many cases of influenza-like illness are not tested for the virus, it's possible that the number is underestimated.

As well, she said, "H1N1 has been causing more disease recently in the Southeast." Georgia is one of three states reporting regional flu activity, she said. The others are Alabama and South Carolina.

Six other Southeastern states – Arkansas, Louisiana, Mississippi, North Carolina, Tennessee, and Virginia – plus Hawaii, New Mexico, and Puerto Rico are seeing local flu activity.

The flu that's causing anxiety in Georgia, Schuchat said, is caused by the H1N1 strain and is mainly affecting adults with underlying conditions. The virus itself has not changed, she said.

Schuchat said most of the people affected by the flu in Georgia have not been vaccinated, and indeed the state had one of the lowest vaccination rates in the country.

Although investigation of the spike is still under way, she said, the CDC decided to call attention to it in order to reinforce the message that vaccination remains an important preventive measure.

Surgeon General Dr. Regina Benjamin said the supply of H1N1 vaccine last week reached 24 million doses "but many Americans are still vulnerable to the H1N1 (flu) because they haven't gotten vaccinated yet."

She added that minorities are staying away from the vaccination program, even though they have higher rates of some of the underlying diseases that make the flu more dangerous.

Benjamin added that an estimated 60 million Americans have been infected by the virus, 265,000 have needed inpatient care, and nearly 12,000 have died.

While the death figure is lower than the 36,000 usually attributed to seasonal flu every year, Schuchat said that's misleading. Most of the deaths occurred among people younger than 65, where the death rate is five times higher than usual.

On the other hand, those over 65 have been "relatively spared," she said.

Schuchat added that the seasonal flu has been largely missing in action so far. "We've not seen seasonal flu in substantial numbers at all," she said.

Die Schweinegrippe ist offenbar zurück!

BILD, 30 March 2010, 14:58 UHR
https://web.archive.org/web/20100603142631/http://www.theflucase.com/index.php?option=com_content&view=article&id=3181%3Abild-newspaper-scare-mongers-over-third-swine-flu-wave&catid=1%3Alatest-news&Itemid=64&lang=en

Experten aus den USA beobachten einen erneuten Anstieg von schweren Erkrankungen und Todesfällen – droht jetzt die dritte Welle der H1N1-Epidemie?

Vor allem im US-Bundesstaat Georgia werden seit Mitte Februar plötzlich wieder zahlreiche infizierte Menschen ins Krankenhaus eingeliefert, mehrere Menschen starben, berichtet die Zeitung "USA Today".

Auch Alabama und South Carolina verzeichnen einen regionalen Anstieg der Grippe-Fälle.

In Arkansas, Louisiana, Mississippi, North Carolina, Tennessee and Virginia werden lokal vermehrt Erkrankungen bekannt.

Und die Zahl wächst weiter: Jede Woche berichten Kliniken von mindestens 40 Personen mit Schweinegrippe und bis zu vier Todesfällen im gesamten Staat, sagt Patrick O'Neal, Leiter des Notfallschutzes von Georgia.

"Das klingt nach wenig, aber Ende Dezember waren die Krankhaus-Einlieferungen auf Null gesunken. Plötzlich 40 neue Patienten die Woche sind ein deutlicher Anstieg für uns", erklärt O'Neal.

Die meisten eingelieferten Menschen leiden unter chronischen Krankheiten wie Diabetes oder Lungenerkrankungen. Auch Schwangerschaft erhöht das Risiko, an der Grippe zu erkranken.

Anne Schuchat, Leiterin des Nationalen Centers für Krankheiten und Prävention (DCD), spricht von einem "beunruhigenden Trend" von hartnäckigen Grippefällen.

Es ist zu früh zu sagen, ob die Situation im Südosten des Landes der Vorbote einer neuen bundesweiten Grippe-Welle ist, sagt Schuchat.

Aber: "Eine andere Möglichkeit macht mir Sorgen", sagt die Expertin und beklagt "immer mehr Fälle, tagaus, tagein" von Menschen, die glauben, das H1N1-Virus oder die Schweinegrippe wären keine Bedrohung mehr.

US-Generalchirurgin Regina Benjamin mahnt die Menschen, sich impfen zu lassen, besonders die gefährdeten Risikogruppen. Auch Notfallschutz-Leiter O'Neal rät Eltern, ihre Kinder unter neun Jahren mit den beiden nötigen Impfspritzen gegen die Schweinegrippe zu schützen.

=> Germany's Bild newspaper is hyping the return of a "third swine flu wave", quoting the CDC in Atlanta in preparation for new vaccine push.
US-Seuchenbehörde CDC: Hartnäckige H1N1-Krankheitsfälle Droht jetzt die dritte Schweinegrippe-Welle?
https://web.archive.org/web/20100603142631/http://www.theflucase.com/index.php?option=com_content&view=article&id=3181%3Abild-newspaper-scare-mongers-over-third-swine-flu-wave&catid=1%3Alatest-news&Itemid=64&lang=en

US-Seuchenbehörde CDC:
Hartnäckige H1N1-Krankheitsfälle Droht jetzt die dritte chweinegrippe-Welle?

BILD, 30 March 2010, 14:58 UHR
https://www.bild.de/news/2010/zahlreiche-krankheits-h1n1-faelle-in-usa-12028160.bild.html

Die Schweinegrippe ist offenbar zurück! Experten aus den USA beobachten einen erneuten Anstieg von schweren Erkrankungen und Todesfällen – droht jetzt die dritte Welle der H1N1-Epidemie?

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EXPRESS

WHO's swine flu response examined

Express, (UKPA), 30 March 2010, 05:24
https://www.express.co.uk/news/world/166045/WHO-s-swine-flu-response-examined

Experts will investigate the World Health Organisation's response to the swine flu outbreak and probably examine whether it could have been clearer when it declared a pandemic of what turned out to be a relatively mild disease.

The independent review will be conducted by around 30 scientists and health chiefs and their initial findings will be presented to member states in May, said Keiji Fukuda, WHO's top flu official.

WHO's pandemic alert scale, or "phases" and the role that disease severity plays in the global body's assessment of an outbreak were likely to be among the "critical issues" the group would examine, he said.

Several governments urged WHO last year not to declare swine flu a pandemic, saying it could cause unnecessary alarm if the virus turned out to be harmless.

But the United Nations health agency went ahead, arguing that the term pandemic signifies only that a new strain is circulating worldwide, but says nothing about how dangerous it is.

Dr Fukuda insisted that the choice of word was correct, but acknowledged that the term pandemic may have caused confusion among some who later accused WHO and others of overplaying the threat the virus posed.

Finding "what is the best way to convey the magnitude of risk" would likely be a key issue for the expert group to discuss, particularly with a view to improving communication during future disease outbreaks, he said.

"A lot of attention will be spent on how do you do that in a way that is clear in Egypt, London or Anchorage, Alaska," he added.

The expert group, which will include "very well-known scientists", will hold its first meeting from April 12-14 and consultations would probably continue over the course of the year, Dr Fukuda said.

A final report will be presented at the WHO's annual meeting of member states in May 2011, he said. WHO is holding a separate, internal review of its handling of the outbreak.

STANDART NEWS

Tanya Marinova, Nadia Pankova

"Swine Flue" Topples down Bulgaria's Health Minister

Standard, 1 April 2010 11:43

https://web.archive.org/web/20100403021048/http://paper.standartnews.com/en/article.php?d=2010-03-31&article=32664

The swine flu overthrew a Bulgarian minister. Bozhidar Nanev - minister of health tabled his resignation after the prosecution's office accused him of signing an unprofitable deal. "With that deal the minister has defrauded the state revenue by 2.5 million leva (1 euro=1.95 leva)," announced Margarita Nemska - monitoring prosecutor on the first case against a minister from the incumbent cabinet. She explained that Bozhidar Nanev has signed two contracts for delivery of "Tamiflu" - vaccine combating swine flu, at a price was much higher than the offered by another company.

The delivery of medicines occurred a month and a half after the officially announced end of the flue epidemics.

"The case is really a very grave one," Nemska was explicit.

Nanev's case has been investigated by agents from the State Agency for National Security and the PM reportedly ordered the checks personally. A day ago SANS discovered the fraud and reported to Bulgaria's Prosecutor General who ordered an investigation and according to the conclusions of the prosecutors, charges were launched.

THE FLU CASE

Alec

Microchipping to Begin – Under New Health Bill

The Flu Case, 6 April 2010, 11:36
https://web.archive.org/web/20100413225746/http://www.theflucase.com/index.php?option=com_content&view=article&id=3207%3Amicrochipping-to-begin-under-new-health-bill&catid=1%3Alatest-news&Itemid=64&lang=en

The new Health Care Bill, H.R. 3200, just passed by Congress has within it the requirement that all people thereunder shall be microchiped. The plans for this microchipping has been in the hooper going back to December of 2004.

Witness the actual FDA (Food and Drug Administration) document dated December 10, 2004 entitled Class II Special Guidance Document: Implantable Radiofrequency Transponder System for Patient Identification and Health Information. This ten page document may be read on the FDA website at =>
https://web.archive.org/web/20090710201325/http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm072191.pdf

Now witness the wording within H.R. 3200, America's Affordable Health Choices Act of 2009 found on Congresses™ House Ways and Means website, =>
https://web.archive.org/web/20090805013455/http://waysandmeans.house.gov/media/pdf/111/AAHCA09001xml.pdf

On page 1001 is Subtitle C National Medical Device Registry which states, The Secretary shall establish a national medical device registry (in this subsection referred to as the registry™) to facilitate analysis of postmarket safety and outcomes data on each device that … is or has been used in or on a patient…

In other words, everyone microchipped pursuant to the new Health Care Bill must be registered with the Secretary. The Secretary is defined as the Secretary of Health and Human Services.

The date by which this registry is to begin is mandated on page 1006, which is 36 months after the Health Bill becomes law.

(2) *Effective Date.* – The Secretarry of Health and Human Services shall establish and begin implementation of the registry under section 519(g) of the Federal Food, Drug, and Cosmetic Act, as added by paragraph (1) by not later than the date that is 36 months after the date of the enactment of this Act, without regard to whether of not final regulations to establish and operate the registry have been promulgated by such date.

Therefore, under the law of H.R. 3200 recently passed by Congress, microchipping of Americans must begin by the year 2013.

Now you know what is behind the new Health Bill, H.R. 3200.:
http://www.youtube.com/watch?v=Hq3vtjXEGy8&NR=1 =>

These are interesting times indeed!

Alec

mid-day

Swine flu scare was exaggerated

Mid-Day, IANS, 6 April 2010, 06.23 pm IST
https://www.mid-day.com/author-detail/ians-14
https://www.news18.com/news/india/swine-flu-scare-was-exaggerated-who-336143.html

World Health Organisation admitted that the scare was exaggerated as alleged by several countries, including India

The World Health Organisation (WHO) on Tuesday admitted that the swine flu scare was exaggerated as alleged by several countries, including India, but it declined to comment whether it was done to benefit global pharmaceutical companies.

"Yes, it was," Samlee Plianbangchang, regional director of WHO southeast Asia, said in a reply to a question on whether H1N1 scare was exaggerated by the global health watchdog.

However, WHO authorities declined to comment whether the hype was created by the global health agency to benefit pharmaceutical companies.

"It will be answered by our designated spokesman," a WHO spokeswoman said.

The UN health watchdog declared Influenza A (H1N1) as a pandemic in 2009 after the disease broke out across the globe.

India has already expressed its displeasure and demanded an investigation into "unnecessary scare" created by the WHO.

Minister of state for Health and Family Welfare Dinesh Trivedi has said that it was important to find out whether there was ever a nexus between pharmaceutical companies and WHO which made the global health watchdog declare H1N1 flu a pandemic virus.

"We definitely demand an inquiry. WHO is not god," Trivedi had told reporters.

The global health watchdog had said that the pandemic will affect at least one-third of the global population and this created a lot of panic around the globe. However, the impact was much less than expected.

India, a country of over 120 crore, saw a little over 30,000 infections since May 2009 till date. Of these, 1,465 people have died till April 5, 2010. But going by the WHO forecasts, over 33 crore people were expected to be afflicted by the virus.

While several companies across the world are busy making the vaccine, India has already imported 1.5 million doses from the multinational firm Sanofi Pasteur. An Indian vaccine is yet to reach market.

NEW-FIELDS EXHIBITIONS, INC.

2nd International Swine Flu Conference
Washington, DC, 18-19 August 2010

New-Fields Exhibition, Inc., 7 April 2010

2nd International Swine Flu Conference
August 18-19, 2010 Washington, DC

April 7, 2010

Dale Manuel
Commissioner
Jefferson County, West Virginia

Re: 2nd Int'l Swine Flu Conference via fax 3047257916

Dear Dale Manuel,

We are pleased to invite you to attend the 2nd International Swine Flu Conference, August 18-19, 2010 in Washington, DC.

WHO announced last week that more than 213 countries and overseas territories have reported cases of pandemic influenza H1N1, including at least 17, 483 deaths.

In the two-day event, public health officials, policy makers, scientists, and business leaders will focus on effective planning and preparation, improved coordination among all sectors to survive a global pandemic.

Break-out Session include:
- Breakout 1. **Business Continuity Planning**
- Breakout 2. **Continuity of Operations (COOP) and Continuity of Government Planning**
- Breakout 3. **Emergency Management Services**
- Breakout 4. **Law Enforcement Agencies**
- Breakout 5. **School/University Pandemic Planning**
- Breakout 6. **Workplace-based Planning**
- Breakout 7. **Hospital and Emergency Medical Services**
- Breakout 8. **Airlines, Travel, Airport, Quarantine and Border Health Services**
- Breakout 9. **Infectious Medical Waste**
- Breakout 10. **H1N1: Agricultural Perspective & Intervention**

Not registered yet? You may register in any of the following ways:
Call us at 202-536-5000. Or download the PDF registration form:
http://www.new-fields.com/2ndISFC/registration.pdf

Looking forward to working with you in this global effort to fight this panademic.

Sincerely,

Virginia Blanco, Project Manager
H1N1 Task Force
Virginia.Blanco@New-Fields.com

1101 Pennsylvania Avenue, NW, Sixth Floor South, Washington, DC 20004
Phone (202) 536-5000 Fax (202) 280-1239 www.New-Fields.com

OSHWORLD

2nd International Swine Flu Conference
Washington, DC, 18-19 August 2010

OSHWorld, August 2010 Events
https://www.sheilapantry.com/oshworld/diary/2010/diary1008.html

DIARY OF EVENTS

Other Events

August 2010 Events

Conference
6-9 August 2010 - ICOHN and ACOHN Joint Conference 2010
Yokohama, Japan
Contact: Conference Secretariat: ICOHN & ACOHN Joint Conference 2010
Etsuko Takahashi, Yokkaichi Nursing and Medical Care University, 1200 Kayou-cho, Yokkaichi, Mie 512-8045 Japan | Tel: +81-59-340-0739 | Fax: +81-59-361-1401

Training
16-18 August 2010 - Measurement, Design, and Analysis Methods for Health Outcomes Research
Boston, MA, USA
Contact: Harvard School of Public Health, Center for Continuing Professional Education | Tel: +1 617 3848692 | Email: contedu@hsph.harvard.edu | https://www.hsph.harvard.edu/ecpe

Training
16-20 August 2010 - Radiological Emergency Planning: Terrorism, Security, and Communication
Boston, MA, USA
Contact: Harvard School of Public Health, Center for Continuing Professional Education | Tel: +1 617 384 8692 | Email: contedu@hsph.harvard.edu | https://www.hsph.harvard.edu/ecpe

Conference
17-19 August 2010 - Fourth Annual National Conference on Health Communication, Marketing, & Media
Omni Hotel, Atlanta, GA, USA
Contact: Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, USA | Tel: + 1 800-CDC-INFO, (800) 232-4636 | Email: cdcinfo@cdc.gov | www.cdc.gov/healthcommunication

Conference
18-19 August 2010 - 2nd International Swine Flu Conference
Washington, D.C., USA
Contact: +1 202 536 5000 | Fax: + 1 202 280 1239

THE FLU CASE

Which is next? An engineered pandemic or debt implosion?

The Flu Case, 7 April 2010, 19:17
https://web.archive.org/web/20100413225818/http://www.theflucase.com/index.php?option=com_content&view=article&id=3234%3Awhich-is-next-an-engineered-pandemic-or-debt-implosion&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The global elite have been planning for decades to destroy the nation states in the European Union as well as the USA using biowarfare and also financial warfare to pave the way for the establishment of a one-world government under their control with the UN, WHO and IMF serving as their vehicles.

The elite's financial weapon of choice appears to be debt implosion; and their preferred timing for detonating this weapon looks to be in the next few weeks.

...

The implosion of our economies appears to have been planned to take place under the cover of pandemic martial law.

This was to have been implemented by WHO in conjunction with national governments under the pretext of a swine flu pandemic last year.

Because the swine flu pandemic failed to deliver martial law and mass deaths, the US government has now just pushed through a health bill with the key element of compulsory medical treatment that was in the national pandemic plan.

Under the Healthcare Bill, people can be forced to take vaccines, however unnecessary or even dangerous they might be. We know the global elite want a major population reduction, especially of the young, the elderly, the sick.

Now that the hurdle of controlling social and political unrest in the USA has been cleared, the globalists appear to be moving to the next stage – the implosion of our economies by detonating the debt bomb.

The fuse was lit when Greece was "found" to have budget deficit equivalent to 12.7 percent of gross domestic product earlier this year. In the meantime, we know Goldman Sachs helped contrive this mountain of debt and dramatize it by selling unsecured swaps.

We, the people, have to reclaim our governments, which have been so corrupted.

We might have to face economic meltdown and shocks, false flag nuclear wars in Iran and martial law in the near future. But we must focus on accomplishing our mission: the restoration of Constitutional and honest government.

One practical step in the fight against totalitarian government is preparing to set up regional currencies for use in an emergency.

Another meeasure is setting up community-supported agriculture and food projects.

A third step could be setting up local community banks.

THE IRISH TIMES

Carl O'Brien

Swine flu - pandemic or manipulated panic?

The Irish Times, 10 April 2010, 01:00
https://www.irishtimes.com/news/swine-flu-pandemic-or-manipulated-panic-1.650611

To guard against thousands of possible deaths, the Government set aside €80 million for swine flu vaccines, only a fraction of which were used. Was it an over-reaction, or a Catch-22 situation?

Quietly, and with barely a flicker of media interest, the last weekly briefing note on the swine flu pandemic was released a week ago. There wasn't much to excite even the most news-starved of reporters. Influenza activity was low. There had been no confirmed reports of swine flu. The vaccination campaign against the virus had officially drawn to a close.

This was in stark contrast to a few months earlier. Special weekly press conferences at Government Buildings were packed with media to hear top-ranking health officials talk about the public health threat facing the State.

Somehow, more than €80 million was scrambled together by health authorities to buy millions of vaccines, as well as anti-virals, masks and goggles. The national influenza pandemic plan was dusted down, along with the possibility that schools, universities and workplaces could be closed down as a protective measure. Most measures avoided creating a sense of panic, but it didn't always work. The media stoked fears, speculating that special morgues would be set aside and that the Army could be called in. A distinguished UK virologist even raised the possibility that swine flu could travel south and mix with bird flu to create “Armageddon flu”.

In the end, the consequences weren't nearly as bad as was feared. The H1N1 virus turned out to be a relatively mild strain compared to the more deadly avian flu (which killed one-third of those infected). About 5 per cent of the Irish population contracted the H1N1 virus, and 24 people died. Health authorities now find themselves saddled with two-thirds of the swine flu vaccines unused.

Given that in a typical flu season around 300 to 400 people die of flu-related illnesses, many are beginning to question whether health authorities over-reacted to the scale of the problem. To add into the mix, sceptics such as Wolfgang Wodarg, former chairman of the health sub-committee at the Council of Europe, say the swine flu outbreak was a “false pandemic” driven by drug companies which stood to make billions from a worldwide scare.

The biggest worry facing some health experts is that public trust may have been undermined – so the next time a pandemic disease hits, people may not take it seriously, a situation that could put the whole population at risk. Dr Kevin Kelleher, head of health protection at the Health Service Executive, played a key role in co-ordinating the State's response to the swine flu threat.

“I don't think we over-reacted,” says Dr Kelleher. “If you were to speak to people who had the swine flu, or to the families of those who died, you would get a very different picture. Maybe our reaction reduced the scale of the people affected . . . People were given advice, vaccinations were provided. I'd be happy to debate our reaction with anyone.”

One issue is the national pandemic influenza plan, a detailed guide drawn up for health authorities three years ago. But this was written with the avian flu in mind, which is far more severe, and envisages a scenario where the first wave of a pandemic could result in anything up to 50,000 deaths.

"Yes, the swine flu wasn't as severe as we might have feared, but it still had a major impact," says Dr Kelleher. "We are looking at lessons learned, but the plan was adapted as we went on to the emerging situation." One key adaptation, for example, was that hospitals continued to operate normally; whereas the plan envisages health services being forced to take drastic action to deal with a pandemic.

Prof Patrick Wall, associate professor of public health at UCD, takes a similar view, and says the health authorities got it right.

When the virus first emerged last April, he was quick to dampen any sense of panic. He said the swine flu appeared to be similar to ordinary flu and warned against over-reacting.

"Looking back, I suppose I was half right and half wrong," Prof Wall says. "It wasn't Armageddon. But it wasn't an ordinary version of the flu, either. It affected young people and pregnant women disproportionately. It was very serious for those vulnerable groups." There was always the possibility that a second wave of the flu could have been much more life-threatening, he says.

"As far as world health agencies are concerned, they were damned if they did and damned if they didn't [declare] a pandemic. I thought Tony Holohan [chief medical officer at the Department of Health] put it well last year. While the flu appeared to be mild, he said there were no grounds for complacency. That was good advice."

Ultimately, Ireland was guided by the World Health Organisation (WHO) in how it responded. Its emergency committee made a crucial decision on June 11th, declaring that an influenza pandemic had broken out, for the first time in just over 40 years.

As the WHO's director of global outbreak alert and response network, Dr Mike Ryan played a key role in shaping the organisation's response. "I feel very comfortable that the right calls were made at the right time," says Dr Ryan, originally from Co Sligo and now based in Geneva. "We live in a world of risk management. And this was a new strain of virus which was spreading like wildfire around the world and to which humans had no immunity. People were dying in intensive care, pregnant women were dying, under-twos were dying and the virus was adapting." A pandemic, or "phase six" on the WHO's warning system, occurs when a new virus is spreading uncontrollably in several regions of the world.

While the organisation's previous definition referred to a virus that created a "high mortality rate", this was left out of a more recent and revised definition.

On its website, the answer to the question "What is a pandemic?" included mention of "an enormous number of deaths and cases of the disease" – until May 4th, 2009.

That was when a CNN reporter pointed out the discrepancy between this description and the generally mild course of the swine flu. The language was quickly removed.

Some sceptics say a group with strong connections in Geneva had a strong interest in phase six being declared: the drugs industry. Once a pandemic was declared, sleeping contracts to supply millions of vaccines to dozens of governments around the world would automatically come into force.

"Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur," Tom Jefferson of the Cochrane Collaboration, an international non-profit organisation, told German news magazine Der Spiegelrecently. "And all it took was one of these influenza viruses to mutate to start the machine grinding."

Dr Ryan of the WHO rejects any suggestion that the pharmaceutical industry pressurised the organisation into declaring a pandemic. "It beggars belief that we would risk the integrity of our massive health agenda globally by helping companies to make short-term profits. It's simply not in our interest to do so," he says.

It is almost impossible to know the severity of a pandemic in its early stages, he adds, given the ability of flu strains to mutate quickly and impact differently among diverse populations.

Ireland was one of many countries that had signed agreements with vaccine manufacturers to supply pandemic jabs. It paid some €6 million in "hello money" to vaccine makers – just to secure access to supplies when they became available.

In addition, it ordered 7.7 million vaccines, enough for two doses for each member of the population at a total cost of close to €80 million. This included equal batches of Pandemrix, a vaccine made by GlaxoSmithKline, and Celvapan, made by Baxter.

Months later, however, it emerged that a shot of Pandemrix was sufficient for both children and adults, except those with weakened immune systems.

As a result, the Government renegotiated its contract with Baxter, saying it would not take up close to four million doses of its vaccine, saving up to €35 million in the process. However, it is still left with two-thirds of the vaccine that arrived in the country. It is in talks with GlaxoSmithKline over how to honour a contract worth between €5 million and €15 million. Most developed countries face a similar problem, but not everyone.

Poland's government, which chose not to buy the vaccine, feels vindicated by its stance. While opposition parties grumbled, its health minister, Ewa Kopacz, told the parliament: "Is it my duty to sign agreements that are in the interest of Poles, or in the interest of the pharmaceutical companies?"

So, what lessons can be learned from the swine flu pandemic? The WHO, for its part, has announced that an external panel will review the decisions it took over the handling of swine flu as part of a process which begins on Monday.

John MacKenzie, the chair of the organisation's emergency committee, a group of 15 health experts from around the world, has already suggested that the WHO's definition of a pandemic may need to be fine-tuned to include severity.

Dr Ryan feels that while its response was speedy and effective, there could be room for improvement on aspects of communications. "Was there unnecessary confusion in this pandemic versus the seriousness of something like H5N1 [avian flu]? That's something that will be looked at." For **Prof Patrick Wall**, the allegations against the WHO are serious and need to be addressed – if only to ease the public concerns.

"These allegations need to be banged on the head and sorted out, " he says. "An inquiry might help us learn lessons from this."

Swine Flu in Numbers:
22 million – The cost in euro of buying and administering vaccines in Ireland
1.9 million – Number of unused doses of pandemic vaccines in Ireland
1.1 million – Number of doses of pandemic vaccine administered in Ireland
16,931 – Number of deaths worldwide linked to swine flu
4,584 – Number of confirmed cases of swine flu notified in Ireland
25% – The proportion of the population that received the vaccine
24 – Number of deaths in Ireland linked to swine flu

WHO pandemic probe focuses on media, Internet role

Google – Host News, AFP, 13 April 2010

https://web.archive.org/web/20100517020117/http://www.google.com/hostednews/afp/article/ALeqM5hTYjXT1VALSJAJKgjnRtFE3bom1Q

GENEVA – The Internet had a disruptive impact on the handling of the flu pandemic by fanning speculation and rumours, officials said as a world health probe on Tuesday examined communications on swine flu.

World Health Organisation influenza chief Keiji Fukuda told 29 health experts reviewing the international response to the pandemic that the Internet had added a new dimension to flu alerts over the past year.

While it meant information about swine flu became more widely available, it also produced "news, rumours, a great deal of speculation and criticism in multiple outlets," including blogs, social networking and websites, he said.

"Anti-vaccine messaging was very active, made it very difficult for public health services in many countries," Fukuda said as a nine-month review of the A(H1N1) flu pandemic got under way.

Several governments have been trying to cancel orders for hundreds of millions of dollars' worth of special swine flu vaccines.

Mass vaccination campaigns in Europe last year fell flat amid public doubts about the value of immunisation because of milder than expected swine flu symptoms, speculation about the safety of the vaccine and concern about the influence of the pharmaceutical industry.

Fukuda also pinpointed the speed with which information spread and its influence on "volatile" public opinion, admitting that the WHO had struggled to find the "right tempo" for communications.

"We saw confusion over many of the words and phrases used in the pandemic," he added.

While the Internet is regarded as an essential conduit for information, many members of the health community believe it has also amplified the impact of sensationalist claims or blogging by self-styled experts, with little in the way of checks or balances.

Examples cited included a six-part video by a Spanish nun debunking the threat of A(H1N1) flu posted online, websites dedicated to "fake pandemic" claims, or the global reach of rumours exchanged by e-mail or social networking chatter.

Former WHO infectious diseases chief David Heymann told AFP that public health community had to take into account a "new factor" with the Internet and social networking.

"It's very difficult to correct any misperception," said Heymann, now chairman of the Health Protection Agency in Britain and a researcher on global health strategy.

Several governments on Monday urged the review to look at the broad issue of communications in the pandemic.

France indicated that authorities had struggled with the speed with which information got around, and suggested that some WHO recommendations had come too late.

"It emerged that the media timescale was far shorter than the political and administrative timescale, which may have complicated national decision making," a French delegate told the panel.

The WHO's International Health Regulations Review Committee Tuesday set communications as one of its five core subjects, with a first examination later in the day.

"Media should be one part of the communications strategy" review, panel member Tjandra Aditama, of Indonesia's health ministry, said earlier.

The review panel's final overall report on the handling of the pandemic is due by January 2011, a WHO spokesman said.

The INDEPENDENT

Jeremy Laurance

Governments accused of panicking over swine flu

The Independent, 22 April 2010
https://www.independent.co.uk/life-style/health-and-families/health-news/governments-accused-of-panicking-over-swine-flu-1950700.html

A blizzard of inquiries into the handling of the swine flu pandemic, which began one year ago, have been launched amid allegations that governments around the world over-reacted to the threat.

The World Health Organisation (WHO) has been accused of crying wolf over its decision last June to declare the H1N1 virus a pandemic, the first for 40 years, which could turn out to be the weakest in history. Up to 15 April there had been 474 deaths from swine flu in Britain, mostly in the age group 15 to 44, compared with 2,000 to 4,000 from seasonal flu in an average year, which targets the elderly.

Seasonal flu was driven out last winter by the novel H1N1 pandemic virus, which may therefore end up having saved lives overall from flu in the 2009-10 season.

Early in the pandemic, the Department of Health said it was planning on the basis of a "worst case scenario" of up to 65,000 deaths. That figure was revised down to 1,000 deaths in the autumn, as the virus turned out to be milder and to have spread further than had been thought.

About 5.5 million people have been vaccinated in Britain, but uptake has been low among frontline health workers and groups at risk, at just 30 per cent. The Government, which ordered 100 million doses of vaccine, announced earlier this month that it had "over-bought" 30 million doses, worth £150m, which were now being exchanged for other products.

The most advanced inquiry, being conducted by the Council of Europe, began in January. Paul Flynn, the British Labour MP who is drafting its report, has called attention to the discrepancy between the scale of the warnings and the actual threat. "The next time someone cries wolf over a pandemic, the overwhelming majority will not take it seriously. A pandemic cannot be whatever the WHO declares it to be," he said. The WHO has launched its own inquiry and the European Commission is under pressure from MEPs to establish a separate investigation. In Britain, the Government has announced an independent review chaired by Dame Deirdre Hine.

British experts defended the national and international response to swine flu at a briefing organised by the Science Media Centre in London yesterday. Professor Robert Dingwall, former director of the Institute for Science and Society at the University of Nottingham, said it was better for governments to prepare for the worst and then scale measures back than be faced with having to do the reverse. "Governments are damned if they act and damned if they don't," he said.

Professor Neil Ferguson, of the department of Infectious Disease Epidemiology at Imperial College, London, said assessments of the pandemic in the early months were broadly accurate.

"The difficult thing was tracking how many people were being infected. That was critical to tell how severe the virus was. We saw some people dying but we couldn't put those numbers in perspective." The uncertainty led to predictions that the autumn wave of infections could be up to three times greater than the summer wave but in the event it was about the same size. "The challenge is to develop more rapid diagnosis to overcome the problem of tracking the pandemic. Aspects of surveillance could be improved. Had we known what we were getting we would have responded at a lower level."

The Telegraph

Rebecca Smith

Swine flu will be back in the winter: scientists

Swine flu will return in the winter and thousands of people could become infected, scientists have warned

The Telegraph, 22 April 2010, 7:15AM BST
https://www.telegraph.co.uk/news/health/swine-flu/7614164/Swine-flu-will-be-back-in-the-winter-scientists.html

The pandemic is not over and the H1N1 virus is likely to return in the winter when flu would normally be expected, scientists have said.

Despite the feeling that most people have already had the bug, even if they didn't show symptoms, tests have shown that in some areas of the country 85 per cent have not yet contracted H1N1.

Uptake of the vaccine has varied from around 10 per cent to 30 per cent of those offered it so many of the most vulnerable are not protected, they said.

Prof Neil Ferguson, Director of the MRC Centre for Outbreak Analysis and Modelling, Dept of Infectious Disease Epidemiology, Imperial College London, said there has been a resurgence of cases in the southern states of America and this time H1N1 appears to be striking older people.

Prof Peter Openshaw, Director of the Centre for Respiratory Infection at the National Heart and Lung Institute, at Imperial College London added: "The perception is that everyone has had it therefore won't get it again. In London and the West Midlands up to 40 per cent of schoolchildren have had it but they are the exception. In most regions it was about 15 per cent so there are still a lot of people still to be infected."

The scientists said despite criticism that the pandemic was overplayed, the response by the British Government was proportionate given what was known at the time.

They described it as a 'dry run' for a more serious pandemic and said valuable lessons will be learned about communicating risk to the public and how to track cases in the general population.

Prof Ferguson said the number of people who died from swine flu was probably underestimated in England because of the way the data was collected.

In the year since the outbreak 474 deaths have been attributed to swine flu in the UK.

Prof Ferguson said reasonable worst case scenarios for the NHS to plan for suggested early on that there could be 65,000 deaths and he said this was not unreasonable. However this was communicated as a prediction of what would happen when in actual fact is was a worst case to plan for when in reality far fewer deaths were expected.

Prof Openshaw added that even though the assumption is that H1N1 is a mild disease, the majority of deaths were in younger age groups than normal and 40 per cent of them had been fit and well previously.

"This was still an exceptional outbreak of flu", he said.

It is still not known why the disease struck people with asthma, pregnant women and those with diabetes.

He said it was hard to predict if H1N1 would behave more like normal seasonal flu when it returns or if it will retain some of these pandemic traits.

FIERCE Pharma

Swine flu outbreak: One year later

Fierce, 22 April 2010, 9:40 am
https://www.fiercepharma.com/vaccines/swine-flu-outbreak-one-year-later

Was the World Health Organization's response to the swine flu pandemic reasonable or over the top and tainted by commercial interests? Both *USA Today* and *AFP* take a look at the WHO's response to the swine flu pandemic a year after the discovery of the deadly virus.

"It's a decision which costs huge amounts of money, which frightened people throughout the world unnecessarily," said Paul Flynn, a British parliamentarian who has led a Council of Europe inquiry on the issue. According to *AFP*, Flynn says that massive sums were spent on anti-virals and vaccines, which went largely wasted as skeptical populations refused to get vaccinated. He lambasted the WHO's actions: "The next time someone cries wolf over a pandemic, the overwhelming majority will not take it seriously. A pandemic cannot be whatever the WHO declares it to be," he says, as quoted by the *Independent*.

For example, in France the purchase of 94 million vaccines cost the state around €600 million ($798.2 million), but only less than 10 percent of the population went to get vaccinated, *AFP* reports. And the U.K. government ordered 100 million doses of vaccine, but announced earlier this month that it had "over-bought" 30 million doses, worth £150 million ($230.2 million), which were now being exchanged for other products, the *Independent* reports.

While governments rushed to cancel massive vaccine orders, critics railed against drugmakers that they see as having benefited handsomely and decried the WHO's response. But others have come to the organization's defense: "A lot of the criticism is political. I've not heard criticism from any virologist," says John Oxford, a virologist and professor at Queen Mary's School of Medicine and Dentistry in Britain.

And although the WHO is looking into its own response to the pandemic, its flu expert Keiji Fukuda said that the body has "to have room to make decisions that are different from what the plans call for," as quoted by *USA Today*.

The article, which focuses on the U.S. government's response, points out that responders had to be nimble; for example, they couldn't have anticipated that flu would pop up in the spring, when the world's vaccine producers were already busy preparing seasonal flu vaccine for the fall. Furthermore, it came at a time when the Obama administration was in its infancy and was racing to fill key positions, among them the secretary of Health and Human Services.

University of Michigan flu expert Arnold Monto gives the federal government high marks for its actions. "I think the U.S. response was totally appropriate," he says, as quoted by *USA Today*. "We did get a little panicked at first, but when you're apprehensive about what's coming your way and getting reports of deaths flooding in from Mexico, that's understandable."

THE FLU CASE

More independent websites censored
Watch for new pandemic scare, says David MacPhail

The Flu Case, 6 May 2010 11:59
https://web.archive.org/web/20100517160424/http://www.theflucase.com/index.php?option=com_content&view=article&id=3415%3Amore-independent-websites-censored-watch-for-new-pandemic-scare-says-david-macphail&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Fear, shock and the censorship of the independent media will be the key to any successful new mass vaccination campaign by WHO and pharamceutical companies, argues David MacPhail:

"The Medical Veritas web site went down recently and today Mike Adams has reported that within hours after his video interview with Jeffrey Smith about GMOs went live, YouTube censored it, claiming it "violated" their terms of use. Clearly there are powerful forces at work.

I fear that Jean-Jacques warning that another mass vaccination campaign is imminent and will come on very suddenly with little or no warning is prescient. While there may be different views as to why mass vaccination is being aggressively pushed it seems to be an important component of global control."

[WHO and the pharmaceutical companies appear to be using their review of the failed swine flu vaccination campaign for no other purpose than] to identiy and assess camps of opposition and the methods by which the campaign was opposed which was mostly through the internet.

In view of recent events with yours and several other web sites it is probable that in the wave of swine/bird flu that is coming one of the first things that will happen is that sites like The Flu Case will be attacked and disabled.

The main reason the H1N1 campaign failed was because it did not develop sufficient fear to gain compliance of the majority. Had the batch of [seasonal flu] vaccine [contaminated by the bird flu virus in February 2009 by Baxter] not been exposed by [the independent media and internet]the outcome could have been much different.

In order to gain voluntary compliance as well as gain support for enforced vaccination the next viral campaign will have to initially and very quickly claim a lot of victims and in a brutal manner so that the media can run graphic images of people coughing up blood and dying within hours of becoming infected.

I also fear that those who resist being vaccinated can and will be labeled 'terrorists' and will either disappear or be vaccinated by force. Under so-called anti terror provisions in force in Canada one can be jailed without being charged just for being suspected of being a terrorist. Already in the failed H1N1 vaccination campaign resisters were being labeled as a liability and danger to the remainder of society based on claims that they were negatively impacting herd immunity. In a situation where a lethal virus is spreading rapidly it will be easy to label vaccination hold outs as terrorists much in the same manner in which those infected with AIDS are being portrayed as killers when they infect others. It is also probable that holdouts will reveal themselves as activists and will be targeted."

Mail Online

Daniel Martin

NHS slashes services to meet costs of swine flu scare

Daily Mail, 6 May 2010, 08:43 BST
http://www.dailymail.co.uk/news/article-1273513/NHS-slashes-services-meet-costs-swine-flu-scare.html

The NHS is being forced to cut services because of the huge costs of the swine flu scare that proved unfounded.

A survey has found that as many as one in six health trusts may have to slash services - or already have done so - to recoup costs.

The cuts required to pay for swine flu preparations are on top of the cuts needed after the election as the NHS adjusts to a post-credit crunch world.

And, for the first time, it has emerged that the average cost of the swine flu scare to primary care trusts was £340,000 - enough to pay the salaries of 17 nurses.

The huge amounts were spent on setting up antiviral collection points, storing and distributing vaccines, staff vaccination sessions and advertising to encourage people to have the jab.

The news comes just a month after ministers revealed that up to £300million of taxpayers' money was wasted on swine flu jabs that were never needed.

The Government ordered 90million doses of a vaccine last year as panic over the illness gripped the country – but when the pandemic failed to materialise, it soon became clear the order was far too large.

At the height of the scare, the chief medical officer, Sir Liam Donaldson, said as many as 65,000 people could die from the disease. In fact, the toll has been less than 500 - a fraction of the number who died from ordinary flu.

The survey of 107 Primary Care Trusts in GP magazine - which submitted a Freedom of Information request - has laid bare the full cost to local health services.

Five out of 31 PCTs which gave full details to the magazine said they had made cuts or were considering them, while others said they had used contingency funds to meet costs. None of the PCTs would say where the axe would fall.

Dr Richard Vautrey, deputy chairman of the British Medical Association's GP Committee, said individual trusts should not have had to foot the bill.

'I think a pandemic should be seen as an exceptional circumstance and a PCT should be fully supported by central government,' he said.

'The whole nature of a national health service is that one area should be able to support another, and the unusual financial burden of this episode should be borne centrally.'

REUTERS

WHO panel to review H1N1 pandemic status in coming weeks

Reuters, 11 May 2010, 7:28 PM GMT+8
https://www.reuters.com/article/world/who-panel-to-review-h1n1-pandemic-status-in-coming-weeks-idUSJOE64A0G0/

GENEVA (Reuters) - An expert panel advising the World Health Organisation on pandemics will review the status of the H1N1 virus later this month or in early June to decide whether the swine flu pandemic is over.

The Emergency Committee is waiting for the onset of winter in the southern hemisphere before making its recommendation, spokesman Gregory Hartl said.

That meant the 15-member independent panel would probably meet at the end of May or in early June, after the WHO's governing World Health Assembly next week, he told a briefing.

"They have to look at the information that exists at that time on the activity of the H1N1 virus," Hartl said.

The WHO's guidance on whether a disease constitutes a pandemic determines how its 193 member governments handle an outbreak, including stockpiling vaccines and antivirals.

The United Nations body has been accused of exaggerating the dangers of the H1N1 outbreak, which was declared a full pandemic in June 2009 after dominating last year's health assembly.

The current virus appears to have been less severe than the two previous influenza pandemics in 1957 and 1968, which killed about 2 million and 1 million people respectively, with most victims suffering only mild symptoms.

Confirmed deaths from H1N1 since the outbreak emerged in April last year number at least 18,000, but it will be a few years before the real – much higher – figure is known.

John Mackenzie, who chairs the emergency committee and is the only one of its 15 members to have been publicly identified, said last month that the current pandemic was as severe as the two previous ones and remained a threat.

We're all outside and obviously, you know, the flames walked down and the house was just demolished in pieces.

Members' identities are kept secret to protect them from pressure from drugs companies or other interest groups.

Hartl said the committee was likely to have three options: conclude that the pandemic was still in force and retain the WHO's current phase 6 on its 6-level pandemic scale; state that the pandemic had moved into a transitional "post-peak" phase; or declare that the pandemic had passed.

НАРОДНАЯ ПРЕМИЯ 59.RU

Елизавета Персикова

Мировое везение: не так страшен оказался грипп

59.RU, 18 мая 2010, 11:13
https://59.ru/text/health/2010/05/18/55668671/

Миру однозначно повезло, что вирус гриппа A(H1N1) не мутировал в более смертоносную форму, а вакцина против болезни оказалась эффективной и безопасной. Об этом заявила генеральный директор Всемирной организации здравоохранения (ВОЗ) Маргарет Чен, выступая перед делегатами открывшейся 63-й сессии Всемирной ассамблеи здравоохранения. «Хорошие новости для общественного здоровья обычно связаны с такими факторами, как политическая решимость, достаточные средства, масштабные программы государственной поддержки», – сказала она, признав, что «иногда нам просто везет».

В случае с новым гриппом именно это и произошло, уверена Чен. «Вирус не мутировал в другую, более смертоносную форму. Вакцина эффективно противостояла ходившим вирусам и продемонстрировала отличные результаты в области безопасности», – подчеркнула она. Руководитель ВОЗ предупредила, что, «если бы ситуация развивалась по неправильному пути в одной из этих областей, у нас была бы сегодня совсем другая повестка дня».

Выступление Чен стало своеобразным ответом на раздающуюся в последние месяцы в мировой прессе критику, что ВОЗ создала панику относительно нового гриппа, что заставило многие страны закупить вакцины в объемах, намного превышающих реальную в них необходимость. Сам же новый грипп оказался менее смертоносным, чем эпидемия сезонного гриппа. Как ожидается, на ежегодной сессии представители 193 стран-членов ВОЗ обменяются мнениями о том, насколько правильными были ответные меры на новый грипп, унесший жизни около 18 тыс. человек.

Сессия Всемирной ассамблеи здравоохранения продлится до пятницы. В ее работе принимают участие несколько тысяч человек, включая около 60 министров здравоохранения.

FINANCIAL TIMES

Andrew Jack

South Africa acts on World Cup flu threat

Financial Times, 18 May 2010
https://www.ft.com/content/b01bcfda-61e2-11df-998c-00144feab49a

South Africa is taking extra precautions to prevent a flu outbreak at next month's World Cup, amid concern a surge in infections during the football tournament may spread the disease globally.

The government has now taken delivery of 3.5m doses of pandemic flu vaccine donated by pharmaceutical companies via the World Health Organisation, supplementing its purchases of seasonal flu vaccines to protect its own citizens.

With 400,000 supporters predicted to travel to South Africa for the 32-team competition – which takes place at the time of South Africa's traditional peak in seasonal flu cases – public health officials are watching closely for signs of any mutation in the virus and any accelerated spread back to fans' own countries.

Asked when the WHO might call a formal end of the current swine flu pandemic, Keiji Fukuda, special advisor to the agency's head, told the Financial Times: "The last big question is whether there will be anything unusual in the southern hemisphere" in the next few months, including in South Africa.

His comments came on the opening day of the World Health Assembly, the annual meeting of health ministers, where agency officials are bracing for fresh scrutiny of their actions a year after the formal announcement of swine flu as a pandemic, which triggered large-scale investment but few deaths from the disease.

Margaret Chan, head of the WHO, told delegates she welcomed the review of her actions now underway and said "we were plain lucky" that the virus had not proved more lethal. "Had things gone wrong . . . we would have a very different agenda before us today."

No measures to vaccinate travellers on arrival have been planned in South Africa, although a number of countries, including the UK and Canada, have urged fans planning to travel there to obtain injections, especially those with underlying health conditions.

THE FLU CASE

Is WHO going to stage another false pandemic during the world cup in South Africa?

The Flu Case, 18 May 2010, 11:12

https://web.archive.org/web/20100523171458/http://www.theflucase.com/index.php?option=com_content&view=article&id=3528%3Ais-who-going-to-stage-another-false-pandemic-during-the-world-cup-in-south-africa&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Dr Keiji Fukuda, WHO flu chief, told the Financial Times yesterday that WHO was continuing to keep the world on pandemic emergency level 6 because of concerns of a fresh outbreak of the swine flu virus during the World Cup in South Africa in June.

Under WHO's emergency level 6 pandemic declaration, people around the world can be forced to take a vaccine.

"The last big question is whether there will be anything unusual in the southern hemisphere" in the next few months, including in South Africa, Fukuda said.

The South African government has been given 3.5 million doses of pandemic flu vaccines by WHO, which got the jabs as donations from pharmaceutical companies.

WHO has been hyping the danger of an outbreak of pandemic virus during the World Cup for months, and warning that the football tournament may spread the pandemic globally.

The WHO must realise time for it to stage another false pandemic is running out.

Leading WHO officials were grilled on the opening day of the World Health Assembly, over their decision to declare a pandemic emergency level 6 over the mild swine flu, triggering lucrative contracts for pharmaceutical industry as well as laws that allow forced vaccination.

The World Cup is the ideal occasion for the WHO to declare it has found signs of any mutation in the virus and that these virus mutations have spread back to fans' own countries.

The world's mainstrea controlled media will be focussed on the football event and ready to hype any virus outbreak; as many as 400,000 fans could travel to South Africa for the competition, which takes place at the time of South Africa's traditional peak in seasonal flu cases, and WHO could use this to declare the virus has spread around the globe quickly.

WHO supplied Baxter with the bird flu virus that it used to contaminate 72 kilos of seasonal flu material in its Austrian facilities in Orth an der Donau, nearly triggerign a global bird flu pandemic in 2009 just weeks before the swine flu appeared in Mexico City.

WHO-affiliated Professor Bruno Lina is currently working in an Inserm lab in Lyon on finding a cross between a swine flu and bird flu virus.

The Washington Post

Frank Jordans

Expert panel to view confidential swine flu papers

The Washington Post // The Associated Press, 19 May 2010; 10:24 AM
https://web.archive.org/web/20100520032435/http://www.washingtonpost.com/wp-dyn/content/article/2010/05/19/AR2010051901783.html

GENEVA – An expert panel investigating the World Health Organization's response to last year's swine flu outbreak said Wednesday it wants to see confidential exchanges between the U.N. body and drug companies.

The 29-member panel will seek WHO records and correspondence from before and after the H1N1 strain was declared a pandemic in June, said committee chairman Harvey Fineberg, who is also president of the Institute of Medicine in Washington.

"We will want to have access to certain confidential documents that may be in place here at WHO or elsewhere," Fineberg told reporters in Geneva.

The documents include "contractual or letters of understanding" between the pharmaceutical industry and WHO, he said. "Some of the agreements with industry that we would like to examine have been considered confidential," but so far all of the panel's requests have been met, he said.

WHO spokesman Gregory Hartl said he couldn't immediately comment.

Under criticism for how the outbreak was handled, WHO Director-General Margaret Chan convened the panel last month and urged its members to conduct a "credible and independent review" that she promised would be transparent.

The Geneva-based agency has denied allegations that it gave pharmaceutical companies privileged access to national decision-makers.

Governments around the world spent millions of dollars (euros) buying antiviral drugs and flu vaccines in anticipation of a serious outbreak that never happened.

Among the companies that benefited was Switzerland's Roche Group, which saw sales of its Tamiflu antiviral medication jump by 2 billion Swiss francs ($1.74 billion) last year. British firm GlaxoSmithKline PLC sold both vaccines and its antiviral Relenza, while France's Sanofi-Aventis SA and U.S.-based Baxter International made vaccines. Some companies donated medicine to poor countries.

WHO has confirmed 18,036 deaths from the H1N1 strain over the past year - far fewer than would have died from seasonal flu during the same period.

Chan said this week at a meeting of WHO's 193 member states that the world had been "just plain lucky" that swine flu wasn't deadlier.

The panel's final report is expected to be finished next year, and will be made public, Fineberg said.

THE FLU CASE

WHO's Dr Chan says "there will be more" pandemics

The Flu Case, 25 May 2010 14:45

http://thefastertimes.com/globalpandemics/2010/05/22/who-takes-lessons-from-2009-h1n1-swine-flu-pandemic/

Global Pandemics
WHO Takes Lessons from 2009 H1N1 'Swine Flu' Pandemic
May 22, 2010 Onome Akpogheneta

The handling of the 2009 H1N1 pandemic was reviewed at the 63rd meeting of the World Health Assembly, which opened in Geneva on 17th May and closed on 21st May 2010.

"Sometimes… we are just plain lucky", considered Dr Margaret Chan, World Health Organization (WHO) Director-General, during her opening address to the Assembly. Chan was referring to the 2009 H1N1 'Swine Flu' pandemic. H1N1 was to be discussed during the Assembly, but Chan's opening remarks emphasized the major focus would be thorough assessment of Millennium Development Goal (MDG) progress. With the approach of the 2015 MDG finish line, "we need to move forward fast" urged Chan.

In relation to pandemics, Chan assured "there will be more". Clearly there are no reliable predictions about when we might expect new pandemic outbreaks, so lessons about the handling and management of the 2009 H1N1 'Swine Flu' pandemic should be learned soon. During the Assembly and beyond, the working group charged with reviewing H1N1 has and will continue to investigate the criticisms "levelled at WHO for its management of the pandemic" confirmed Chan.

The WHO Global Influenza Surveillance Network continues to monitor the progress of the 2009 H1N1 influenza pandemic today. Current reports of virus transmission are most frequent in parts of the Caribbean and Southeast Asia. There have now been at least 18,097 H1N1 deaths and the viral infection has been confirmed in 214 countries and overseas territories. However, estimates on the number of infections are no longer given. With Dr Chan's remarks, it seems that WHO clearly and publicly considers that the worst, or even moderate, fears about the 2009 H1N1 pandemic have not been, and will not be, recognized.

The pandemic influenza preparedness working group is open-ended. During the Assembly the group discussed a recent intergovernmental pandemic influenza meeting, which had been held between 10-12 May 2010. The group considered that meeting to have been "transparent, substantive, collaborative and an important foundation for future negotiation". During the Assembly the working group also discussed the increased global access and capacity for developing affordable vaccines and medicines for pandemic influenza. There were 2 resolutions passed in relation to pandemic influenza preparedness and keeping the working group activities open-ended. The first resolution was a request for continued support from the WHO Director-General for ongoing technical consultations and studies, the second was that the working group should report at the 64th World Health Assembly in May 2011.

In concluding remarks, Chan was enthusiastic about the overall achievements of the Assembly. She described the “spirit of collaboration and consensus-seeking”, “the real gift to public health” and the “solid and inspiring guidance” given by Assembly members in relation to the “challenging agenda” which the Assembly presented.

We are certainly fortunate not to have experienced a devastating influenza pandemic in 2009-10 and there is much to be learnt from the handling of the pandemic. In particular, that the risk of disease was largely ineffectively communicated to varied audiences, that fears of disease were disproportionate to available evidence about disease risk, and that the implementation of preventative interventions in the form of vaccines caused so much controversy are all serious causes for concern. These are some of the lessons which need to be learnt if future pandemics are to be handled better. Chan offered assurance that the 2009 H1N1 pandemic experience is one from which WHO and health officials globally can learn to do things better, and from which the WHO, she insisted, is “seeking lessons”. It will be a while before we can know whether the lessons learnt will mean that things are done better. As more pandemics are assured, lessons must be learnt with time to reflect and consolidate, in advance of future international public health emergencies which put those same lessons learnt on trial.

World Health Organization

Dr Margaret Chan

Director-General Statement
following the eighth meeting of the Emergency Committee

Geneva, WHO, 3 June 2010
https://www.who.int/news/item/03-06-2010-director-general-statement-following-the-eighth-meeting-of-the-emergency-committee

The Emergency Committee held its eighth meeting by teleconference on 1 June 2010.

A global update was provided to the Committee on the pandemic situation, including a particular focus on developments in Africa and the Southern Hemisphere. The most active areas of pandemic influenza virus transmission are currently in tropical areas, primarily in parts of the Caribbean and Southeast Asia. These areas are now experiencing a relatively low level of resurgence of cases after experiencing more intense activity during July 2009. In temperate zones of the Southern Hemisphere, countries are not reporting increases in influenza activity above epidemic thresholds, or unusually early influenza activity. Pandemic influenza activity across the African continent is low or sporadic; data from West Africa indicates that the active transmission of pandemic influenza virus has largely subsided after peaking during February and March 2010.

After extensive discussions and questions, the Committee expressed the unanimous view that from a global perspective while pandemic activity is continuing, the period of most intense pandemic activity appears likely to have passed for many parts of the world. Committee members stressed that it remains critical for countries to continue to maintain vigilance concerning the pandemic, including all necessary public health measures for disease control as well as influenza virus and disease surveillance.

Following the advice of the Emergency Committee, the Director-General determined that while the period of most intense pandemic activity has passed, pandemic disease is expected to continue to occur and that a further meeting of the Emergency Committee to reassess the epidemiological situation would be convened by mid July 2010, when information from the winter influenza season in the Southern Hemisphere will be available.

On a separate issue, the Director-General noted that the secretariat is following the practice of the Organization for public disclosure of the names of the Emergency Committee members to take place once the work of the Committee had been completed. The purpose of this practice is to protect the integrity and independence of the Members while doing this critical work - but also to ensure transparency by publicly providing the names of the members as well as information about any interest declared by them at the appropriate time. The Committee Members strongly concurred with this approach.

The Sydney Morning Herald

Swine flu death toll at 18,156 a year

The Sydney Morning Herald, 12 June 2010, 11.06 am
https://www.smh.com.au/world/swine-flu-death-toll-at-18156-a-year-20100612-y47o.html

The World Health Organisation said Friday that 18,156 people had died from swine flu, a year after the influenza was declared a pandemic.

The virus is now "globally less active," Gregory Haertl, a spokesman of the UN health agency told AFP, but he warned that children and pregnant women in particular should remain vigilant.

Haertl also said that the figures on swine flu are "without doubt underestimated. It will be probably several times more than that."

"It is difficult to say what is the exact number, we'll have it within two years" after the disappearance of the virus, he added.

The WHO has been defending its handling of the pandemic in recent weeks, with a top medical journal becoming the latest to challenge it earlier this month.

The British Medical Journal found that WHO guidelines on the use of antiviral drugs were prepared by experts who had received consulting fees from the top two manufacturers of these drugs, Roche and GlaxoSmithKline (GSK).

But the head of the WHO defended the agency, rejecting claims that its handling of the pandemic was marred by commercial interests.

"At no time, not for one second, did commercial interests enter my decision-making," said Margaret Chan, WHO director-general, in a letter sent to the British Medical Journal, following the publication's article.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010

CDC, 16 June 2010
https://www.cdc.gov/h1n1flu/cdcresponse.htm

This document summarizes key events of the 2009 H1N1 pandemic and CDC's response activities for historical purposes. This document is a summary; it is not a comprehensive account of all CDC actions and activities nor is it intended to represent response efforts by other agencies and partners.

Pandemic Preparedness, Background

The 2009 H1N1 influenza (flu) pandemic occurred against a backdrop of pandemic response planning at all levels of government including years of developing, refining and regularly exercising response plans at the international, federal, state, local, and community levels. At the time, experts believed that avian influenza A (H5N1) viruses posed the greatest pandemic threat. H5N1 viruses were endemic in poultry in parts of the world and were infecting people sporadically, often with deadly results. Given that reality, pandemic preparedness efforts were largely based on a scenario of severe human illness caused by an H5N1 virus. Despite differences in planning scenarios and the actual 2009 H1N1 pandemic, many of the systems established through pandemic planning were used and useful for the 2009 H1N1 pandemic response.

CDC's response to the 2009 H1N1 pandemic response was complex, multi-faceted and long-term, lasting more than a year. This document seeks to document for the public the key events of the pandemic as they unfolded and CDC's response. The following is a summary narrative of highlighted CDC-related events from the 2009 H1N1 pandemic.

A Virus Emerges

2009 H1N1 was first detected in the United States in April 2009. This virus was a unique combination of influenza virus genes never previously identified in either animals or people. The virus genes were a combination of genes most closely related to North American swine-lineage H1N1 and Eurasian lineage swine-origin H1N1 influenza viruses. Because of this, initial reports referred to the virus as a swine origin influenza virus. However, investigations of initial human cases did not identify exposures to pigs and quickly it became apparent that this new virus was circulating among humans and not among U.S. pig herds.

Infection with this new influenza A virus (then referred to as 'swine origin influenza A virus') was first detected in a 10-year-old patient in California on April 15, 2009, who was tested for influenza as part of a clinical study. Laboratory testing at CDC confirmed that this virus was new to humans. Two days later, CDC laboratory testing confirmed a second infection with this virus in another patient, an 8-year-old living in California about 130 miles away from the first patient who was tested as part of an influenza surveillance project. There was no known connection between the two patients.

Laboratory analysis at CDC determined that the viruses obtained from these two patients were very similar to each other, and different from any other influenza viruses previously seen either in humans or animals. Testing showed that these two viruses were resistant to the two antiviral drugs amantadine and rimantadine, but susceptible to the antiviral drugs oseltamivir and zanamivir. CDC began an immediate investigation into the situation in coordination with state and local animal and human health officials in California.

The cases of 2009 H1N1 flu in California occurred in the context of sporadic reports of human infection with North American-lineage swine influenza viruses in the United States, most often associated with close contact with infected pigs. (During December 2005 – January 2009, 12 cases of human infection with swine influenza were reported; five of these 12 cases occurred in patients who had direct exposure to pigs, six patients reported being near pigs, and the source of infection in one case was unknown). Human-to-human spread swine influenza viruses had been rarely documented and had not been known to result in widespread community outbreaks among people. In mid-April of 2009, however, the detection of two patients infected with swine origin flu viruses 130 miles apart, raised concern that a novel swine-origin influenza virus had made its way into the human population and was spreading among people.

CDC remained in close contact with the international health community as the outbreak unfolded and on **April 18, 2009**, under the International Health Regulations (IHR) the United States International Health Regulations Program reported the 2009 H1N1 influenza cases to the World Health Organization (WHO). The cases also were reported to the Pan American Health Organization (PAHO), Canada and Mexico, as part of the Security and Prosperity Partnership of North America.

Response Ramps Up

CDC worked closely with state and local animal and human health officials on epidemiological investigations by tracing contacts of both patients to try to determine the source of their infection and by examining whether there was any link between the patients and pigs. Surveillance also was enhanced to try to detect additional cases of human illness with this virus. Based on the geographic location of the first cases, lack of contact between these cases and swine, and data collected through contact tracing and laboratory testing, CDC epidemiologists suspected that human-to-human transmission of this virus had taken place. In an article entitled Swine Influenza A (H1N1) Infection in Two Children --- Southern California, March-April 2009 published on April 21, 2009 in the Morbidity and Mortality Weekly Report (MMWR), CDC described the cases and requested that state public health laboratories send to CDC all influenza A specimens that could not be subtyped. That same day CDC responded to media inquiries related to the MMWR from medical reporters. Within a day, three additional samples of this new virus were identified in San Diego County and Imperial County California hospitals and sent to CDC for further testing. CDC laboratory testing confirmed that these samples also were positive for the virus that would come to be called “2009 H1N1.”

By **April 21, 2009**, CDC had begun working to develop a virus that could be used to make vaccine to protect against this new virus (called a candidate vaccine virus). There are many steps involved with producing a vaccine – the first step is getting a good high yield vaccine virus. A high-yield vaccine virus is a sample of the virus that is used to grow the virus in mass quantities in chicken eggs. Once the virus is grown in mass quantities, the virus particles are then purified to make vaccine. Recognizing that 2009 H1N1 was a new flu virus – and, like all flu viruses, unpredictable – CDC simultaneously pursued multiple scientific methods to create a high-yield virus. A virus isolated at CDC, (called A/California/07/2009) was eventually chosen to be the vaccine virus used to make vaccine. CDC sent the vaccine virus to vaccine manufacturing companies so that they could begin vaccine production, in the event that the U.S. government should decide a vaccine was necessary.

CDC activated its Emergency Operations Center (EOC) on April 22, 2009, to coordinate the response to this emerging public health threat. Response activities were organized into a team structure according to the National Incident Management System (NIMS) These teams had different areas of focus including but not limited to: surveillance, laboratory issues, communications, at-risk populations, antiviral medications, vaccine, and traveler’s health issues. As the outbreak unfolded, team structures and staffing were periodically assessed for functionality and utility.

On April 23, 2009, samples submitted by Texas revealed two additional cases of human infections with 2009 H1N1, transforming the investigation into a multistate outbreak and response. At the same time, CDC was testing 14 samples from Mexico, some of which had been collected from patients who were ill before the first 2 U.S. (California) patients. Results from seven of the samples were

positive for 2009 H1N1 and similar findings were reported for specimens submitted by Mexico to Canada. It had now become clear that cases were occurring in multiple countries and human to human spread of the virus appeared to be ongoing. That same day CDC held the first formal full press briefing to inform the media and guide the public and health care response to the rapidly evolving situation. CDC held nearly 60 press briefings during the 2009 H1N1 response.

On April 24, 2009, CDC uploaded complete gene sequences of the 2009 H1N1 virus to a publicly-accessible international influenza database, which enabled scientists around the world to use the sequences for public health research and for comparison against influenza viruses collected elsewhere, and an updated report on the outbreak was published online in the MMWR.

World Braces for Possible Pandemic

On Saturday, **April 25, 2009**, under the rules of the International Health Regulations, the Director-General of WHO declared the 2009 H1N1 outbreak a Public Health Emergency of International Concern and recommended that countries intensify surveillance for unusual outbreaks of influenza-like illness and severe pneumonia. Also on April 25, 2009, New York City officials reported an investigation into a cluster of influenza-like illness in a high school, and CDC testing confirmed two cases of 2009 H1N1 influenza infection in Kansas, and another case in Ohio shortly after.

On April 26, 2009, the United States Government determined that a public health emergency existed nationwide; CDC's Strategic National Stockpile (SNS) began releasing 25% of the supplies in the stockpile that could be used to protect and treat influenza. This included 11 million regimens of antiviral drugs, and personal protective equipment including over 39 million respiratory protection devices (masks and respirators), gowns, gloves and face shields, to states (allocations were based on each state's population).

As part of the nation's pre-pandemic planning efforts, by April 2009 the Federal Government had purchased 50 million treatment courses of antiviral drugs – oseltamivir and zanamivir – for the SNS, and states had purchased 23 million antiviral regimens. After the determination of the public health emergency, FDA also took action to expand possible usage of antiviral drugs oseltamivir and zanamivir by issuing Emergency Use Authorizations (EUAs).

The EUAs allowed for use of the products in a manner different from what they were FDA-approved for. This included allowing for off-label use of:

- oseltamivir to treat children younger than 1 year of age and to help prevent influenza in children 3 months to 1 year of age, and;
- oseltamivir and zanamivir to treat patients who are symptomatic for more than two days before initiation of treatment, or who had complicated illness requiring hospitalization.

On April 27, the WHO Director-General raised the level of influenza pandemic alert from phase 3 to phase 4 , based primarily on epidemiological data demonstrating human-to-human transmission and the ability of the virus to cause community-level outbreaks. Based on reports of widespread influenza-like-illness and many severe illnesses and deaths in Mexico, CDC issued a travel health warning recommending that United States travelers postpone all non-essential travel to Mexico. As in past influenza seasons, CDC urged the public and especially those people at highest risk of influenza-related complications, to protect themselves by taking antiviral drugs early in their illness when recommended by their doctor; CDC also advised that everyone take every day preventive actions like covering coughs and sneezes and staying home from work and school when ill to help reduce the spread of illness.

On April 29, 2009 WO raised the influenza pandemic alert from phase 4 to phase 5 , signaling that a pandemic was imminent, and requested that all countries immediately activate their pandemic preparedness plans and be on high alert for unusual outbreaks of influenza-like illness and severe pneumonia. The U.S. Government was already implementing its pandemic response plan. CDC continued to post and update guidance for states, clinicians, laboratories, schools, partners and the public on topics ranging from the non-pharmaceutical measures communities could take to limit

spread of disease, to how to evaluate a patient for possible infection with 2009 H1N1 influenza, to how to care for children who might be sick with 2009 H1N1 influenza.

On April 30, 2009, CDC issued an MMWR Dispatch describing the initial outbreak of 2009 H1N1 influenza in Mexico. Findings in Mexico indicated that transmission in Mexico involved person-to-person spread with multiple generations of transmission. CDC also issued an MMWR Dispatch on the outbreak of 2009 H1N1 influenza infection in a high school in New York City, that was, at the time, the largest reported cluster of 2009 H1N1 cases in the United States. The Dispatch suggested that the high school age students had respiratory and fever symptoms similar to those caused by a seasonal flu, but in addition, about half had diarrhea, which is more than expected with seasonal flu. As the details of the outbreak unfolded, the Federal response continued in high gear. Also on April 30, 2009, HHS announced that the Federal government would purchase an additional 13 million treatment courses of antiviral drugs to help fight influenza . The additional treatment courses would be added to the SNS.

As the outbreak spread, CDC began receiving reports of school closures and implementation of community-level social distancing measures meant to slow the spread of disease. School administrators and public health officials were following their pandemic plans and doing everything they could to slow the spread of illness. (Social distancing measures are meant to increase distance between people. Measures include staying home when ill unless to seek medical care, avoiding large gatherings, telecommuting, and implementing school closures).

CDC Laboratories Bolster Nation's Testing Capacity

While initial efforts were underway to develop a safe and effective vaccine to protect people against 2009 H1N1, work also was being done at CDC to help laboratories supporting health care professionals to more quickly identify the 2009 H1N1 virus in samples from patients. The real-time PCR test developed by CDC was cleared for use by diagnostic laboratories by FDA under an Emergency Use Authorization (EUA) on April 28, 2009, less than two weeks after identification of the new pandemic virus. Prior to the availability of this EUA, public health laboratories had been able to identify whether influenza A viruses were seasonal influenza viruses or were a novel strain, but the new diagnostic kits allowed labs to confirm a virus as 2009 H1N1. On May 1, 2009, CDC test kits began shipping to domestic and international public health laboratories. (Each test kit contained reagents to test 1,000 clinical specimens). From May 1 through September 1, 2009, more than 1,000 kits were shipped to 120 domestic and 250 international laboratories in 140 countries. Once labs had the test kits and verified that their testing was running properly, they were able to identify new cases more quickly than before and no longer needed to send samples to CDC for lab confirmation. The transition away from CDC lab confirmation testing didn't happen overnight though - between April 23 and May 31, 2009, CDC influenza laboratory analyzed about 5,000 influenza virus samples, five times the number that were processed in a similar timeframe in 2008, and more than during any previous influenza season. By May 18, 2009, 40 states had been validated to conduct their own 2009 H1N1 testing, with eight states having multiple laboratories able to do their own testing. CDC alerted the public that the expansion in testing capacity would likely result in a jump in the number of 2009 H1N1 cases, but that this would actually present a more accurate picture of the true scope of 2009 H1N1 influenza in the United States.

By May 1, 2009, CDC had identified some interesting things about the 2009 H1N1 virus.

- Researchers had confirmed earlier testing that the 2009 H1N1 influenza virus was a quadruple-reassortant virus, meaning that it contained virus genes that originated from four different influenza virus sources. Some of the gene segments originated from North American swine influenza viruses, some gene segments originated from North American avian influenza viruses, one gene segment originated from a human influenza virus, and two gene segments were normally found in swine influenza viruses from Asia and in Europe.
- Testing of a number of the virus samples submitted to CDC showed that they were very similar, which means they likely originated from the same source.

- Laboratory testing showed that the 2009 H1N1 influenza virus did not have any 1918-like markers that had been associated with increased risk of severe disease.
- Testing also did not find genetic markers that were previously associated with high death rates in people infected with the avian influenza A (H5N1) virus in other countries.

On May 4, 2009, CDC shifted from reporting confirmed cases of 2009 H1N1 to reporting both confirmed and probable cases of 2009 H1N1. At that point, more than 98% of "probable" flu virus samples were testing positive for 2009 H1N1, indicating the ever-growing scale of the outbreak. Probable cases were reported to CDC by state health departments and occurred in people who tested positive for influenza A and negative for seasonal influenza A(H1N1) and A(H3N2) subtypes at their state health department laboratory, but whose samples had not had confirmatory testing for the 2009 H1N1 influenza virus.

CDC Shares Personnel, Guidance, Early Results of Studies

CDC deployed a large number of staff to the field to support the outbreak response; by May 1, 2009, 50 staff people were deployed, and that number climbed to more than 100 by May 11, 2009, before gradually declining as field teams returned from deployment to complete studies, analyze collected data, and help inform policy decisions for the prevention and control of 2009 H1N1 influenza. Over the course of the outbreak, more than 3,300 people from throughout CDC would support the response.

On May 6, 2009, CDC distributed recommendations for the use of influenza antiviral medicines to provide guidance for clinicians in prescribing antiviral medicines for treatment and prevention (chemoprophylaxis) of 2009 H1N1 influenza. CDC recommended that testing and antiviral treatment be prioritized for people with severe respiratory illness and people at high risk of complications from seasonal influenza. This included children younger than 5 years old, pregnant women, people with chronic medical conditions, and people 65 years and older.

On May 8, 2009, CDC issued an MMWR updating the situations in Mexico, the United States, and worldwide, and on May 15, 2009, CDC's Travel Health Warning recommending against non-essential travel to Mexico, in effect since April 27, 2009, was downgraded to a Travel Health Precaution for Mexico.

By this point in the outbreak, about half of all influenza viruses being detected through laboratory surveillance were 2009 H1N1 viruses, with the other half being regular seasonal influenza viruses, including seasonal influenza A H1N1, influenza A H3N2 and type B viruses. Surveillance reports indicated that the largest number of 2009 H1N1 influenza confirmed and probable cases (about 57% of cases) were occurring among people between 5 years and 24 years of age, and 41% of the hospitalizations were occurring among older children and young adults. The highest rates of hospitalization were among children younger than 5 years of age; the next highest hospitalization rate was in people 5 years to 24 years of age. Based on data from previous influenza pandemics and seasonal influenza, pregnant women had been recognized as a high-risk group early in the outbreak. Early data on 2009 H1N1 illness among pregnant women was reported in an article published as an MMWR Dispatch on May 12, 2009. This article emphasized the importance of empiric treatment (treatment without confirmatory testing) of pregnant women suspected to have 2009 H1N1. People with other previously recognized medical conditions that placed them at high risk of complications from seasonal influenza also appeared to be at increased risk of complications from 2009 H1N1 influenza. In this report, seventy-one percent (71%) of hospitalized patients had one or more underlying chronic medical conditions. Reported deaths had occurred in people ranging in age from 22 months old to 57 years old. Also, only 13% of hospitalizations had occurred in people 50 years and older, and there were few cases and no deaths in people older than 65 years, which was unusual when compared with seasonal flu.

Early results of an antibody study conducted by CDC indicated that children had no existing cross-reactive antibody to the 2009 H1N1 influenza virus, while about one-third of adults older than 60

years of age had cross-reactive antibody against the 2009 H1N1 flu virus. One possible explanation for this pre-existing antibody in older adults was that they may have had previous exposure, either through infection or vaccination, to an influenza A H1N1 virus that was more closely related to the 2009 H1N1 flu virus than contemporary seasonal influenza A (H1N1) viruses are. Data from a similar study suggested that seasonal influenza vaccine would not provide any significant protection against 2009 H1N1 influenza virus.

A Pandemic is Declared

On June 11, 2009, WHO signaled that a global pandemic of 2009 H1N1 influenza was underway by further raising the worldwide pandemic alert level to Phase 6 . That day, CDC held its first press conference with the new CDC Director Thomas Frieden, MD, MPH. The press conference had a total of 2,355 participants. At the time, more than 70 countries had reported cases of 2009 H1N1 infection, and community level outbreaks of 2009 H1N1 were ongoing in multiple parts of the world. The WHO decision to raise the pandemic alert level to Phase 6 was a reflection of spread of the virus in other parts of the world and not a reflection of any change in the 2009 H1N1 influenza virus or associated illness. To date, most people in the United States who had become ill with 2009 H1N1 influenza had not become seriously ill and had recovered without hospitalization.

After the WHO declaration of a pandemic on June 11, the 2009 H1N1 virus continued to spread and the number of countries reporting cases of 2009 H1N1 nearly doubled from mid-June 2009 to early July 2009. Significant levels of 2009 H1N1 illness continued, with localized and in some cases intense outbreaks occurring. By June 19, 2009, all 50 states in the United States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands had reported cases of 2009 H1N1 infection. The United States continued to report the largest number of 2009 H1N1 cases of any country worldwide, although most people who became ill recovered without requiring medical treatment. By late June more than 30 summer camps in the U.S. had reported outbreaks of 2009 H1N1 influenza illness, and CDC released guidance for day and residential camps to reduce the spread of influenza. At the June 25, 2009 Advisory Committee on Immunization Practices Meeting , CDC estimated that at least 1 million cases of 2009 H1N1 influenza had occurred in the United States.

In early July, 2009, three 2009 H1N1 influenza viruses that were resistant to the antiviral drug oseltamivir were detected in three countries. (Antiviral resistance is when a virus changes in such a way that the antiviral drug is less effective in treating or preventing illnesses caused by the virus.) CDC and WHO partners continued to conduct surveillance for antiviral resistance, although instances of antiviral resistance continued to be detected very rarely.

Also **in July 2009**, CDC reported findings in the MMWR that indicated a striking prevalence of obesity in intensive care patients who were confirmed to have 2009 H1N1 influenza. Throughout the pandemic, CDC would continue to examine the relationship between 2009 H1N1 influenza, obesity, severe disease and other underlying risk factors.

CDC continued to work with the Council of State and Territorial Epidemiologists (CSTE) to enhance surveillance for 2009 H1N1 influenza. As 2009 H1N1 cases continued to occur through the spring and summer, the task of counting cases became increasingly difficult. On May 12, 2009, CDC transitioned from reporting individual confirmed and probable cases of 2009 H1N1 influenza to reporting aggregate counts of 2009 H1N1 lab confirmed and probable cases, hospitalizations and deaths with the launch of an aggregate reporting web site. Once the numbers of cases increased beyond the point where counting of individual cases was practical, on July 23, 2009, CDC reported the number of 2009 cases for the last time. Reporting of 2009 H1N1 hospitalizations and deaths continued. In addition, CDC continued using its traditional surveillance systems to track the progress of the 2009 H1N1 influenza outbreak. Traditional surveillance systems do not count individual cases, but instead monitor activity levels and virus characteristics through a nationwide surveillance system.

CDC worked closely with countries in the Southern Hemisphere to monitor and enhance surveillance for influenza viruses throughout the summer months. The Southern Hemisphere's

influenza season began in May 2009 and countries there reported that 2009 H1N1 virus was spreading and causing illness along with regular seasonal influenza viruses. After mid-July , disease activity in most countries decreased, and by November, temperate regions of the Southern Hemisphere were reporting very little 2009 H1N1 disease activity. In general, the experience of the Southern Hemisphere with the 2009 H1N1 virus was similar to what is usually seen during a regular influenza season and did not seem to excessively impact the health care systems in the Southern Hemisphere. Also, surveillance systems did not find significant changes in the 2009 H1N1 influenza viruses circulating in the Southern Hemisphere as compared to viruses isolated from people in the Northern Hemisphere. These findings provided the U.S. with valuable clues related to what the 2009-2010 influenza season in the United States might be like. Importantly, the lack of significant changes in the virus indicated that the 2009 H1N1 vaccine being manufactured would closely match the currently circulating 2009 H1N1 viruses and likely provide people with good protection against 2009 H1N1 influenza.

Ongoing Surveillance & Response

2009 H1N1 influenza summer activity peaked in the United States during May and June and declined during July and early August. However, levels of influenza activity would remain above normal throughout the summer months with localized outbreaks. During the last two weeks of August, 2009 H1N1 influenza activity again began to increase United States.

In **August 2009,** CDC reported an additional two instances of oseltamivir-resistant virus infection in two immunosuppressed patients in Seattle, Washington. Later, in mid-September, CDC reported two additional cases of oseltamivir-resistant 2009 H1N1 influenza in two summer campers in North Carolina. CDC and partners continued to carefully track 2009 H1N1 influenza antiviral resistance. As of June 2010 the 2009 H1N1 virus remains susceptible to the antiviral drugs oseltamivir and zanamivir, with rare exception. Cases of antiviral resistance are carefully tracked and updated numbers are posted each week as part of the CDC publication FluView.

In late August, CDC began working with the commercial supply chain (manufacturers, distributors, retailers) for certain influenza countermeasures to monitor national inventory levels of critical supplies (antivirals and respiratory protective equipment) on a weekly basis. This visibility provided important data to guide SNS decision-making leading to the release of additional SNS countermeasures.

FDA and the manufacturer of the antiviral drug Tamiflu® (oseltamivir) recognized that commercial and stockpiled supplies of Tamiflu® oral suspension (liquid formulation meant for children) were limited in October 2009. CDC worked with partners to reach pharmacists with background information, updates on antiviral drug supplies, and instructions on how to compound oral suspension from Tamiflu® capsules meant for adults (Compounding is the mixing of drugs by a health care professional to fit the unique needs of the patient). CDC also provided instructions for parents and caregivers on how to make a medicine mixture for their child using adult Tamiflu® capsules and thick, sweetened liquid. CDC also analyzed related surveillance data and based on the analysis over 500,000 bottles of pediatric oral suspension were distributed from the CDC SNS to states to fill production gaps and meet the increasing demand for the formulation.

On **October 23rd, 2009**, FDA issued an Emergency Use Authorization (EUA) for Peramivir IV. Peramivir IV is an investigational intravenous antiviral drug used to treat people who have been hospitalized due to severe flu illness. This drug was held in the Strategic National Stockpile (SNS) and distributed by CDC under an EUA. Licensed clinicians were able to request this product through the CDC website electronic request system, and product was delivered directly to hospital facilities. Also in October, HHS authorized the release of an additional 59.5 million N95 respirators.

CDC closed out reports of 2009 H1N1 hospitalizations and deaths for the 2008-09 season in late August. On August 30, 2009, reporting modifications were implemented to allow states to report hospitalizations and deaths associated with any influenza or to report hospitalizations and deaths using a pneumonia and influenza syndromic case definition through the Aggregate Hospitalizations and Deaths Reporting Activity (AHDRA). This change in reporting was implemented in order to

provide a fuller picture of the burden of serious flu illness and deaths during the pandemic. The new reporting season for the 2009-2010 flu season began on August 30, 2009, and the first new numbers for the 2009-2010 season were reported in the September 11, 2009 issue of FluView.

Over the course of the pandemic, CDC refined and revised its surveillance methods, eventually developing a methodology based on surveillance data to estimate the range of 2009 H1N1 cases, hospitalizations and deaths in the United States. CDC released its first official estimates for 2009 H1N1 cases, hospitalizations and deaths on November 12, 2009, and updated these on December 10, 2009, January 15, 2010, February 12, 2010, March 12, 2010, April 19, 2010 and for the final time on May 14, 2010.

2009 H1N1 Vaccination

The emergence and spread of the 2009 H1N1 virus resulted in extraordinary influenza-like illness activity in the United States throughout the summer and fall months of 2009. During this period, influenza activity reached its highest level in the reporting week ending October 24, 2009, with 49 of 50 states reporting geographically widespread disease. A cornerstone of the U.S. Government response to the 2009 H1N1 pandemic was the launch of the national influenza 2009 H1N1 vaccination campaign that began in October.

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On February 18, 2010, the World Health Organization (WHO) published recommendations for the composition of influenza virus vaccines for the upcoming season in the Northern Hemisphere (November 2010-April 2011). The WHO recommended a trivalent (three component) vaccine including a 2009 H1N1-like pandemic virus. In February of 2010, the components of the 2010-2011 influenza vaccine were announced. The 2010-2011 flu vaccine will protect against a 2009 H1N1-like virus in addition to an influenza A H3N2 virus and an influenza B virus.

The United States experienced its second wave of 2009 H1N1 activity in the fall with activity peaking during the second week in October. After that, activity declined quickly to below baseline levels in January, but persisted for several more months at lower levels. However, by May, influenza activity levels in the United States were low across key flu indicators. Reporting for the 2009-2010 influenza season was finalized on May 28, 2010. Even as flu activity reached normal summer-time levels in the U.S., CDC continued to recommend influenza vaccination, particularly for high risk persons, because of reports of ongoing sporadic cases of 2009 H1N1, ongoing spread of 2009 H1N1 in the Southern Hemisphere and the possibility that 2009 H1N1 viruses might circulate early during the upcoming flu season.

CDC Communication Activities During the 2009 H1N1 Pandemic

The CDC response to the 2009 H1N1 pandemic was led by science and continually evolved to meet the nation's needs as events unfolded and as more information became available. However, a consistent underlying communications strategy underscored the entire CDC response. The strategy is based on the emergency risk communications principles of quickly, proactively and transparently communicating accurate information to the public and to partners. This strategy included CDC clearly stating its goals and actions in response to the evolving situation and acknowledging what was not known, as well as what was known. Another important part of the strategy was CDC setting the expectation that information and advice would change rapidly as the situation evolved. From the earliest days of the pandemic, CDC regularly articulated its goals to "reduce transmission and illness severity, and provide information to help health care providers, public health officials and the public address the challenges posed by the new virus." Throughout the response, in an effort to provide the most helpful information in the most effective ways possible, CDC drew on existing knowledge but also worked with partners to conduct ongoing scientific research and evaluation of people's knowledge, attitudes and practices related to a number of topics including 2009 H1N1 flu, infection control guidance, and vaccine.

Especially during the early days of the outbreak, the release of information from CDC and exchange of information with partners was conducted on a 24-hour cycle. This included frequent updates to media and the public, the consistent use of a core group of spokespersons, daily information outreach to partners, and rapid establishment and ongoing maintenance of an extensive Web site dedicated specifically to the emergency response for 2009 H1N1 flu. The goal was not only to be as transparent as possible in all activities related to managing the public health response, but also to maintain credibility and continue to be a trusted source of information for the public and for partners.

Beginning early in the response and continuing throughout the year and into 2010, special care was taken to keep state and local public health partners informed of CDC's activities. Key messages were regularly provided to help maintain consistent, clear communication across the response. Special care also was taken to regularly collect feedback from state and local public health partners to help ensure that CDC recommendations were finely tuned to what was happening in the field. Regularly scheduled conference calls with the Association of State and Territorial Health Officials, the National Association of City and County Health Officials, and the National Public Health Information Coalition proved to be an effective way to share information. In addition, on April 24, 2009, CDC held the first of more than 30 Clinician Outreach and Communication Activity (COCA) calls presented on a variety of 2009 H1N1-related topics. COCA is designed to reach a diverse group of health care providers and provide a system through which clinicians can communicate their educational needs to CDC and receive answers to questions about related emerging diseases. At the peak of the 2009 H1N1 response, COCA had more than 41,100 listserv subscribers.

CDC also worked hard to keep the policy community informed. CDC provided responses to congressional requests for information and briefings on 2009 H1N1-related issues, and also provided email and web-based informational updates as the pandemic unfolded. In all, CDC participated in 14 hearings, provided technical assistance in another 12 hearings, issued over three dozen 2009 H1N1 newsletters to policymakers, arranged for over 40 congressional briefings or speaking engagements and fielded over 350 congressional inquiries during the pandemic.

There was a concerted effort to get information out as soon as possible and to keep the public and partners aware of developments as they unfolded, even as guidance was changing quickly. For example, when relatively few cases of human infection with this virus were lab confirmed and severity of the pandemic was not known, on April 28, 2009, CDC posted guidance for schools and advised that they close if they had a suspected or actual case of the flu in order to lessen the risk of spreading 2009 H1N1 into their communities. As more information became available suggesting a lower risk of severe illness and death from 2009 H1N1, six days later the recommendation was changed to recommend against school closure for community mitigation purposes.

The development of CDC guidance is an example of the collaborative communication and sharing of information that took place between CDC, HHS, other federal agencies, and external partners. Development of appropriate guidance often relied on CDC communication with many external partners several times a week, with the goal of achieving consensus on what the best practice would be given the best science currently available. For example, CDC worked with representatives from a number of organizations including but not limited to

Council of State and Territorial Epidemiologists (CSTE), National Association of County and City Health Officials (NAACHO), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), Association of State and Territorial Health Officials (ASTHO), American College of Physicians (ACP), Infectious Diseases Society of America (ISDA), American Academy of Pediatrics (AAP), Food and Drug Administration (FDA) and World Health Organization (WHO), during the development of guidance related to everything from surveillance systems to the appropriate use of antiviral drugs during the pandemic. On the topic of vaccination, these discussions helped inform decision-making by the Advisory Committee on Immunization Practices (ACIP).

Apart from ongoing collaboration between CDC and its external partners, the communications response for 2009 H1N1 flu also was characterized by ongoing, close coordination between CDC's communicators and its scientists to ensure that messages stayed scientifically accurate. Also, CDC communicators took time to regularly analyze feedback from a variety of external sources, including polls and surveys, in order to ensure that CDC's messages were clear.

CDC provided a steady stream of information to audiences across the spectrum: from the public to pharmacists to laboratorians to international partners and countries around the globe. Information provided by CDC reached a myriad of audiences through a variety of channels including but not limited to: a 24-hour information hotline, press briefings for the media, dissemination through health alert networks, daily postings (including video and audio podcasts) to the CDC 2009 H1N1 web site, regular updates on Facebook and Twitter, and further outreach by partners and partner organizations to their own audiences, just to name a few channels. For example, in November 2009, CDC kicked off a national travelers' health public awareness campaign and urged travelers to plan ahead and stay informed about what to do if they got sick while they were away from home. The campaign used a variety of media, including informational posters distributed at over 300 ports of entry in the United States, national radio and print advertising, and social media and online outreach, which culminated in over 80 million exposures. CDC also coordinated with HHS and the Flu.gov web site and posted communication toolkits for the 2009-2010 influenza season for businesses, employers, childcare groups and institutions of higher education.

The CDC 2009 H1N1 influenza and seasonal influenza vaccination campaign was made up of multiple outreach efforts including placement of articles geared to numerous audiences like parents and young adults, in high-profile media outlets. Article placements led to nearly 403 million overall impressions. Other national outreach efforts made via social media tools, radio ads, two television public service announcements (PSAs), online media banners, and city bus ads. Numerous print materials in multiple languages were made for partners to distribute and were downloaded tens of thousands of times. Special audiences identified for additional print materials included Native Americans, African Americans, Hispanics, pregnant women, young adults, first responders, and health care workers.

In addition to materials provided for the 2009 H1N1 and seasonal influenza vaccination campaign, CDC provided other key materials in multiple languages. For example, the entire English-language 2009 H1N1 web site was mirrored in Spanish. In addition, key tools and resources were created in Chinese, Vietnamese, Korean, French, German, Arabic, Russian, Amharic, Farsi, Somali, Karen, Burmese, Cambodian, and Kirundi.

In all, between April 2009 when 2009 H1N1 flu first emerged and April 2010, CDC held 60 related media events – 39 press briefings and 22 telebriefings – for a total of more than 35,000 participants. CDC also hosted its first ever two-day workshop for the news media on the subjects of both 2009 H1N1 influenza and seasonal influenza in late August. Originally conceived to include 12 members of the news media, the attendance grew to over 40 journalists from national, regional and local news outlets representing radio, television, newspapers, magazines, and online news media. Speakers at the event included the Secretary of Health and Human Services, the CDC Director, influenza experts, vaccine safety experts, and laboratory experts. The CDC hotline (1-800-CDC-INFO) responded to more than 211,000 related inquiries from the general public and health care providers, and the CDC 2009 H1N1 web site had more than 219,595,000 page views. Also, the number of CDC Facebook fans rose to more than 55,000 fans and the CDC emergency profile on Twitter was tracked by more than 1,200,000 followers.

KING'S College LONDON

Public 'reassured' by swine flu media coverage

King's College London, 20 July 2010
https://www.kcl.ac.uk/archive/news/ioppn/records/2010/07july/publicreassuredbyswineflumediacoverage

Advertising and media coverage about swine flu *reduced public concern* and improved the uptake of useful, protective behaviours such as hand-washing, according to new research by King's College London and University College London (UCL).

The research, funded by the Department of Health's National Institute for Health Research, is published today in the journal *Health Technology Assessment.* The study looked at data from 36 telephone surveys with over 38,000 respondents which examined public attitudes to swine flu over the time course of the pandemic. The surveys were conducted at weekly intervals across the UK between 1 May 2009 and 10 January 2010 and examined how the public reacted throughout the pandemic and the reasons behind their behaviour.

The authors found that the public generally showed low levels of behaviour change. For example, only a third of people were carrying tissues as recommended at the time by the government. Only 56 per cent of the general public said they would have the swine flu vaccine if offered it. However, those people who were exposed to media reporting or advertising about swine flu were more likely to engage in helpful, protective behaviours and were less likely to be worried about swine flu.

First author Dr James Rubin, King's College London, said: 'Contrary to speculation about media 'scaremongering', exposure to media reporting or government advertising about swine flu was associated with people being less rather than more worried about it. So the media had a reassuring, rather than a scaremongering, effect.'

During the 2009 swine flu pandemic, the UK government urged members of the public to adopt several behaviours in order to reduce the effects of the outbreak – cleaning hands regularly, using tissues and using automated telephone numbers or websites to check on symptoms. Later, certain groups of the population where approached to have the swine flu vaccination.

All the people surveyed were asked to state how worried they were about the possibility of personally catching swine flu. Some groups were also asked how likely they were to take up a swine flu vaccination if offered it and whether they had recently carried tissues, bought sanitising hand gel, avoided using public transport, been to see a GP, visited a hospital, or called NHS Direct for a flu-related reason.

The percentage of 'very' or 'fairly' worried participants varied between almost 10 per cent and just over 30 per cent. There was an association between the volume of media coverage and the level of worry, even after adjusting for the severity of the outbreak at that time. However, this effect only occurred during the UK's first summer wave of swine flu and did not continue.

Just over 56 per cent of people interviewed were very or fairly likely to accept the swine flu vaccination if offered it. They were more likely to accept it if they were worried about the possibility of themselves or their child catching swine flu.

Co-author Dr Henry Potts, UCL, said: 'Exposure to media coverage or advertising about swine flu increased the perceived effectiveness of behaviours such as tissue carrying or buying hand gel, but reduced the perceived effectiveness of strategies such as avoiding public transport. So the coverage and advertising broadly had a positive effect on those behaviours that the Government were recommending.

'This demonstrates that when levels of public worry are generally low, increasing the volume of mass media and advertising coverage is likely to increase how effective people think certain behaviours are and so increase their uptake. However, more work needs to be done to examine the responses of different demographic groups during a future pandemic.

SÉNAT

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RAPPORT

de la **commission d'enquête** *(1) sur le* **rôle** *des* **firmes pharmaceutiques** *dans la* **gestion** *par le* **Gouvernement** *de la* **grippe A (H1N1)v**, *créée sur la demande du groupe Communiste, Républicain et Citoyen et des sénateurs du Parti de Gauche, dont la Conférence des Présidents a pris acte le 10 février 2010, en vertu de l'article 6* bis, *alinéa 3, du Règlement du Sénat.*

Tome I : rapport

Président
M. François AUTAIN,

Rapporteur
M. Alain MILON,

Sénateurs.

(1) Cette commission est composée de : M. François Autain, *président ;* M. Alain Milon, *rapporteur* ; MM. Claude Domeizel, Jean-Jacques Jégou, *vice-présidents ;* Mmes Odette Herviaux, Christiane Kammermann, *secrétaires ;* M. Gilbert Barbier, Mme Marie-Christine Blandin, MM. Christian Demuynck, Marcel Deneux, Guy Fischer, Bruno Gilles, Jean-Pierre Godefroy, Michel Guerry, Mme Marie-Thérèse Hermange, MM. Alain Houpert, Serge Lagauche, Marc Laménie, Jacky Le Menn, Mme Patricia Schillinger, M. Alain Vasselle.

World Health Organization

Dr Margaret Chan

Director-General Statement following the ninth meeting of the Emergency Committee

Geneva, WHO, 10 August 2010
https://www.who.int/news/item/10-08-2010-director-general-statement-following-the-ninth-meeting-of-the-emergency-committee

The Emergency Committee held its ninth meeting by teleconference on 10 August 2010.

The Emergency Committee was given an epidemiological overview and update of the global H1N1 (2009) pandemic influenza situation by the secretariat. Particular emphasis was placed on the epidemiological situation in the southern hemisphere, where many countries are experiencing their winter influenza season. The update also covered certain countries reporting active pandemic influenza virus transmission. Representatives of the governments of Argentina, Australia, India, New Zealand and South Africa described the most recent developments in their countries. Particular attention was given to the situation in some countries which are currently experiencing intense influenza epidemics largely caused by the H1N1 (2009) virus.

While noting such epidemics with concern, the Committee based its assessment on the global situation. Members noted clear indications that influenza, worldwide, is transitioning towards seasonal patterns of transmission. In the majority of countries, out-of-season outbreaks are no longer being observed, and the intensity of H1N1 (2009) transmission is lower than that reported during 2009 and early 2010. Members further noted that the H1N1 (2009) virus will likely continue to circulate for some years to come, taking on the behaviour of a seasonal influenza virus.

The Committee agreed that the global influenza situation no longer represented an extraordinary event requiring immediate emergency actions on an international scale. In their view, the public health emergency of international concern, recommended following the emergence of the H1N1 (2009) virus, should be considered over. The Committee further noted that the temporary recommendations adopted in response to the public health emergency of international concern were terminated.

After extensive discussions, the Committee unanimously advised the Director-General that the world was no longer experiencing an influenza pandemic, but that some countries continue to experience significant H1N1 (2009) epidemics. Members agreed that waiting for winter data from the southern hemisphere had been necessary in order to make such a global assessment with reasonable confidence.

The Committee noted that the information from India, New Zealand and the Pacific Island countries was consistent with the expectation that individual countries might experience significant levels of influenza associated with the H1N1 (2009) virus in the future, and expressed the need for national authorities to continue to implement outbreak response measures in those countries when such events occur. The Committee strongly emphasized the need for States to maintain vigilant disease surveillance and monitoring for influenza outbreaks and influenza-like illness as well as ensuring the availability of necessary public health measures for preventing and controlling influenza.

Such measures include the continued use of H1N1 (2009) pandemic or seasonal influenza vaccines where appropriate and available. The Committee noted that the uptake of pandemic vaccine in some Pacific Island countries appeared sufficiently high to reduce the risk of outbreaks in these countries.

Based on the advice of the Emergency Committee, and her own assessment of the situation, the Director-General determined that the world was no longer in an influenza pandemic and therefore terminated the public health emergency of international concern in accordance with the International Health Regulations (2005).

In light of these determinations, the Director-General thanked the members and the advisor of the Emergency Committee for their diligent service and expert advice, which were of great importance to international public health.

The work of the Emergency Committee now being ended, the names, affiliations and declared interests of the Committee members and advisor will be published on the WHO website as soon as possible.

World Health Organization

H1N1 IHR Emergency Committee

WHO, 25 April 2009 - 10 August 2010
https://www.who.int/groups/h1n1-ihr-emergency-committee

The IHR Emergency Committee concerning Influenza Pandemic (H1N1) 2009 met on nine occasions from April 2009 to August 2010. At its first meeting on 25 April 2009, following the advice of the Committee, the WHO Director-General determined that the ongoing events constituted a Public Health Emergency of International Concern (PHEIC). The Director-General terminated the PHEIC on 10 August 2010.

A List of the Members includes: Dr Lawson Ahadzie (Ghana), Mr. André Basse (France), Dr Muhammad Akbar Chaudhry (Pakistan), Dr Supamit Chunssuttiwat (Thailand), Dr Nancy Cox (US), Dr Anthony Evand (Canada), Prof. John S. Mackenzie (Australia), Prof. Arnold Monto (US), Dr Fernando Otaiza (Chile), Dr Rogelio Pérez Padilla (Mexico), Professor Wing Hong Seto (Hong Kong), Dr Masato Tashiro (Japan), Dr Claude Thibeault (Canada), Dr John Wood (UK), Professor Maria Zambon (UK); Advisor to the Emergency Committee Mr. Prof. Neil M. Ferguson (UK).

1) First meeting of the IHR Emergency Committee. – 25 April 2009
https://www.who.int/news/item/25-04-2009-first-meeting-of-the-ihr-emergency-committee

2) Second meeting of the IHR Emergency Committeeю – 27 April 2009
https://www.who.int/news/item/27-04-2009-second-meeting-of-the-ihr-emergency-committee

3) Third meeting of the IHR Emergency Committeeю – 5 June 2009
https://www.who.int/news/item/05-06-2009-third-meeting-of-the-ihr-emergency-committee

4) DG Statement following the meeting of the Emergency Committee. – 11 June 2009
https://www.who.int/news/item/11-06-2009-dg-statement-following-the-meeting-of-the-emergency-committee

5) DG Statement following the fifth meeting of the Emergency Committee. – 24 September 2009
https://www.who.int/news/item/24-09-2009-director-general-statement-following-the-fifth-meeting-of-the-emergency-committee

6) DG statement following the sixth meeting of the Emergency Committee. – 26 November 2009
https://www.who.int/news/item/26-11-2009-director-general-statement-following-the-sixth-meeting-of-the-emergency-committee

7) DG statement following the seventh meeting of the Emergency Committee. – 24 February 2010
https://www.who.int/news/item/24-02-2010-director-general-statement-following-the-seventh-meeting-of-the-emergency-committee

8) DG statement following the eighth meeting of the Emergency Committee. – 3 June 2010
https://www.who.int/news/item/03-06-2010-director-general-statement-following-the-eighth-meeting-of-the-emergency-committee

9) DG statement following the ninth meeting of the Emergency Committee. – 10 August 2010
https://www.who.int/news/item/10-08-2010-director-general-statement-following-the-ninth-meeting-of-the-emergency-committee

10) H1N1 in post-pandemic period: Director-General's opening statement at virtual press conference. – 10 August 2010
https://www.who.int/news/item/10-08-2010-h1n1-in-post-pandemic-period

World Health Organization

Dr Margaret Chan

Director-General's opening statement at virtual press conference
H1N1 in post-pandemic period

Geneva, WHO, 10 August 2010.
https://www.who.int/news/item/10-08-2010-h1n1-in-post-pandemic-period
https://web.archive.org/web/20100812022101/http://www.who.int/mediacentre/news/statements/2010/h1n1_vpc_20100810/en/index.html

The world is **no longer in phase 6 of influenza pandemic alert**. We are now moving into the post-pandemic period. The new H1N1 virus has largely run its course.

These are the views of members of the Emergency Committee, which was convened earlier today by teleconference.

The Committee based its assessment on the global situation, as well as reports from several countries that are now experiencing influenza. I fully agree with the Committee's advice.

As we enter the post-pandemic period, this does not mean that the H1N1 virus has gone away. Based on experience with past pandemics, we expect the H1N1 virus to take on the behaviour of a seasonal influenza virus and continue to circulate for some years to come.

In the post-pandemic period, localized outbreaks of different magnitude may show significant levels of H1N1 transmission. This is the situation we are observing right now in New Zealand, and may see elsewhere.

In fact, the actions of health authorities in New Zealand, and also in India, in terms of vigilance, quick detection and treatment, and recommended vaccination, provide a model of how other countries may need to respond in the immediate post-pandemic period.

Globally, the levels and patterns of H1N1 transmission now being seen differ significantly from what was observed during the pandemic. Out-of-season outbreaks are no longer being reported in either the northern or southern hemisphere. Influenza outbreaks, including those primarily caused by the H1N1 virus, show an intensity similar to that seen during seasonal epidemics.

During the pandemic, the H1N1 virus crowded out other influenza viruses to become the dominant virus. This is no longer the case. Many countries are reporting a mix of influenza viruses, again as is typically seen during seasonal epidemics.

Recently published studies indicate that 20–40% of populations in some areas have been infected by the H1N1 virus and thus have some level of protective immunity. Many countries report good vaccination coverage, especially in high-risk groups, and this coverage further increases community-wide immunity.

Pandemics, like the viruses that cause them, are unpredictable. So is the immediate post-pandemic period. There will be many questions, and we will have clear answers for only some. Continued vigilance is extremely important, and WHO has issued advice on recommended surveillance, vaccination, and clinical management during the post-pandemic period.

Based on available evidence and experience from past pandemics, it is likely that the virus will continue to cause serious disease in younger age groups, at least in the immediate post-pandemic period. Groups identified during the pandemic as at higher risk of severe or fatal illness will probably remain at heightened risk, though hopefully the number of such cases will diminish.

In addition, a small proportion of people infected during the pandemic, including young and healthy people, developed a severe form of primary viral pneumonia that is not typically seen during seasonal epidemics and is especially difficult and demanding to treat. It is not known whether this pattern will change during the post-pandemic period, further emphasizing the need for vigilance.

As I said, pandemics are unpredictable and prone to deliver surprises. No two pandemics are ever alike. This pandemic has turned out to be much more fortunate than what we feared a little over a year ago.

This time around, we have been aided by pure good luck. The virus did not mutate during the pandemic to a more lethal form. Widespread resistance to oseltamivir did not develop. The vaccine proved to be a good match with circulating viruses and showed an excellent safety profile.

Thanks to extensive preparedness and support from the international community, even countries with very weak health systems were able to detect cases and report them promptly.

Had things gone wrong in any of these areas, we would be in a very different situation today.

I will be happy to answer your questions.

REUTERS

Stephanie Nebehay

WHO chief says H1N1 flu pandemic is over

Reuters, 10 August 2010, 9:24 PM

https://web.archive.org/web/20221115034321/https://www.reuters.com/article/idINIndia-50750620100810

GENEVA (Reuters) - The H1N1 pandemic is over and the global outbreak turned out to be much less severe than was feared just over a year ago, the head of the World Health Organization (WHO) said on Tuesday.

WHO director-general Margaret Chan once again rebutted criticism that the United Nations agency had hyped the first pandemic in more than 40 years, whose mildness left some Western governments holding huge stockpiles of unused vaccines.

The Hong Kong public health expert said the world had been lucky the H1N1 virus had not mutated into a more deadly form and that a safe vaccine developed in record time remained effective against it.

"We are now moving into the post-pandemic period. The new H1N1 virus has largely run its course," Chan said.

"That was the right call," she said, defending the decision taken in June last year to declare a pandemic.

The swine flu virus will continue to circulate as part of seasonal influenza for years to come, requiring health authorities to remain vigilant, she told a news conference.

It still threatens high-risk groups including pregnant women who would benefit from vaccination, she said.

Stockpiled H1N1 vaccines remain effective against the strain and so far the virus has not developed widespread resistance to the antiviral oseltamivir, the best treatment, she said.

The WHO's downgrading of the H1N1 outbreak to "post-pandemic" was based on recommendations by external influenza experts who conducted a review earlier in the day.

"I think even if we see severe outbreaks occurring in some countries – which is still definitely possible – that the global threat is really much lower and much different than a year ago," Keiji Fukuda, WHO's top flu expert, told reporters.

Continued Vigilance

In June 2009, the WHO said a new swine flu virus, H1N1, that emerged in the United States and Mexico and spread around the world in six weeks, was the first pandemic since 1968. A full pandemic corresponds to phase 6 on the WHO's six-point scale.

"We need to continue to maintain our vigilance and not be complacent," Chan said, noting that outbreaks continued in countries including India and New Zealand.

The behavior of influenza viruses is notoriously difficult to predict and no two pandemics are alike, flu experts say.

"I am very pleased that European member states prepared for something worse. I'd rather have it go that way than their planning for less or not being prepared at all," Angus Nicoll, influenza program coordinator at the European Center for Disease Prevention and Control, told Reuters Tuesday.

The WHO has also rejected allegations that it acted under the influence of drug companies in declaring a pandemic.

Chan said that three viruses were now circulating as part of a "mixed virus pattern" in many countries, typically seen during seasonal epidemics. These were H1N1 and H3N2 -- both type 'A' influenza -- as well as type 'B'.

Either H1N1 vaccine or a trivalent (triple shot) vaccine against the three strains should be used to inoculate those at risk, depending on their availability, she said.

"Pandemic and seasonal vaccine in both hemispheres confer the same protection (against H1N1)," Fukuda said.

An estimated 350 million people worldwide have been vaccinated against H1N1, he said.

Dozens of companies make influenza vaccines, including Sanofi-Aventis SASY.PA, GlaxoSmith Kline GSK.L, Novartis NOVN.VX, AstraZeneca AZN.L and CSL CSL.AX. Roche DNA makes the frontline antiviral oseltamivir, marketed as Tamiflu.

The U.S. Centers for Disease Control and Prevention said the WHO pronouncement will not alter U.S. plans for the upcoming flu season. The CDC recommends that everyone over 6 months of age be vaccinated against seasonal flu this year, the most universal recommendation yet for flu vaccines.

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Twenty-second pandemic pharmacovigilance update

European Medicines Agency, 19 August 2010, EMA/527985/2010
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwig0uKksb2AAxVhXmwGHRSHABMQFnoECBAQAQ&url=https%3A%2F%2Fwww.ema.europa.eu%2Fen%2Fdocuments%2Freport%2Ftwenty-second-pandemic-pharmacovigilance-update_en.pdf&usg=AOvVaw1mKV4Npi6twRfSuLDunapC&opi=89978449

This report summarises the adverse drug reactions reported after the use of the centrally authorised pandemic vaccines Arepanrix, Celvapan, Focetria and Pandemrix, and the antiviral Tamiflu1. It also provides information on the evolution of the H1N1 pandemic, an estimate of how many doses of vaccines and antivirals have been distributed or administered in Europe, and other available information on the benefits and risks of the vaccines and antivirals.

The Director-General of the World Health Organization (WHO) announced on 10 August 2010 that the world has moved from phase 6 of influenza pandemic alert to the post-pandemic period (see WHO statement here). In advance of this development, the Agency's Committee for Human Medicinal Products (CHMP) recommended that three of the centrally authorised pandemic vaccines used in Europe should be given full marketing authorisations allowing for their use outside a declared influenza pandemic.

...

Pandemic information

In its bi-weekly influenza surveillance overview dated 13 August 2010, the European Centre for Disease Prevention and Control (ECDC) concluded that, during the weeks of 26 July to 8 August 2010, epidemiological indicators showed no influenza activity in the 19 reporting EU countries.

By 2 May 2010, there had been a total of 2,900 deaths due to the pandemic announced by EU/European Free Trade Association (EFTA) Member States. Click here for a breakdown by country.

See the ECDC pandemic website for additional information on the influenza A/H1N1 pandemic.

In its weekly update dated 13 August 2010, the WHO reported that Influenza H1N1 (2009) virus transmission remains locally intense in parts of India and New Zealand.

Based on epidemiological data, a preliminary estimate of vaccine field effectiveness (VE) from Germany, which was published in Eurosurveillance, indicates for Pandemrix an excellent VE in people aged 14-59 years (96.8%; 95% confidence interval (CI): 95.2-97.9) and moderately high VE in those aged 60 years or older (83.3%; 95% CI: 71.0-90.5. Other published data from Scotland have reported a VE of 95.0% (95% CI 76.0 to 100.0). See also the latest ECDC Executive Science Update no 11 (April–June 2010) for an overview of the ECDC funded Influenza Monitoring of Vaccine Effectiveness (I-MOVE) project during the season 2009/10. Its preliminary data from eight countries (France, Hungary, Ireland, Italy, Romania, Portugal, Spain and United-Kingdom) consistently showed good vaccine effectiveness of the pandemic vaccines.

Number of patients who experienced one or more reactions for each System Organ Class (up to 8 Aug 2010, all reports from outside the EEA)

Brand	Number of patients who experienced one or more reactions	pp.
Arepanrix	– ... a total of 279 reports had been received	6-7
Celvapan	– ... a total of 897 reports of serious adverse reactions had been received	7-10
Focetria	– ... a total of 3,479 reports had been received	11-14
Pandemrix	– ... a total of 11,276 reports had been received	15-19
Tamiflu	– ... a total of 1,142 reports worldwide were received	19-22

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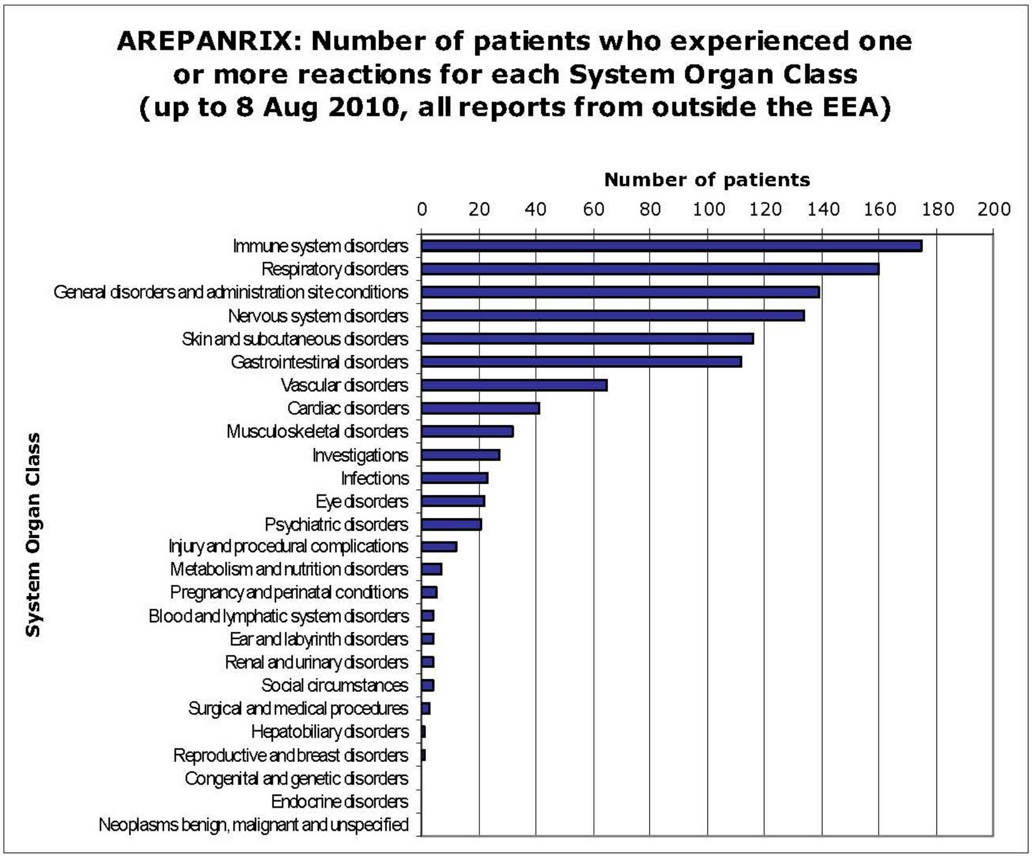
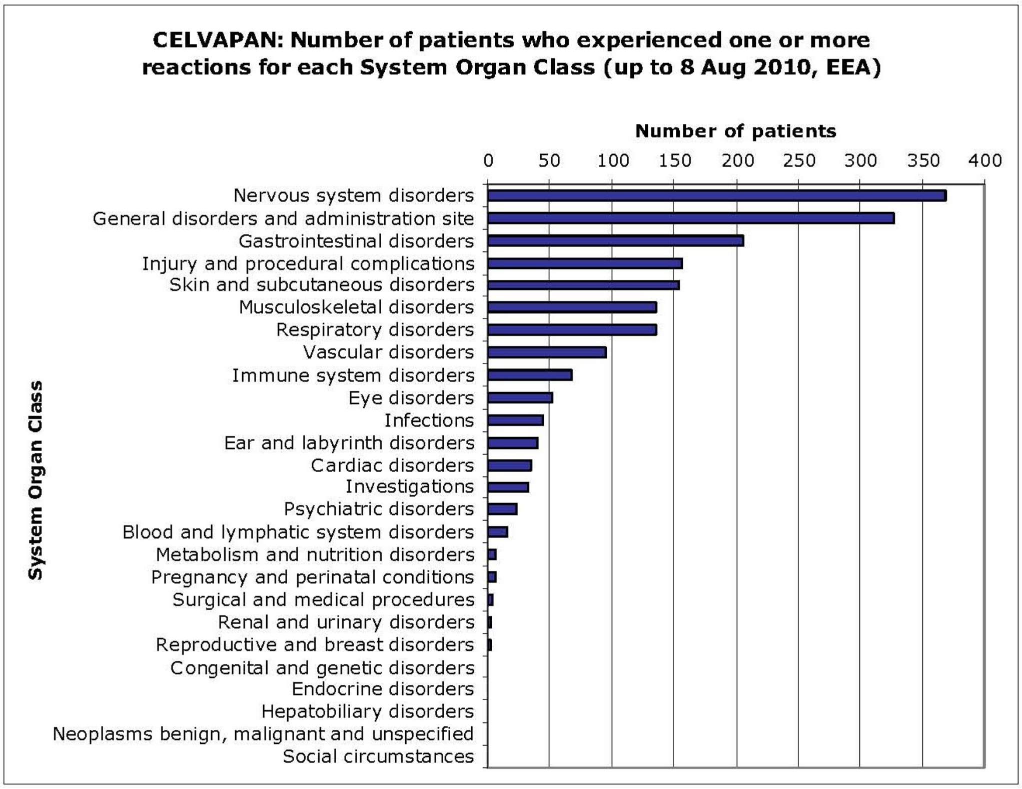
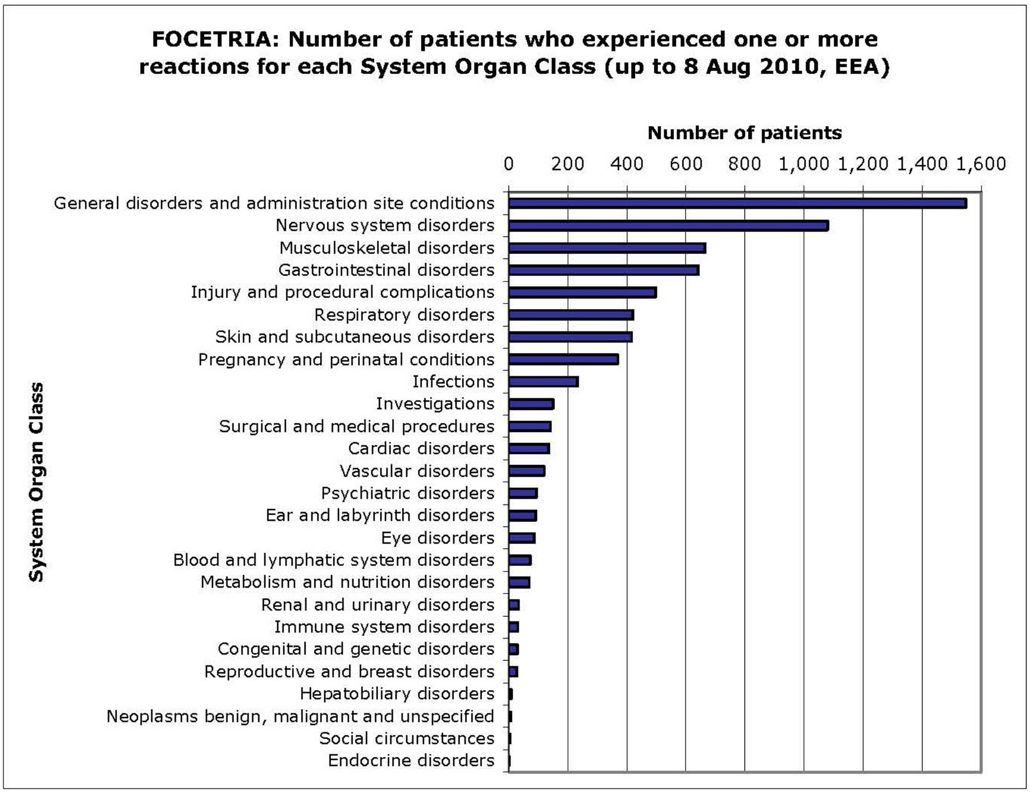

AREPANRIX: Number of patients who experienced one or more reactions for each System Organ Class (up to 8 Aug 2010, all reports from outside the EEA)
Number of patients
0 20 40 60 80 100 120 140 160 180 200
System Organ Class
Immune system disorders
Respiratory disorders
General disorders and administration site conditions
Nervous system disorders
Skin and subcutaneous disorders
Gastrointestinal disorders
Vascular disorders
Cardiac disorders
Musculoskeletal disorders
Investigations
Infections
Eye disorders
Psychiatric disorders
Injury and procedural complications
Metabolism and nutrition disorders
Pregnancy and perinatal conditions
Blood and lymphatic system disorders
Ear and labyrinth disorders
Renal and urinary disorders
Social circumstances
Surgical and medical procedures
Hepatobiliary disorders
Reproductive and breast disorders
Congenital and genetic disorders
Endocrine disorders
Neoplasms benign, malignant and unspecified

p. 8


CELVAPAN: Number of patients who experienced one or more reactions for each System Organ Class (up to 8 Aug 2010, EEA)
Number of patients
0 50 100 150 200 250 300 350 400
System Organ Class
Nervous system disorders
General disorders and administration site
Gastrointestinal disorders
Injury and procedural complications
Skin and subcutaneous disorders
Musculoskeletal disorders
Respiratory disorders
Vascular disorders
Immune system disorders
Eye disorders
Infections
Ear and labyrinth disorders
Cardiac disorders
Investigations
Psychiatric disorders
Blood and lymphatic system disorders
Metabolism and nutrition disorders
Pregnancy and perinatal conditions
Surgical and medical procedures
Renal and urinary disorders
Reproductive and breast disorders
Congenital and genetic disorders
Endocrine disorders
Hepatobiliary disorders
Neoplasms benign, malignant and unspecified
Social circumstances


FOCETRIA: Number of patients who experienced one or more reactions for each System Organ Class (up to 8 Aug 2010, EEA)
Number of patients
0
200
400
600
800
1,000
1,200
1,400
1,600
System Organ Class
General disorders and administration site conditions
Nervous system disorders
Musculoskeletal disorders
Gastrointestinal disorders
Injury and procedural complications
Respiratory disorders
Skin and subcutaneous disorders
Pregnancy and perinatal conditions
Infections
Investigations
Surgical and medical procedures
Cardiac disorders
Vascular disorders
Psychiatric disorders
Ear and labyrinth disorders
Eye disorders
Blood and lymphatic system disorders
Metabolism and nutrition disorders
Renal and urinary disorders
Immune system disorders
Congenital and genetic disorders
Reproductive and breast disorders
Hepatobiliary disorders
Neoplasms benign, malignant and unspecified
Social circumstances
Endocrine disorders

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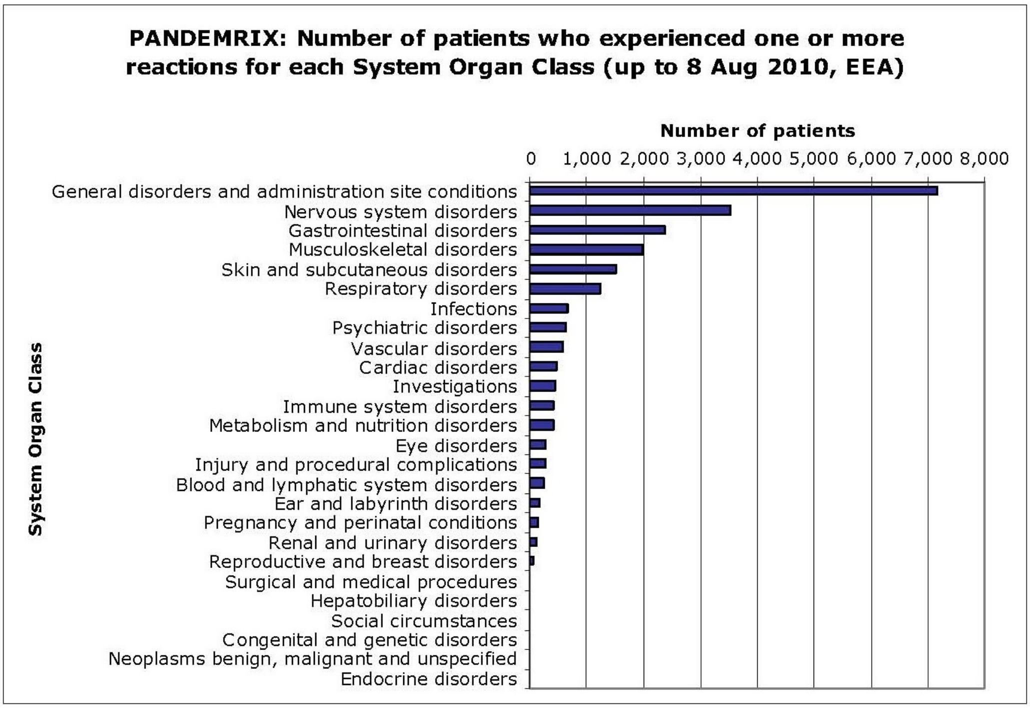
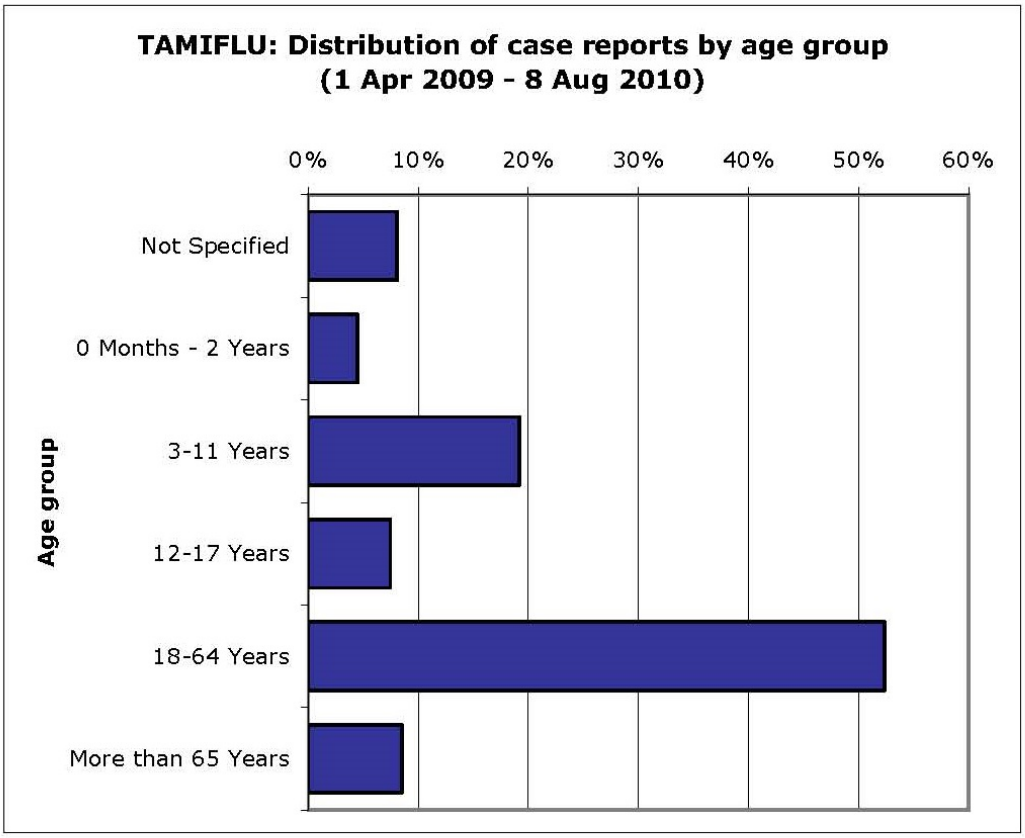

PANDEMRIX: Number of patients who experienced one or more reactions for each System Organ Class (up to 8 Aug 2010, EEA)
Number of patients
0
1,000
2,000
3,000
4,000
5,000
6,000
7,000
8,000
System Organ Class
General disorders and administration site conditions
Nervous system disorders
Gastrointestinal disorders
Musculoskeletal disorders
Skin and subcutaneous disorders
Respiratory disorders
Infections
Psychiatric disorders
Vascular disorders
Cardiac disorders
Investigations
Immune system disorders
Metabolism and nutrition disorders
Eye disorders
Injury and procedural complications
Blood and lymphatic system disorders
Ear and labyrinth disorders
Pregnancy and perinatal conditions
Renal and urinary disorders
Reproductive and breast disorders
Surgical and medical procedures
Hepatobiliary disorders
Social circumstances
Congenital and genetic disorders
Neoplasms benign, malignant and unspecified
Endocrine disorders

p. 15


TAMIFLU: Distribution of case reports by age group
(1 Apr 2009 - 8 Aug 2010)
0%
10%
20%
30%
40%
50%
60%
Age group
Not Specified
0 Months - 2 Years
3-11 Years
12-17 Years
18-64 Years
More than 65 Years

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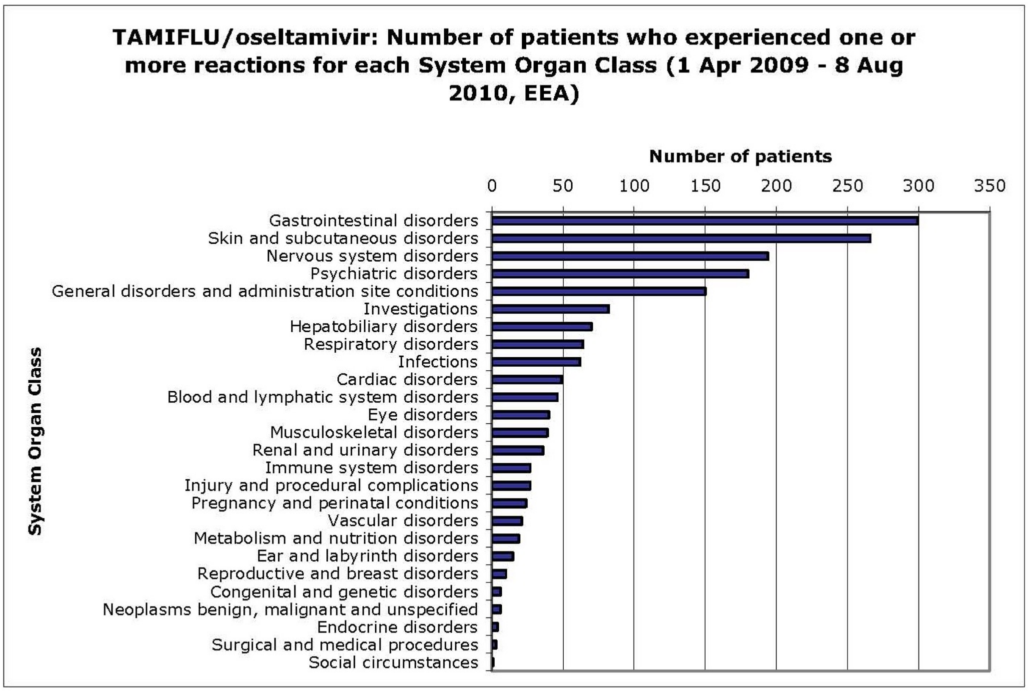
TAMIFLU/oseltamivir: Number of patients who experienced one or more reactions for each System Organ Class (1 Apr 2009 - 8 Aug 2010, EEA)
Number of patients
0
50
100
150
200
250
300
350
System Organ Class
Gastrointestinal disorders
Skin and subcutaneous disorders
Nervous system disorders
Psychiatric disorders
General disorders and administration site conditions
Investigations
Hepatobiliary disorders
Respiratory disorders
Infections
Cardiac disorders
Blood and lymphatic system disorders
Eye disorders
Musculoskeletal disorders
Renal and urinary disorders
Immune system disorders
Injury and procedural complications
Pregnancy and perinatal conditions
Vascular disorders
Metabolism and nutrition disorders
Ear and labyrinth disorders
Reproductive and breast disorders
Congenital and genetic disorders
Neoplasms benign, malignant and unspecified
Endocrine disorders
Surgical and medical procedures
Social circumstances

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How far did the UK government over-respond to the 2009 threat of Swine Flu?

LSE, 18 October 2010

https://blogs.lse.ac.uk/politicsandpolicy/how-far-did-the-uk-government-over-respond-to-the-2009-threat-of-swine-flu/

Managing major risks creates problems for governments when probabilities are hard to estimate and outcomes are uncertain. Reviewing the experience of the 2009 swine flu pandemic fear, ***Adam Oliver*** *argues that the UK government over-reacted in some key respects. Partly underlying this response was an 'aversion to ambiguity' pattern of behaviour that has long been studied by social scientists. Ambiguity aversion led to an under appreciation by ministers of the opportunity costs of acting, resulting in the government prolonging an insufficiently targeted use of antivirals, and the purchasing of more flu vaccine than was necessary, at an additional cost of perhaps £500 million.*

In the spring of 2009, the UK government claimed that the country was well prepared to respond to the global swine flu outbreak. The response was based upon a feared outbreak of avian flu. Swine flu ultimately proved milder and less deadly that a worst case avian flu outbreak, which has led some to conclude that the government overreacted to the 2009 threat. One possible explanation for an excessive response from the government is given by ambiguity (or 'uncertainty') aversion. That is, the behaviour of the swine flu virus was unknown, and thus the government attached disproportionate weight to the worst possible outcome of the threat. A dislike of ambiguity, or ambiguity aversion, implies that people will pay a high price to avoid it, or, when it cannot be avoided, they adopt a pessimistic approach and overweight the slight possibility of the worst outcome occurring.

The potential drivers of the government's strong response were manyfold. For example, Sir Liam Donaldson, the Chief Medical Officer for England at the time, had for many years invested much effort in highlighting the threat of pandemics. Moreover, the initial information from Mexico appeared to suggest that the virus was associated with rapid spread and high fatality. In parallel, the modellers that the government relied on to predict the outcome of the 2009 outbreak relied on parameters that reflected more accurately the greater severity of the avian flu outbreak, and fears provoked by previous pandemics had a significant influence on the government. For instance, the Asian flu and Hong Kong flu outbreaks in 1957 and 1968-69, respectively, had each killed 1-4 million people, and the Spanish flu outbreak of 1918-19 is estimated to have killed up to 40 million people worldwide.

Between 27 April and 2 July 2009, the government focused upon a swine flu containment strategy, the focal point of which centred on the use of antiviral medications. The government implemented a policy of recommending antiviral use by those who had come into contact with anyone infected with the virus, in the hope that this would slow the spread and thus give more time to learn about the virus' characteristics before it had spread extensively throughout the population. The English government adopted a 'treat all' approach with respect to antivirals, meaning that all those with swine flu symptoms were advised to take the medications. However, by mid May the Health Protection Agency recommended that the use of antivirals be reduced, due to the observed side of effects of the medications, the large number of people who were not completing the courses of the drugs, and the risk of causing drug resistance. The English government did not change its policy until the beginning of July, and thus its actions regarding the use of antivirals can reasonably be viewed as excessive. However, in this case, any excessive reaction is perhaps less likely to have been motivated by ambiguity aversion per se; rather, the principal motivation may well have been to maintain public confidence.

Losing public confidence is a possible opportunity cost of not acting aggressively, but there are also opportunity costs of acting too aggressively that the government may have insufficiently considered. Initially, the reasonable worst case scenario specified up to 65,000 deaths, intended for planning purposes, but used by some in the media as a prediction. This may have incited a degree of fear within the population. Aside from the disutility felt from personal anxiety, fear can lead to attention and resources being directed away from interventions that are potentially more health-enhancing and life-saving. In an independent review of the government's swine flu policy (the Hine Review), it was estimated that the response consumed £1.2 billion in direct costs. If a part of this spending could have been avoided with a more measured response, it could have been used to significant effect elsewhere. On the flipside of provoking short term fear is the danger of desensitising people to risk in the longer term. That is, in the longer term, the government could face accusations of 'crying wolf'.

By 2 July 2009, the government moved onto a treatment strategy, and focused on more targeted antiviral use. However, the stand-out feature of the treatment phase was the development and later use of a swine flu vaccine. In the Spring of 2009, Ministers had to choose between buying 30 million doses and 132 million doses of the vaccine, with the latter being sufficient to vaccinate the whole population effectively. The decision to purchase 132 million doses was confirmed on 17 June. This quantity of vaccine was ultimately not required. It took until 21 October before the vaccine was developed and cleared to administer, almost six months since the first UK cases of illness had been recorded on 27 April. The process could not have been significantly quicker. It has been estimated by some experts that a worst case pandemic would largely be over within four months of the first cases being recorded, which raises the question of whether a vaccine is likely to negate an outbreak significantly.

The government announced that high risk groups would initially be targeted for vaccination. These included those aged between six months and sixty-five years with low immunities or certain chronic illnesses, pregnant women, the non-healthy over sixty-fives, and frontline health care workers; in total, 13 million people. The government anticipated that 75 per cent of these would choose to be vaccinated. However, only 5.5 million people in total vaccinated themselves against the virus. Although it is likely that more people would have vaccinated themselves had the full threat been realised, the government would have been well advised of the likelihood that a significant percentage of the population would not have done so. The government thus purchased sufficient vaccine for a worst case scenario, which appears to lend itself to ambiguity aversion, but even if the worst case is certain to happen, a policy of purchasing vaccine for the whole population is questionable. By the time the vaccine is ready, the peak of the pandemic is likely to be over, many will have natural immunity, and a great number will not in any case vaccinate themselves.

To conclude, most of us are ambiguity averse. We will think of the opportunity costs of not acting, and be influenced by a 'what if' effect. Erring on the side of caution in such cases feeds into a basic human need for security. However, at the policy making level, it ought to be recognized that in addition to the opportunity costs of not acting (e.g. the potential political costs, the possible loss of public confidence, the loss of life if the worst happens), there are opportunity costs of acting (e.g. provoking unnecessary fear, the repercussions from 'crying wolf', the lives and health lost by diverting resources away from other services) that should not be overlooked. The contention here is that, in part due to an aversion to ambiguity, the government in England overlooked to some extent the opportunity costs of acting, which led them to prolong an insufficiently targeted use of antivirals, and to purchase more vaccine than they ought to have done.

CANADIAN MEDICAL ASSOCIATION JOURNAL

Danuta M Skowronski, Travis S Hottes, Naveed Z Janjua,
Dale Purych, Suzana Sabaiduc, Tracy Chan, et al.

Prevalence of seroprotection against the pandemic (H1N1) virus after the 2009 pandemic

– Can Med Assoc J, 18 October 2010; Epub 2010 Nov 23;182(17):1851-6.
doi: 10.1503/cmaj.100910.. PMID: 20956500; PMCID: PMC2988533.
https://www.cmaj.ca/content/182/17/1851

Abstract

Background: Before pandemic (H1N1) 2009, less than 10% of serum samples collected from all age groups in the Lower Mainland of British Columbia, Canada, showed seroprotection against the pandemic (H1N1) 2009 virus, except those from very elderly people. We reassessed this profile of seroprotection by age in the same region six months after the fall 2009 pandemic and vaccination campaign.

Methods: We evaluated 100 anonymized serum samples per 10-year age group based on convenience sampling. We measured levels of antibody against the pandemic virus by hemagglutination inhibition and microneutralization assays. We assessed geometric mean titres and the proportion of people with seroprotective antibody levels (hemagglutination inhibition titre ≥ 40). We performed sensitivity analyses to evaluate titre thresholds of 80, 20 and 10.

Results: Serum samples from 1127 people aged 9 months to 101 years were obtained. The overall age-standardized proportion of people with seroprotective antibody levels was 46%. A U-shaped age distribution was identified regardless of assay or titre threshold applied. Among those less than 20 years old and those 80 years and older, the prevalence of seroprotection was comparably high at about 70%. Seroprotection was 44% among those aged 20-49 and 30% among those 50-79 years. It was lowest among people aged 70-79 years (21%) and highest among those 90 years and older (88%).

Interpretation: We measured much higher levels of seroprotection after the 2009 pandemic compared than before the pandemic, with a U-shaped age distribution now evident. These findings, particularly the low levels of seroprotection among people aged 50-79 years, should be confirmed in other settings and closer to the influenza season.

The Guardian

Swine flu: top doctor warns of crisis as few have H1N1 jab

The Guardian, 21 December 2010, 21:06 GMT
https://www.theguardian.com/world/2010/dec/21/swine-flu-top-doctor-crisis

'Shockingly few' health professionals have been vaccinated as more than 300 people lie in critical care beds

The NHS may become unable to cope with the rapid spread of influenza because shockingly few people, including health professionals, have been vaccinated, a senior doctor warns today.

Professor Steve Field, who until last month was the chairman of the Royal College of General Practitioners, spoke out as the Department of Health revealed there are more than 300 people in critical care beds with flu and 17 people have died.

Field said the decision not to encourage the public to have a jab to protect themselves was "ill-advised" and needed to be urgently reversed.

The NHS should have acted more decisively to encourage people to have the jab because it was known that H1N1 swine flu was still circulating and that few NHS staff had the swine flu vaccine when it was offered to them late last year.

"Rates of uptake are shockingly low," said Field. "It was ill-advised not to have the public awareness campaign on seasonal flu jab uptake that we usually have, because we knew that the public and healthcare professionals were likely to become complacent after last year's swine flu pandemic wasn't the serious attack on the country that we thought it could be. With the added winter pressures on the NHS, we need NHS staff to be vaccinated as soon as possible, so that they can continue working, and we also need pregnant women and people who are vulnerable to have a flu jab that includes the swine flu vaccine as soon as possible."

He warned that there could be big problems after Christmas as the numbers build. "This is getting to the point where it's becoming an emergency for the public's health and also the NHS's ability to cope, and we want to avoid that," he said.

Yesterday, health secretary Andrew Lansley briefed the cabinet on flu and told colleagues the NHS had plenty of capacity to cope with an upsurge in cases. David Cameron told a press conference at Downing Street that the flu figures were a little worse than last year, but that despite a doubling of cases in the last week, the Department of Health had things under control. "I think there is a very good grip in the Department of Health on this issue. Andrew Lansley has a great grip over that department," he said.

The government's interim chief medical officer, Sally Davies, said at a briefing that England was experiencing a normal flu season. It was "just winter flu" but with swine flu as the dominant strain. "We have not got a pandemic," she said.

Of the 17 deaths so far, 14 have been confirmed as due to swine flu and none of the victims have been 65 or over. Eight are known to have been considered "at risk", such as people with asthma or heart problems – but that leaves nine who appear to have been previously healthy.

Most of those now in critical care are younger than is usual for a flu outbreak. While 23 of the 302 are aged 65 or over, 243 are aged 16 to 64. There are 12 children between the ages of five and 15 and 24 under-fives.

Take-up of the flu vaccine, which includes H1N1, has been very slow. Last year, on the back of the flu pandemic, the government spent £177,573 on advertising to persuade the elderly and those in at-risk groups to come forward.

This year, it was left to primary care trusts and GPs to tell people the vaccine was available. Davies said the Department of Health had been constrained by government spending curbs. "The government freeze on media meant we had to decide how best to use our resources, which were ploughed into local campaigns and local work. At the end of the winter we will have to assess where we are for future years," she said.

Professor Lindsey Davies, president of the UK Faculty of Public Health, said not enough had been done to persuade people to be vaccinated. "It may well be that the lack of a national campaign is making the difference to the take-up at the moment, and that's regrettable." It was "disappointing" that last year's Catch It, Bin It, Kill It anti-swine flu campaign had not been continued, she added.

The shadow health secretary, John Healey, said the government needed to "get a grip" on the outbreak. Lansley had been, suggesting he had been obsessed with reorganising the NHS and had "The only attention he's paid to the preparations for this winter's flu outbreak is to axe the autumn advertising campaign to encourage people to get vaccinated and make them aware of the risks. He made the wrong judgement and it's "left too many people without the flu protection they should have"," he said.

Davies sought to reassure people on the spreading flu outbreak, saying "the numbers are not massive and we are not at anything like capacity [in the NHS]".

However, she urged at-risk groups to get themselves protected. "We want more people to come forward for the vaccine, particularly pregnant women," she said.

But critical care beds around the country have come under pressure as the numbers taken ill have increased. In some places, this has led to the suspension of routine heart surgery and other procedures where critical care beds are essential for recovery.

For some of the sickest victims of swine flu, a procedure called ECMO, in which blood is oxygenated outside the body, has been used. But the UK has only a small number of ECMO beds. The main centre is Glenfield hospital in Leicester, which has five ECMO beds. Last week, because of demand, extra beds were commissioned at four other major centres – Papworth, the Royal Brompton in London, South Manchester and Newcastle. There are now 16 patients on ECMO treatment in England.

Paul Flynn, Labour

General Matters: Part of the debate in the House of Commons on 5th April 2011.

Newport West, 5 April 2011, 6:11 pm
https://www.theyworkforyou.com/debates/?id=2011-04-05c.987.0

The swine flu pandemic that never was is an extraordinary story of bad science, fortunes made, public money wasted and fear-mongering on a mass scale. It started in May 2009 when a new branch of flu was detected in Mexico. The epidemiology then and now is still the same – that this flu was very mild. It killed about one in every 10,000 who had it.

On the World Health Organisation website in May 2009, the definition of a phase 6 pandemic – a crucial issue – was that the flu had to be likely to cause “a terrible number” of deaths and serious injuries. In the next month, that definition was changed to take the severity of the flu out of the definition; it was described as a flu that was being experienced in more than two WHO areas. In June 2009, however, Margaret Chan declared a phase 6 pandemic. The world press turned up and asked what a phase 6 pandemic was and whether there was a phase 6.5 or a phase 7 pandemic. She said, “No, this is the most severe pandemic – the top one.” Understandably, the world press went into hysteria mode and announced that this was as bad as the 1918 flu that killed between 25 million and 40 million people.

There was never any possibility that it was going to turn out like that. In this country, Liam Donaldson said that the likelihood was that deaths would be between

3,000 and 750,000. The average we should expect, he said, was 65,000 deaths. The WHO said that we should expect between 2 million and 7 million deaths in the world. In the event, there were 18,000 deaths. In Britain, there were 447 deaths of people with swine flu, but fewer than 150 died of swine flu. It is, of course, a tragedy for all the individuals involved, but this was nothing compared to the normal seasonal flu we have almost every year, when 10,000 and sometimes 20,000 people die.

The World Health Organisation has been challenged since and there have been a number of inquiries. In this country, we had an inquiry by Deirdre Hine, but I am afraid that it was premature. It did not come up with the right answers because it did not ask the right questions. There is a far better inquiry, just published, by the European People’s Party group in the European Parliament. Its main conclusion is that next time, the severity of the flu must be a feature in any warnings given. It is extraordinary that in calling this a phase 6 pandemic, no judgment was made about the severity of the disease.

What was the cost to this country? We spent £1.2 billion and we suffered greatly from anxiety and fear. That was particularly the case for parents of young children, who were told that there would be 65,000 deaths. The health service was disrupted for nearly a year. All its priorities were changed, and vital services were neglected so that the necessary preparations could be made. Heaven knows

what the cost was of the closure of all the schools, for instance. All that was unnecessary, and we must now consider what we can do about it. It is difficult to blame the national Governments, because they would be damned if they did and damned if they didn't, but can we say that spending more than £1 billion in Britain had a good result? Can we say that more people would have died if we had not spent that money? In fact, the reverse is true.

A splendid example is provided by Ewa Kopacz, who was the Polish Health Minister at the time. In November 2009, she made a very brave speech saying that the Polish Government would not buy vaccines and antiviral medicines because she did not believe that H1N1 flu posed any serious threat. In Britain, having spent £1 billion, we lost 7.4 people per million of the population; Poland, having spent about 7 zlotys, ended up with 4.7 deaths per million. In other words, Poland spent virtually nothing, and suffered half the number of deaths per million that we suffered. There is a lesson to be learnt from that. As I said earlier, I do not blame the national Governments, because they were in a very difficult position. They had the advice of the World Health Organisation, which is a body that we should respect, because we need a body that is above the national melee and national interests. Can we blame the World Health Organisation? We certainly can.

I have been to Geneva on a number of occasions. Incidentally, my general election result was greatly improved by the fact that I was there at the time. Because of the ash cloud I had to stay there for five days, which, according to my constituency workers, helped to ensure that the swing against the Labour party was one of the lowest in Wales, and to secure my re-election. Absence is a great factor. However, although we have heard reports from various organisations throughout the world, we must face the fact that the problem lay not with national Governments but with the World Health Organisation. The decision was taken by an emergency committee with 15 members –

European Journal of
EPIDEMIOLOGY

Ulrich Keil, Peter Schönhöfer, Angela Spelsberg

The invention of the swine-flu pandemic

Eur J Epidemiol, 9 April 2011, 26:187–190
DOI 10.1007/s10654-011-9573-6

Introduction

The hype about the swine-flu pandemic is over. Should we, therefore, forget about this episode? We feel that there is a need to evaluate on a national as well as international level the events which have occurred and the mistakes which have been made.

The announcement of the swine-flu pandemic on June 11, 2009 by the World Health Organization (WHO) was a real precedent. In May 2009 WHO eliminated the severity of disease from the definition of stage six of a pandemic and demanded as sole criterion the swift and worldwide spread of a new virus against which the population has no immunity.

For the first time expensive measures against a pandemic such as the production of vaccines and mass vaccination were initiated worldwide. The pandemic stage six has been kept until August 2010, although there was neither any indication for serious health threats from A/H1N1 influenza, nor was the virus "new".

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What have we learned from the swine-flu-affair?

What needs to be done?

Firstly – The current concept of pandemics has to be reconsidered and it should be accepted that the spread and severity of infectious diseases is generally more dependent on social conditions of populations than on the properties of the infectious agent [9]. Most people including scientists and politicians are hardly aware of the fact, that the A/H1N1 virus of the Spanish Influenza has hit populations stricken by war and hunger: Poor, frail and undernourished people paid the highest death toll. According to Murray, Lopez et al [10] mortality figures from the Spanish flu showed a 31-fold variability according to the nutritional- and social status of the respective populations; in a hypothetical re-occurrence of the Spanish Influenza pandemic, 96% of all deaths would occur in the developing countries and only 4% in the developed world [10]. Therefore, the swine-flu vaccination campaigns in Europe and North America were especially inappropriate. Obviously, the most effective way to prevent any infectious disease pandemic is to invest in the improvement of social conditions [9, 11]. Tuberculosis is an excellent example. This major scourge was very prevalent and produced a high death toll at the time, when the mycobacterium tuberculosis was detected by Robert Koch [12]. Although there was no effective treatment, the disease declined dramatically with the improvement of social conditions. When streptomycin appeared on the scene (1952) the epidemic in Europe had nearly disappeared.

Secondly – Sound infectious disease epidemiology must be applied to the surveillance of influenza epidemics, e.g. define the target population, draw appropriate random samples from the respective population to obtain unbiased estimates of the incidence of flu like symptoms and of the viral status of the sample. Such methodology allows for proper inference of the spread and the

virulence of the espective infectious agent. Data currently provided by the Global Influenza Surveillance Network are insufficient; they are not population based and therefore do not provide reliable data on disease severity, nor on case fatality. The data on the seasonal influenza show similar weaknesses and the estimates of disease frequency, mortality, and case fatality are similarly vague [13]. Consequently, the effectiveness of seasonal influenza vaccination campaigns and of anti-viral medication is more than questionable [13].

Thirdly – Conflicts of interest of scientific advisors to WHO or to other international and national public health institutions regarding connections with the respective pharmaceutical industry must be disclosed and acted upon in a similar fashion as is the case for employees of and advisors to WHO regarding the tobacco industry [14].

Fourthly – To blame the media alone for the horror scenarios pertaining to the swine-flu pandemic is too simple. The media most often conveyed messages they received from scientists (with hidden links to vaccine producers), representatives of government agencies close to those experts, and WHO. However, contrary to WHO and its experts there were a number of critical journalists questioning the pandemic scenarios. Also not all countries in Europe were following WHO's advice: The minister of health of Poland decided not to buy any swine-flu vaccine. Consequently, there was no vaccination campaign against A/H1N1 in Poland; however, the course of the disease there was similarly mild as in the other European countries.

Fifthly – WHO failed to give appropriate guidance in the swine flu pandemic. To prevent this from recurring, new strategies for the evaluation of the impact of new infectious diseases are needed.

According to ... Doshi [15] four scenarios are conceivable:

- a severe disease infecting many (Type 1),
- a severe disease infecting few (Type 2),
- a mild disease infecting many (Type 3) and
- a mild disease infecting few (Type 4).

So far WHO has misclassified SARS, avian flu and swine flu as Type 1 diseases, which produced a hat trick of false alarms within less than a decade [16].

Future WHO emergency committees must comprise scientists from a wide range of disciplines thus diminishing the chance of misclassification of future infectious disease epidemics. Advice from disease experts, e.g. molecular virologists, is important, but final policy recommendations must come from scientists trained in evaluation, priority setting, and public health and being fully independent [17].

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thebmj

John Zarocostas

WHO processes on dealing with a pandemic need to be overhauled and made more transparent

BMJ, 31 May 2011; 342: d3378
doi: 10.1136/bmj.d3378.

The World Health Organization failed to manage possible conflicts of interests between its expert advisers and industry in handling the H1N1 flu pandemic, an independent review panel has found.

The review, chaired by Harvey Fineberg, president of the US Institute of Medicine, concluded procedures were inadequate, should be overhauled, and made more transparent.

The panel found no evidence of “attempted or actual influence” by commercial interests on advice or decisions taken by the WHO concerning the pandemic. But WHO failed to acknowledge legitimate reasons for some criticism, in particular, inconsistent descriptions of a pandemic that “may have inadvertently contributed to confusion and suspicion.”

An investigation published last year by the BMJ and the Bureau of Investigative Journalism (BMJ 2010;340:c2912, doi:10.1136/bmj.c2912) found that key scientists advising the WHO on planning for an influenza …

IDSA Infectious Diseases Society of America — Clinical Infectious Diseases

Miguel A. Herna, Marc Lipsitch.

Oseltamivir and risk of lower respiratory tract complications in patients with flu symptoms: a meta-analysis of eleven randomized clinical trials

Clin Infect Dis. 15 June 2011 // 1 August 2011; 53(3): 277-279. doi: 10.1093/cid/cir400.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3137795/

Abstract

An independent reanalysis of 11 randomized clinical trials shows that oseltamivir treatment reduces the risk of lower respiratory tract complications requiring antibiotic treatment by 28% overall (95% confidence interval [CI], 11%–42%) and by 37% among patients with confirmed influenza infections (95% CI, 18%–52%).

Conclusion

Our reanalysis confirms that oseltamivir reduces the risk of LRTC treated with antibiotics among patients with flu symptoms or with confirmed influenza. The 24-day risk reduction was about 28% overall and 37% in patients with influenza infection. No reduction was observed in patients without influenza. The effect estimates changed little even under rigorous sensitivity analyses. We also confirmed previous reports of increased risk of nausea and vomiting [2, 10], but found no evidence of increased risk of neuropsychiatric disorders, except for headache, among those assigned to oseltamivir.

As for any meta-analysis, the quality of our estimates depends on the quality of the individual studies. Of the 11 trials included in the meta-analysis, only 2 have been published in peer-reviewed journals [11, 12].

The other 9 were either unpublished or published only in abstract form until their findings were reported by Kaiser et al. Jefferson et al considered the unpublished trials analyzed by Kaiser et al as ‘‘inaccessible to proper scrutiny’’ and excluded them from their Cochrane meta-analysis.

However, the unpublished trials are no more favorable to oseltamivir than the published ones. Using only the 2 published trials, the reduction in the 24-day risk of LRTC treated with antibiotics is 65% (risk ratio, .35; 95% CI, .15–.82) in the oseltamivir arms.

Our reanalysis has at least 2 limitations.

First, it was not possible to assess the potential benefit for high-risk participants who are hospitalized [13], because the sample size of most studies was too small to consider hospitalization as an outcome.

Second, the data in these studies were collected in an era without viral resistance to oseltamivir. The effectiveness of oseltamivir may be different now.

ACLU

Amanda Simon

President Obama signs Indefinite Detention Bill into Law

American Civil Liberties Union (ACLU), 31 December 2011, 4:26
https://www.aclu.org/press-releases/president-obama-signs-indefinite-detention-bill-law

President Obama signed the National Defense Authorization Act (NDAA) into law today. The statute contains a sweeping worldwide indefinite detention provision. While President Obama issued a signing statement saying he had "serious reservations" about the provisions, the statement only applies to how his administration would use the authorities granted by the NDAA, and would not affect how the law is interpreted by subsequent administrations. The White House had threatened to veto an earlier version of the NDAA, but reversed course shortly before Congress voted on the final bill.

"President Obama's action today is a blight on his legacy because he will forever be known as the president who signed indefinite detention without charge or trial into law," said Anthony D. Romero, ACLU executive director. "The statute is particularly dangerous because it has no temporal or geographic limitations, and can be used by this and future presidents to militarily detain people captured far from any battlefield. The ACLU will fight worldwide detention authority wherever we can, be it in court, in Congress, or internationally."

Under the Bush administration, similar claims of worldwide detention authority were used to hold even a U.S. citizen detained on U.S. soil in military custody, and many in Congress now assert that the NDAA should be used in the same way again. The ACLU believes that any military detention of American citizens or others within the United States is unconstitutional and illegal, including under the NDAA. In addition, the breadth of the NDAA's detention authority violates international law because it is not limited to people captured in the context of an actual armed conflict as required by the laws of war.

"We are incredibly disappointed that President Obama signed this new law even though his administration had already claimed overly broad detention authority in court," said Romero. "Any hope that the Obama administration would roll back the constitutional excesses of George Bush in the war on terror was extinguished today. Thankfully, we have three branches of government, and the final word belongs to the Supreme Court, which has yet to rule on the scope of detention authority. But Congress and the president also have a role to play in cleaning up the mess they have created because no American citizen or anyone else should live in fear of this or any future president misusing the NDAA's detention authority."

The bill also contains provisions making it difficult to transfer suspects out of military detention, which prompted FBI Director Robert Mueller to testify that it could jeopardize criminal investigations. It also restricts the transfers of cleared detainees from the detention facility at Guantanamo Bay to foreign countries for resettlement or repatriation, making it more difficult to close Guantanamo, as President Obama pledged to do in one of his first acts in office.

thebmj

Tom Jefferson, Mark Jones, Peter Doshi,
Elizabeth A Spencer, Igho Onakpoya, Carl J Heneghan

Oseltamivir for influenza in adults and children: systematic review of clinical study reports and summary of regulatory comments

BMJ, 9 April 2014;348:g2545.
doi: 10.1136/bmj.g2545. PMID: 24811411; PMCID: PMC3981975.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3981975/

Abstract

…

Results: From the European Medicines Agency and Roche, we obtained clinical study reports for 83 trials. We included 23 trials in stage 1 (reliability and completeness screen) and 20 in stage 2 (formal analysis).

In treatment trials on adults, oseltamivir reduced the time to first alleviation of symptoms by 16.8 hours (95% confidence interval 8.4 to 25.1 hours, P<0.001).

There was no effect in children with asthma, but there was an effect in otherwise healthy children (mean difference 29 hours, 95% confidence interval 12 to 47 hours, P=0.001).

In treatment trials there was no difference in admissions to hospital in adults (risk difference 0.15%, 95% confidence interval -0.91% to 0.78%, P=0.84) and sparse data in children and for prophylaxis.

In adult treatment trials, oseltamivir reduced investigator mediated unverified pneumonia (risk difference 1.00%, 0.22% to 1.49%; number needed to treat to benefit (NNTB) 100, 95% confidence interval 67 to 451). The effect was not statistically significant in the five trials that used a more detailed diagnostic form for "pneumonia," and no clinical study reports reported laboratory or diagnostic confirmation of "pneumonia." The effect on unverified pneumonia in children and for prophylaxis was not significant. There was no significant reduction in risk of unverified bronchitis, otitis media, sinusitis, or any complication classified as serious or that led to study withdrawal. 14 of 20 trials prompted participants to self report all secondary illnesses to an investigator.

Oseltamivir in the treatment of adults increased the risk of nausea (risk difference 3.66%, 0.90% to 7.39%; number needed to treat to harm (NNTH) 28, 95% confidence interval 14 to 112) and vomiting (4.56%, 2.39% to 7.58%; 22, 14 to 42).

In treatment of children, oseltamivir induced vomiting (5.34%, 1.75% to 10.29%; 19, 10 to 57). In prophylaxis trials, oseltamivir reduced symptomatic influenza in participants by 55% (3.05%, 1.83% to 3.88%; NNTB 33, 26 to 55) and households (13.6%, 9.52% to 15.47%; NNTB 7, 6 to 11) based on one study, but there was no significant effect on asymptomatic influenza and no evidence of a reduction in transmission.

In prophylaxis studies, oseltamivir increased the risk of psychiatric adverse events during the combined "on-treatment" and "off-treatment" periods (risk difference 1.06%, 0.07% to 2.76%; NNTH 94, 36 to 1538) and there was a dose-response effect on psychiatric events in two "pivotal" treatment trials of oseltamivir, at 75 mg (standard dose) and 150 mg (high dose) twice daily (P=0.038). In prophylaxis studies, oseltamivir increased the risk of headaches on-treatment (risk difference 3.15%, 0.88% to 5.78%; NNTH 32, 18 to 115), renal events with treatment (0.67%, -0.01% to 2.93%), and nausea while receiving treatment (4.15%, 0.86% to 9.51%; NNTH 25, 11 to 116).

Conclusions:

In prophylactic studies oseltamivir reduces the proportion of symptomatic influenza. In treatment studies it also modestly reduces the time to first alleviation of symptoms, but it causes nausea and vomiting and increases the risk of headaches and renal and psychiatric syndromes. The evidence of clinically significant effects on complications and viral transmission is limited because of rarity of such events and problems with study design. The trade-off between benefits and harms should be borne in mind when making decisions to use oseltamivir for treatment, prophylaxis, or stockpiling.

The Telegraph

Sarah Knapton

Tamiflu: drugs given for swine flu 'were waste of £500m'

The Telegraph, 10 Apr 2014, 12:01AM BST
https://www.telegraph.co.uk/news/health/swine-flu/10756200/Tamiflu-drugs-given-for-swine-flu-were-waste-of-500m.html

Drug Tamiflu does nothing to halt the spread of influenza and Government wasted nearly £500 million stockpiling it over swine flu pandemic, study finds.

The drug Tamiflu, given to tens of thousands of people during the swine flu pandemic, does nothing to halt the spread of influenza and the Government wasted nearly £500 million stockpiling it, a major study has found.

The review, authored by Oxford University, claims that Roche, the drug's Swiss manufacturer, gave a "false impression" of its effectiveness and accuses the company of "sloppy science".

The study found that Tamiflu, which was given to 240,000 people in the UK at a rate of 1,000 a week, has been linked to suicides of children in Japan and suggested that, far from easing flu symptoms, it could actually worsen them.

Roche claimed at the time of the 2009 swine flu outbreak that trials had shown that it would reduce hospital admissions and complications such as pneumonia, bronchitis or sinusitis.

Based on the results, the Department of Health bought around 40 million doses of Tamiflu at a cost of £424 million and prescribed it to around 240,000 people. In 2009, 0.5 per cent of the entire NHS budget was spent on the drug.

However, researchers from The Cochrane Collaboration, a not-for-profit organization which carries out reviews of health data, found that Tamiflu only cut flu-like symptoms from seven days to 6.3 days and there was no evidence of a reduction in hospital admissions.

Eight children who took the drug in Japan ended up committing suicide after suffering psychotic episodes. Other side effects included kidney problems, nausea, vomiting and headaches.

Many people reported feeling anxious or depressed when taking the drug.

Data from 20 trials of Tamiflu also suggested that it prevented some people from producing sufficient numbers of their own antibodies to fight infection.

Dr Carl Henegen, professor of evidence-based medicine at Oxford, said: "This drug was given to 1,000 people a week over a phone line, but it was no better for symptom relief than over-the-counter medication – and you're talking about potentially serious complications. I wouldn't prescribe it to my patients."

Dr Tom Jefferson, an epidemiologist with The Cochrane Collaboration, added: "The stuff is toxic. It increased the risk of psychiatric events, headaches and renal events in one in 150 people. People reported nausea, vomiting and constriction of the airways. In Japan eight children jumped out of windows and committed suicide." The report's authors said they had struggled to obtain the original trial data from Roche, which initially claimed it was confidential.

The Government began stockpiling Tamiflu in 2006 over fears about bird flu after it was approved by the National Institute of Health and Clinical Excellence. It is not widely prescribed for regular flu.

Roche said it “fundamentally disagrees” with the latest findings.

Dr Daniel Thurley, the company’s UK medical director, added: “We disagree with the overall conclusions of this report. Roche stands behind the wealth of data for Tamiflu and the decisions of public health agencies worldwide, including the US and European Centres for Disease Control and Prevention and the World Health Organisation.

“The report’s methodology is often unclear and inappropriate, and their conclusions could potentially have serious public health implications. Neuraminidase inhibitors are a vital treatment option for patients with influenza.”

The Department of Health said that Tamiflu had a “proven record” of safety, quality and efficacy. But a spokesman said health officials would consider the latest Cochrane review “closely”.

The review is published on Thursday in the British Medical Journal [*Oseltamivir* = *Tamiflu*].

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Jefferson T, Jones M, Doshi P, Spencer EA, Onakpoya I, Heneghan CJ.

Oseltamivir for influenza in adults and children: systematic review of clinical study reports and summary of regulatory comments. BMJ. 2014 Apr 9;348:g2545. doi: 10.1136/bmj.g2545. PMID: 24811411; PMCID: PMC3981975. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3981975/

REUTERS

Kate Kelland

Stockpiles of Roche Tamiflu drug are waste of money, review finds

Reuters, 10 April 2014, 1:47 pm EDT
https://web.archive.org/web/20140410191430/http://www.reuters.com/article/2014/04/10/us-roche-hldg-novartis-search-idUSBREA390EJ20140410

(Reuters) - Researchers who have fought for years to get full data on Roche's flu medicine Tamiflu said on Thursday that governments who stockpile it are wasting billions of dollars on a drug whose effectiveness is in doubt.

In a review of trial data on Tamiflu, and on GlaxoSmithKline's flu drug Relenza, scientists from the respected research network the Cochrane Review said that while the medicines can shorten flu symptoms by around half a day, there is no good evidence behind claims they cut hospital admissions or lessen complications of the disease.

"There is no credible way these drugs could prevent a pandemic," said Carl Heneghan, one of the lead investigators of the review and a professor of evidence-based medicine at Britain's Oxford University.

The review's main findings were that the medicines had few if any beneficial effects, but did have adverse side effects that were previously dismissed or overlooked.

"Remember, the idea of a drug is that the benefits should exceed the harms," Heneghan said. "So if you can't find any benefits, that accentuates the harms."

Yet Roche, which has been under fire for several years over its refusal to allow the Cochrane team unrestricted access to Tamiflu data, rejected the findings, saying it "fundamentally disagrees with the overall conclusions" of their study.

"We firmly stand by the quality and integrity of our data ... and subsequent real-world evidence demonstrating that Tamiflu is an effective medicine in the treatment and prevention of influenza," it said in a statement.

Tamiflu sales hit almost $3 billion in 2009 - mostly due to its use in the H1N1 flu pandemic - but they have since declined.

The drug, one of a class of medicines known as neuraminidase inhibitors, is approved by regulators worldwide and is stockpiled in preparation for a potential global flu outbreak. It is also on the World Health Organization's "essential medicines" list.

The United States has spent more than $1.3 billion buying a strategic reserve of antivirals including Tamiflu, while the British government has spent almost 424 million pounds ($703 million) on a stockpile of some 40 million Tamiflu doses.

"Down The Drain"

Heneghan's team say their analysis is the first based on full data - from 20 trials of Tamiflu, known generically as oseltamivir, and 26 trials of Relenza, also known as zanamivir.

At a briefing in London about their findings, Heneghan said the money spent on stockpiles "has been thrown down the drain" because, until now, the full data had not been seen by regulators, governments, doctors or patients.

"The original evidence presented to government agencies around the world was incomplete," said Fiona Godlee, editor of the British Medical Journal which has spearheaded a four-year campaign to force Roche to reveal all its Tamiflu data.

"And when they (the Cochrane review team) eventually received the full information on these drugs, the complete evidence gives a very much less positive picture."

But the European Medicines Agency (EMA) - which approved the drug for sale in Europe - disputed the claim they had not seen all the Tamiflu data.

Enrica Alteri, head of medicines evaluation, said EMA had seen and reviewed all 20 studies referred to in the review, and this new analysis did not raise any fresh concerns or alter the agency's assessment that Tamiflu's benefits outweigh its risks.

Wendy Barclay, a flu expert at Imperial College London with no links to the Cochrane Review or the drugs, said she still felt the benefits were worthwhile, particularly in a pandemic.

"If another pandemic came tomorrow, and the government had no drug with which to treat thousands of influenza infected patients, I imagine there would be a public outcry," she said.

The Cochrane review found that compared with a placebo, or dummy pill, Tamiflu led to a quicker alleviation of flu-like symptoms of around half a day (down from 7 days to 6.3 days) in adults, but the effect in children was more uncertain.

There was no evidence of a reduction in hospitalizations or in flu complications like pneumonia, bronchitis, sinusitis or ear infections in either adults or children, Heneghan's team said, and Tamiflu also increased the risk of nausea and vomiting in adults by around 4 percent and in children by 5 percent.

Godlee described the battle with Roche as a "really lengthy cat and mouse, Alice in Wonderland, bizarre experience of trying to get data on a drug which governments around the world were busy buying, stockpiling and spending billions of dollars on".

"Why did no-one else demand this level of scrutiny before spending such huge sums on one drug?" she said. "The whole story gives an extraordinary picture of the entrenched flaws in the current system of drug regulation and drug evaluation." ($1 = 0.6028 British Pounds)

=>

Jefferson T, Jones M, Doshi P, Spencer EA, Onakpoya I, Heneghan CJ.

Oseltamivir for influenza in adults and children: systematic review of clinical study reports and summary of regulatory comments. BMJ. 2014 Apr 9;348:g2545. doi: 10.1136/bmj.g2545. PMID: 24811411; PMCID: PMC3981975. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3981975/

Jennifer Griffin, Brian Wilson

Military Poised to Help FEMA Battle Swine Flu Outbreak

Fox News, 24 December 2015 4:01 PM EST
https://www.foxnews.com/politics/military-poised-to-help-fema-battle-swine-flu-outbreak

The Pentagon is preparing to make troops available if necessary to help the Federal Emergency Management Agency tackle a potential outbreak of the H1N1 virus this fall, FOX News has confirmed.

This comes as a government panel recommends certain groups be placed at the front of the line for swine flu vaccinations this fall, including pregnant women, health care workers and children six months and older.

The Advisory Committee on Immunization Practices panel also said those first vaccinated should include parents and other caregivers of infants; non-elderly adults who have high-risk medical conditions, and young adults ages 19 to 24. The panel, whose recommendations typically are adopted by federal health officials, voted to set vaccination priorities for those groups Wednesday during a meeting in Atlanta.

Obama administration officials told Congress that H1N1 vaccinations won't be available for several months.

Defense Secretary Robert Gates is preparing to sign an order authorizing the military to set up five regional teams to deal with the potential outbreak of H1N1 influenza if FEMA requests help.

A senior U.S. defense official told FOX News that the plan calls for military task forces to work in conjunction with the FEMA. No final decision has been reached on how the military effort would be manned, but one source said it likely would include personnel from all branches of the military.

It is not known how many troops would be needed and whether they would come from the active duty or the National Guard and Reserve forces.

In the event of a major outbreak, civilian authorities would lead any relief efforts, the official said. The military, as it would for a natural disaster or other significant emergency situation, could provide support and fulfill any tasks that civilian authorities could not, such as air transport or testing of large numbers of viral samples from infected patients.

As a first step, military leaders have asked Gates to authorize planning for the potential assistance.

Orders to deploy actual forces would be reviewed later, depending on how much of a health threat the flu poses this fall, the officials said

BIG Picture | ИСТОРИЯ ПУТЕШЕСТВИЯ КУЛЬТУРА ЛОНГРИДЫ ALIEXPRESS ВСЕ РУБРИКИ

Наблюдая за пандемией свиного гриппа

BIG Picture, 26 October 2009 – 9 November 2009
https://bigpicture.ru/nablyudaya-za-pandemiej-svinogo-grippa/#more-19411

Работники здравоохранения по всему миру начинают массовую вакцинацию и отслеживают прогресс распространения вируса H1N1/09 (также называемого в СМИ «свиным гриппом»). Представители Всемирной организации здравоохранения недавно заметили, что вирус просочился практически во все страны мира, добравшись даже до отдаленных племен Венесуэлы и аборигенов Австралии. Хотя количество смертей от свиного гриппа остается низким (на данный момент 7000) по сравнению с уровнем смертности в период обычного сезонного гриппа (несколько сот тысяч смертей в год), медицинские работники озабочены нестабильностью вируса H1N1/09 и его тенденцией поражать молодых, более здоровых людей. В этом выпуске собраны фотографии, объединенные темой борьбы со свиным гриппом по всему миру.

2. Афганский мальчик продает защитные маски на рынке в Кабуле в понедельник 9 ноября 2009 года. В Афганистане от свиного гриппа погибло 11 человек. В этой стране сотни афганцев и международных войск борются с болезнью и участившимися действиями повстанческих сил. Афганское министерство здравоохранения сообщило в понедельник, что 710 случаев заражения свиным гриппом из 779 вообще произошли среди военных.

5. Лиза Фоли (В центре) смотрит, как врач Лана Пета вводит вакцину против гриппа H1N1 ее 5-летней дочери Мэдди в конгрегационалистской церкви Уэллесли Хиллся, Штат Массачусетс, в субботу 7 ноября 2009 года. Минздрав Уэллесли предоставил клинике 200 доз вакцины для детей от 2 до 19 лет.

6. Премьер-министр Украины Юлия Тимошенко в маске во время визита в районную больницу в Луцке в 400 км от Киева в понедельник 9 ноября 2009 года. Выборы президента Украины, запланированные на январь, могут быть отложены из-за свиного гриппа. Об этом официально заявили представители украинского правительства. (AP Photo/Aleksandr Prokopenko)

13. Молодой человек в противогазе в западно-украинском городе Львове 4 ноября 2009 года. Всемирная организация здравоохранения сообщает, что большая часть случаев гриппа на Украине были вызваны вирусом H1N1.

33. Тайваньскому президенту Ма Ин-цзю делают прививку против вируса гриппа H1N1 в начальной школе в округе Тайбэй 16 ноября 2009 года. Ма решил сделать прививку в знак поддержки вакцинации.

Totality of Evidence

Pre-Pandemic Timeline
Chronological order of significant global,
Australian and SA data points leading up to the COVID-19 Pandemic.

Totality of Evidence, 2023
https://totalityofevidence.com/pandemic-timeline/pre-pandemic-2000-2015/

...

On May 19, 2008, the WHO **Global Initiative on Sharing All Influenza Data** (GISAID) was launched at the 61st WHA as a public online database for influenza data, on the back of Indonesia's 2007 bird flu and the mainstream media's attention. [1, 2, 3] The initial funding to "kickstart the development of GISAID's EpiFlu™ database application" was provided by US HHS.

...

October 25, 2008, representatives from more than 120 countries and 26 international and regional organizations attended the 2008 International Ministerial Conference on Avian and Pandemic Influenza in Sharm el-Sheikh, Egypt. During this meeting, "**Contributing to One World, One Health**™ – A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface" was officially released. [1]

The document was put together based on recommendations of the 2007 International Ministerial Conference on Avian and Pandemic Influenza in New Delhi where FAO , OIE , WHO , UNICEF , the World Bank, and the United Nations System Influenza Coordination (UNSIC), said to be "built on the lessons learned from the highly pathogenic H5N1 avian influenza response during the early 2000's and presented a strategy for applying the One Health concept to emerging infectious diseases at the animal-human-ecosystem interface." [2, 3]

...

January 1, 2009 - New system for monitoring global health events:

EU Medical Information System (MedISys) is an internet monitoring and analysis system developed and managed by JRC, provides global Public Health focused events surveillance, which upon automated threat analysis will generate alerts.

The information processed by MedISys is derived from the Europe Media Monitor (EMM) also developed by the Europe's Joint Research Center (JRC). EMM developed around 2009

February 1, 2009 - Lipid Nanoparticle developer Acuitas Therapeutics is founded:

Acuitas Therapeutics is a private company incorporated in British Columbia, Canada. They were founded in February 2009 (initially as AlCana Technologies). Their "goal is to apply nanotechnology delivery solutions to improve the therapeutic options available to patients." They are the developers of the lipid nanoparticle (LNP) used to delivery mRNA code into cells. [1, 2]

May 6, 2009 - WHO changes the definition of a 'pandemic'

In May 2009 the WHO lowered the standards for defining a pandemic, not taking into account the number of infections and death (page 9, point 25), allowing for a 'pandemic' to be declared when a new virus is NOT causing serious harm to most of the population.

A 'pandemic' post-May 2009 can be declared simply if "a disease epidemic occurs when there are more cases of that [new] disease than normal." Previously an "enormous number of deaths and illness" was included in the criteria.

By changing the definition of "pandemic" in 2009 the WHO can declare a PHEIC for the seasonal flu across the globe, excessive mortality and relative lethality are no longer a criteria to be considered. Declaring a PHEIC is grounds for using vaccines under emergency status.

On the same day Jaques Attali, a French political theorist and special advisor to presidents wrote:
History teaches us that humanity only evolves significantly when it is truly **afraid**. The [H1N1 swine flu] pandemic that is beginning could trigger one of these structuring fears. We will then come to the point, much more quickly than would have been possible on economic grounds alone, *of putting in place the foundations of a true world government*. [See: 6 May 2009]

June 11, 2009 - WHO declares H1N1 influenza a pandemic
In 2009, a new H1N1 influenza virus emerged, causing the first global flu pandemic in 40 years, called Swine Flu.
On June 11, 2009, the World Health Organization (WHO) declared it a pandemic and raised the worldwide pandemic alert level to phase 6, which means the virus was spreading to other parts of the world. A month earlier the definition of pandemic was changed! [1, 2]
There was a big push for a fast-tracked vaccine, and 4 months after the declared pandemic, in October 2009 the vaccines rolled out, with manufacturers indemnified! Depending on the countries regulator, clinical trials were either 4 weeks in a few people or not required at all "as many clinical trials were done with similar annual vaccine preparation, and the **assumption** is that the new pandemic vaccine will behave similarly," thus shortening the timeline of for approval. [11]
England had ordered 132 million doses before there was any trial data. Only 6 million people, mainly pregnant women and children took the vaccine. The US CDC in July 2009 stopped testing, and said to diagnose "probable" or "presumed" as H1N1, thus exaggerating cases, but also advised recovered patients to "go ahead and get vaccinated anyway". [5, 6]
In August 2010, a few months into vaccine roll out Finland, Sweden and Iceland identified a problem in children and adolescents who developed narcolepsy. [4, 7] In February 8, 2011 the WHO reported 12 countries with narcolepsy cases, but advised to vaccinate anyway as it appears to be associated with only GSK Pandemrix vaccine and not a "general worldwide phenomenon". The vaccine was also attributed to febrile convulsions and miscarriage.
It took until 2013 before public health England acknowledged they had a narcolepsy problem too, and only 11 years later, in 2020 did public health England published more data that says in retrospect it was worse than we thought! [3, 8, 9, 10]

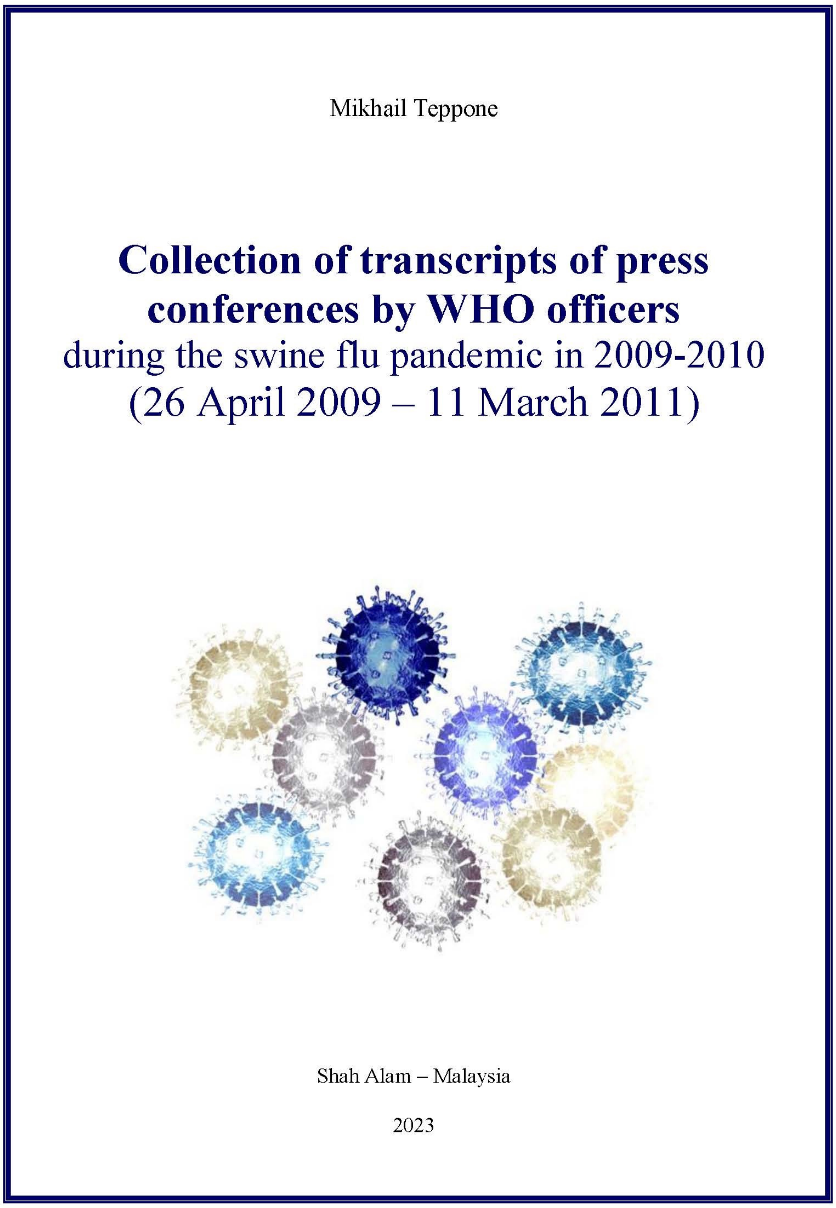
September 2, 2009
Pharmaceutical giant Pfizer agrees to pay $2.3 billion for fraudulent marketing with the intent to defraud or mislead. This is the largest health care fraud settlement in the US Justice Department's history. [1, 2, 3, 4]
In 2009 Pfizer's total revenue was around $50 billion, with a declining trend from 2011 to 2020. [5]. Vaccine revenue in 2021 are responsible for 60% of Pfizer's sales, with an expected $36 billion from vaccines alone!
Will this Big Pharma company be a repeat offender in 2020?

October 1, 2009
October 2009, the U.S. Agency for International Development (USAID) launched the **Emerging Pandemic Threats** program (**EPT-1**), a 5-year program targeting "the early detection of new disease threats; enhanced 'national-level' preparedness and response capacities for their effective control; and a reduction in the risk of disease emergence by minimizing those practices and behaviors that trigger the 'spill-over and spread' of new pathogens from animal reservoirs to humans." [1, 2]
This effort "grew out of a recognition that we are now in an era of new, re-emerging and recurring global health threats that argue for a longer-term, more strategic approach to global health security."
"EPT-1 and Avian Influenza work has been focused on building those capacities and expanding the evidence base that contributes to mitigating the impact of **novel** "high consequence pathogens" arising from animals."
In 2014 **EPT-2** was born which "will also make major contributions to the Global Health Security Agenda to more effectively address threats posed by the natural emergence of new disease threats, as well as the intentional and/or accidental release of dangerous pathogens." **... etc.**

Mikhail Teppone

Collection of transcripts of press conferences
by WHO officers during the swine flu pandemic in 2009-2011
(26 April 2009 - 11 March 2011)

Shah Alam, Malaysia, 2023, 409 p.
DOI: 10.13140/RG.2.2.29361.66409/3
https://archive.org/details/pandemic-h-1-n-1-2009



This Collection was prepared in the course of research on Swine Flu Pandemic that was discussed in 2009-2010. The need for this collection is due to the fact that some of the web pages with the press briefings have been removed from the original sites and have been preserved only in the web archive. The Collection has been prepared for research and education purposes to encourage further studies related to influenza pandemics that have occurred in the XXI century.

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CDC Web Archive

CDC Briefing on Public Health Investigation of Human Cases of Swine Influenza

- 23 April 2009, 3:30 p.m. EST
CDC Briefing on Public Health Investigation of Human Cases of Swine Influenza
https://web.archive.org/web/20090426093348/https://www.cdc.gov/media/transcripts/2009/t090423.htm
- 24 April 2009, 2:30 p.m. EST
CDC Briefing on Public Health Investigation of Human Cases of Swine Influenza
https://web.archive.org/web/20230610174050/https://www.cdc.gov/media/transcripts/2009/t090424.htm
- 25 April 2009, 1:00 p.m. EST
Media Available on CDC Investigation of Human Cases of Swine Influenza
https://web.archive.org/web/20230405163554/https://www.cdc.gov/media/transcripts/2009/t090425.htm
- 26 April 2009, 3:00 p.m. EST
Media Available on CDC Investigation of Human Cases of Swine Influenza
https://web.archive.org/web/20230406061859/https://www.cdc.gov/media/transcripts/2009/t090426.htm
- 27 April 2009, 1:00 p.m. EST
CDC Media Availability on Human Swine Influenza Cases (probable cases – first questions)
https://web.archive.org/web/20230513232241/https://www.cdc.gov/media/transcripts/2009/t090427.htm
- 28 April 2009, 2:30 p.m. EST
CDC Briefing on Public Health Investigation of Human Cases of Swine Influenza
https://web.archive.org/web/20090429191748/https://www.cdc.gov/media/transcripts/2009/t090428.htm
- 30 April 2009, 11:30 a.m. EST
CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Influenza)
https://web.archive.org/web/20230406091521/https://www.cdc.gov/media/transcripts/2009/t090430.htm

- 1 May 2009, 1:15 p.m. EST
CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Influenza)
https://web.archive.org/web/20230406014225/https://www.cdc.gov/media/transcripts/2009/t090501.htm
- 2 May 2009, 12:00 p.m. EST
CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Influenza)
https://web.archive.org/web/20230405163629/https://www.cdc.gov/media/transcripts/2009/t090502.htm
- 3 May 2009, 1:00 p.m. EST
CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Influenza)
https://web.archive.org/web/20230406091522/https://www.cdc.gov/media/transcripts/2009/t090503.htm
- 4 May 2009, 1 p.m. EST
CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Flu)
https://web.archive.org/web/20090505083849/https://www.cdc.gov/media/transcripts/2009/t090504.htm
- 5 May 2009, 11 a.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406014228/https://www.cdc.gov/media/transcripts/2009/t090505.htm
- 6 May 2009, 1:00 p.m. EST
CDC Briefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406014225/https://www.cdc.gov/media/transcripts/2009/t090506.htm
- 7 May 2009, 12:00 p.m. EST
CDC Briefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406061901/https://www.cdc.gov/media/transcripts/2009/t090507.htm
- 8 May 2009, 1:00 p.m. EST
CDC Briefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406163012/https://www.cdc.gov/media/transcripts/2009/t090508.htm
- 9 May 2009, 11:00 a.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406091525/https://www.cdc.gov/media/transcripts/2009/t090509.htm

- 9 May 2009, 11:00 a.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406091525/https://www.cdc.gov/media/transcripts/2009/t090509.htm
- 11 May 2009, 1:00 p.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406032528/https://www.cdc.gov/media/transcripts/2009/t090511.htm
- 12 May 2009, 12:30 a.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406014229/https://www.cdc.gov/media/transcripts/2009/t090512.htm
- 15 May 2009, 1:30 p.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230405163555/https://www.cdc.gov/media/transcripts/2009/t090515.htm
- 18 May 2009, 12:00 p.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406061858/https://www.cdc.gov/media/transcripts/2009/t090518.htm
- 19 May 2009, 12:00 p.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406032530/https://www.cdc.gov/media/transcripts/2009/t090519.htm
- 20 May 2009, 1:00 p.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406014227/https://www.cdc.gov/media/transcripts/2009/t090520.htm
- 21 May 2009, 12:00 p.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230405163555/https://www.cdc.gov/media/transcripts/2009/t090521.htm
- 22 May 2009, 1:00 p.m. EST
Update on the Novel Influenza A H1N1 Virus and New Findings Published Today
https://web.archive.org/web/20230412083046/https://www.cdc.gov/media/transcripts/2009/t090522.htm
- 22 May 2009, 1:00 p.m. EST
Update on the Novel Influenza A H1N1 Virus and New Findings Published Today
https://web.archive.org/web/20230412083046/https://www.cdc.gov/media/transcripts/2009/t090522.htm
- 28 May 2009, 1:00 p.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406032527/https://www.cdc.gov/media/transcripts/2009/t090528.htm
- 4 June 2009, 12:00 p.m. EST
CDC Telebriefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406163013/https://www.cdc.gov/media/transcripts/2009/t090604.htm
- 11 June 2009, 12:45 p.m. EST
CDC Press Conference on Investigation of Human Cases of Novel Influenza A H1N1
https://web.archive.org/web/20230406032527/https://www.cdc.gov/media/transcripts/2009/t090611.htm
- 11 June 2009, 12:45 p.m. EST
CDC Press Conference on Investigation of Human Cases of Novel Influenza A H1N1
https://web.archive.org/web/20230406032527/https://www.cdc.gov/media/transcripts/2009/t090611.htm
- 18 June 2009, 12:00 p.m. EST
CDC Telebriefing on Investigation of Human Cases of Novel Influenza A (H1N1)
https://web.archive.org/web/20230406014227/https://www.cdc.gov/media/transcripts/2009/t090618.htm
- 26 June 2009, 1:00 p.m. EST
CDC Telebriefing on Investigation of Human Cases of Novel Influenza A (H1N1)
https://web.archive.org/web/20230406091525/https://www.cdc.gov/media/transcripts/2009/t090626.htm
- 17 July 2009, 12:00 p.m. EST
CDC Briefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406091522/https://www.cdc.gov/media/transcripts/2009/t090717.htm
- 24 July 2009, 11:30 p.m. EST
CDC Briefing on Investigation of Human Cases of H1N1 Flu
https://web.archive.org/web/20230406163013/https://www.cdc.gov/media/transcripts/2009/t090724.htm
...

THE FLU CASE

The Jane Burgermeister website - investigating the swine flu pandemic

https://web.archive.org/web/20100102003210/http://www.theflucase.com/

- EU Parliament Passes Resolution To Investigate Falsified Pandemics
- Alex Jones Joins in the Scare Mongering Over The Swine Flu Vaccines
- HAS THE UN STOLEN THE WORLD'S GOLD?
- 2009 in review: A year of FDA censorship, Big Pharma crimes and celebrity drug deaths By Mike Adams
- 'At-risk' Scots face swine flu vaccination programme backlog, reports The Telegraph
- January 2010 Opens With Barrage Of Media Hype Over Swine Flu Pandemic
- MYSTERIOUS CHANGE IN THE WHO DEFINITION OF A PANDEMIC, REPORTS INFORMATION
- Possible Avian Flu Outbreak Affecting Birds In West Bengal, India
- Garlic In China Considered The Swine Flu Fighter Of 2009
- Algerian Doctors Recommend Good Nutrition Instead Of H1N1 Jab
- Iran's Nuclear Programme Not A Threat, Say Officials
- UN Plans To Mint Own Coins
- French Court Rules Carbon Tax Plans Illegal
- WHO Chief Dr Chan Admits She Hasn't Had Swine Flu Vaccine
- Oil-Based Adjuvants Production Destroys Sea Fisheries
- Swine Flu Vaccination Campaign Stalls in France Again
- Swine flu: vaccination campaign to begin in Algeria
- WHO chief says too early to declare flu victory
- FDA Approves A High Dose Seasonal Influenza Vaccine Specifically Intended for People Ages 65 and Older

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etc.

THE FLU CASE

New section for translated articles

Translations - 11 languages

The Flu Case, 14 January 2010 (Last Updated)
https://web.archive.org/web/20101222012246/http://www.theflucase.com/index.php?option=com_content&view=article&id=620&Itemid=64&lang=en

Chinese Czech Dutch French German
Polish Portuguese Spanish Swedish Italian Japanese

Chinese
H1N1 æµ æ„Ÿç–«è‹—
<<å…¬ä¼—ä¿ å ¥é€šå‘Š>>

Czech
obviÅˆuji vás z pÅ™ípravy masové vraÅ¾dy ii

Dutch
Australische Mexicaanse griepvaccinplan in wanorde
De Baxter/WHO zaak
Overzicht van de “Mexicaanse griep” criminele zaak
Gedwongen massale vaccinaties
Helft van Britse huisartsen weigeren het vaccin
Over Jane Burgermeister

French
Un chef de police autrichien est forcé de démissionner alors qu'il enquêtait sur Baxter.
Un chef de police Ã la solde des architectes de la globalisation est chargé de l'affaire Baxter.
La révolution est la solution
Des nanoparticules contenus dans les vaccins non testés
La démocratie est suspendue en Belgique en raison de la pandémie de Grippe A.
GrippeA/H1N1 : Crime de génocide - dépopulation
L’OMS réécrit le dictionnaire et impose sa définition du mot "pandemie"...
Pourquoi je refuse catégoriquement le vaccin contre la grippe H1N1 ?
Bruno Lina : « La vaccination est le pilier de la lutte contre la grippe A »
Un célèbre docteur suédois mis Ã la porte pour ses déclarations négatives sur la vaccination de masse
Les vaccins contre la grippe évités malgré la disponibilité
Un scientifique français estime Ã 50 fois plus grande la probabilité de mourir du vaccin "grippe A/H1H1" que de la grippe elle-même
Des médecins berlinois refusent de lancer une campagne de vaccination massive.
GSK forcé de retirer sa demande de mise en vente d'un nouveau médicament suite aux inquiétudes sur la sécurité.
Le Panenza de Sanofi: le vaccin secret et sans risque pour l'"élite" ?
Deux personnes sont mortes en Suède suite Ã la vaccination contre la grippe A H1N1 : la partie visible de l'iceberg

German
Massen-Zwangsimpfungen
Massengenozid der WHO durch verseuchten Impfstoff gegen „Schweinegrippe“
Beweise fuÌˆr die ToxizitaÌˆt des "Schweinegrippe"-Impfstoffs, insbesondere des Adjuvans (VerstaÌˆrkers) Squalen
Belgien suspendiert Demokratie und BuÌˆrgerrechte im Falle einer “Schweinegrippe”-Pandemie
Anklage auf ein Verbrechen erheben
Gesuche um eine gerichtliche Verfügung
Werden Sie aktiv: Beantragen Sie eine gerichtliche Verfügung
Baxter hat noch immer die 72 Kilo des mit Vogelgrippe verseuchten Impfstoffs: Österreichischer Gesundheitsminister belog das Parlament
Baxter/WHO Case
Brief von Jean-Jacques Crèvecoeur über die Pandemie und den Impfstoff betr. H1N1.
Vogelgrippe-Impfstoff “Pandemrix” wird in Europa zur Behandlung von Schweinegrippe zugelassen
Der Fall Baxter / WHO
Über Jane Bürgermeister
YouTube Videoarchiv
Krankenschwester in New York reicht Klage ein gegen Grippe-Zwangsimpfung
Deutsche Armee erteilt dem Gesundheitsministerium „eine Ohrfeige“ - „einzig richtige Entscheidung“ urteilt dagegen ein deutscher Virologe
Sind wir Zeugen des Niedergangs der Republik oder des wachsenden Widerstands?
Schweinegrippe: Kaum Interesse an der Impfung
Erster Ärztekammer-Chef warnt vor Schweinegrippe-Impfung   Nebenwirkungen sind mir zu gefährlich
Streit um Schweinegrippe-Impfung - Ärzte sauer auf Krankenkassen

GEHEIMNIS UÌˆBER CELTURA-IMPFSTOFF, DER FUÌˆR DEUTSCHLAND UND DIE SCHWEIZ VORGESEHEN IST
Todesfälle in Korea nach der Grippe-Impfung
Lassen Sie Ihr Kind NICHT gegen Grippe impfen – 9 Gründe dagegen
Mehr als die Hälfte aller Schweden wird die Impfung gegen die "Schweinegrippe" verweigern
Beamte sagen uns: „Machen Sie nicht die Schweinegrippe verantwortlich“ – Sie werden sowieso tot umfallen
75% der Finnen wird die "Schweinegrippe"-Impfung nicht nehmen.
Schwedische Ärztin entlassen: „Korruption auf den höchsten Ebenen der WHO!“
10 Fragen über Grippe-Impfstoffe, worauf Ärzte und Gesundheitsbehörden die Antwort verweigern
Has the lethal Novartis vaccine that killed people in Poland been repackaged as the Celtura "swine flu" jab? (article translated)
Vertuschung unter Österreichs Ministern
Der Baxter/WHO Fall
Beweise fuÌˆr die ToxizitaÌˆt des "Schweinegrippe"-Impfstoffs, insbesondere des Adjuvans (VerstaÌˆrkers) Squalen
Könnte ein Nanochip in einer “Schweinegrippe”-Impfung mit Schwermetallen interagieren, so dass Andere Ihre Emotionen steuern können?

Italian

Vaccinazioni forzate di massa
Come emettere dei capi di imputazione
Come chiedere l'emissione di un'ingiunzione
Il caso Baxter/OMS
La Fox News riporta le proteste degli operatori sanitari sulle iniezioni contro "l'influenza suina"
Approvate le iniezioni SENZA ECCIPIENTE della Baxter contro "l'influenza suina"
Nonostante la pubblicitÃ a dosi massicce dei media, un'indagine di Harvard mostra che gli americani sono scettici sulle iniezioni contro "l'influenza suina"
Incontrano resistenze i programmi di vaccinazione dell'intera popolazione da parte del governo irlandese
SOSTIENI WWW.THEFLUCASE.COM
Da dove provengono i 90 milioni di vaccini settimanali per "l'influenza suina"?
Stati, Istituzioni esigono le iniezioni per l'influenza suina per gli operatori sanitari, scrive Emma Hitt
Len Horowitz presenta capi d'imputazione sulla pandemia contro Rockfeller
Azienda produttrice di microchip annuncia dell'altro lavoro sul sistema di localizzazione del H1N1
Un microbiologo sostiene che il vaccino per "l'influenza suina" della Baxter è una bioarma
IL BELGIO SOSPENDE LA DEMOCRAZIA E I DIRITTI CIVILI SULLA PANDEMIA DI "INFLUENZA SUINA"
La Germania e l'Italia ordinano i vaccini H1N1 della cosiddetta "influenza suina" per attenersi alle linee guida dell'OMS sulla vaccinazione obbligatoria
Pensateci prima di fare il vaccino contro "l'influenza suina", dice Shane Ellison, chimico farmaceutico
Un professore canadese appoggia le richieste di uno "zar contro l'influenza" di usare il "bastone" per imporre le vaccinazioni di "anti-suina" a colpi di siringate.
Atto di salute mentale UK cambiato per rendere il rifiuto dell vaccino per l'influenza suina" motivo di essere detenuti negli ospedali
Australiani fra i primi ad ottenere vaccino "influenza suina" che contene il mercurio quando ancora le sperimentazioni iniziali di clinica sono in corso
UN SEGRETO DOCUMENTO DEL REGNO UNITO PARLA DI CENTRI DI VACCINAZIONE “SPECIALIZATI”, DI MASSA MORTI E VACCINAZIONE DEL 100 % DELLA POPOLAZIONE
CEO Baxter implicato nello scandalo di frode
David Icke chiede di non collaborare in massa per combattere la "influenza suina"
IL PIANO DI VACCINAZIONE IN MASSA NEL REGNO UNITO DICHE CHE I CENTRI DI VACCINAZIONE DEVONO ESSERE TENUTI SEGRETI
Nazioni Unite prevede milioni di morti e di anarchia a causa di suina "pandemia LU"
Stati Uniti ordina 29 milioni di dosi maggiori di influenza suina spray nasale che può trasmettere malattie
UN SEGRETO DOCUMENTO DEL REGNO UNITO PARLA DI CENTRI DI VACCINAZIONE “SPECIALIZATI”, DI MASSA MORTI E VACCINAZIONE DEL 100 % DELLA POPOLAZIONE

Japanese

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Polish

Wysoki funkcjonariusz policji w Austrii prowadzÄ…cy Å›ledztwo przeciwko Baxter zmuszony do odejÅ›cia z pracy
Streszczenie sprawy kryminalnej zwiÄ…zanej ze “Å›wiÅ„skÄ… grypÄ…”
WspomóÅ¼ tÄ™ walkÄ™
Ponad poÅ‚owa szwedów odmawia przyjÄ™cia szczepionki na tzw. "Å›winskÄ… grypÄ™"
Komisja Europejska uwaÅ¼a, Å¼e szczepienia przeciwko grypie A/H1N1 sÄ… najlepszym sposobem zapobiegania rozprzestrzenianiu siÄ™ choroby i ochrony obywateli UE

Portuguese

Médicos franceses ameaçam o Ministro da Saúde com ação legal contra os planos secretos de vacinação em massa.
A agência europeia de remédios admite que a vacinação da ‘’gripe suína’’ é um imenso experimento biológico
Vacinação em massa forçada
Proeminente médico austríaco duvída dos numeros dados pela OMS sobre mortes causadas pela 'gripe suína'
Cresce a resistência alemã contra o holocausto genocida por meio de injeção da ‘gripe suína’.
O caso Baxter/WHO
Será que um nanochip na injeção da ‘’vacina suína’’ poderia interagir com metais pesados permitindo que outros controlem suas emoções?
Médicos alemães em aberta rebelião contra a picada de ‘vacina suína’, acusam o govêrno de estar mentindo.
Pesquisa: 75% dos Finlandeses Não Querem a Vacina de Gripe Suína
Dez questões sobre vacinas de gripe que médicos e autoridades de saúde recusam responder.
Partículas nano letais na vacina de ‘gripe suína’, relata William Engdahl
Agora voçê pode imprimir, baixar e enviar e-mails deste website.
Fundação holandesa vai para a corte para descobrir o que tem na vacina
Doutor sueco demitido: "Corrupção nos níveis mais altos da OMS!"
Sumário do caso criminal sôbre ‘vacina suína’
Enfermeiras ficam doentes por causa da vacina de ‘gripe suína’ na Suécia - Última notícia- suspeita de 1 morte

Primeiras mortes na Suécia por causa da vacina da Gripe A (Pandemrix)
PRESIDENTE BARACK OBAMA DECLAROU EMERGÊNCIA NACIONAL – DEVIDO A GRIPE SUÍNA
A Quarta Morte Por Vacina Ocorre Na Suécia
Médica sueca demitida suspeita da OMS
Freira e médica espanhola compartilha informação sobre a ameaça da vacina de gripe suína em um video
Vacinações forçadas e isolamento possíveis sob os poderes de emergência de Obama, informa Mike Adams
Problemas na Suissa com a autorização da vacina de 'gripe suína' Celtura feita for Novartis
Jornalista do jornal alemão Bild informa sôbre cansaço e dor depois do teste com a vacina de 'gripe suína'
A VACINA DE POLIO: UMA AVALIAÇÃO CRÍTICA DE SUA HISTÓRIA, EFICÁCIA E EFEITOS A LONGO PRAZO
Só 3% das pessoas em Cracow, Polonia, tem intenção de receber a picada da gripe suína
As cinco mortes na Suécia após vacina de gripe suína são só a ponta do icebergue
Criança em Ohio é dada vacina de gripe suína apesar da mãe recusar consentimento
OS MEMOS DA OMS - de 1972 e 1973
Equipe da OMS vai investigar as erupções de H1N1 na Ucrania.
PORTUGAL REJEITA A VACINA, PREPARA-SE PARA REVOLUÇÃO SE VACINAÇÃO É FORÇADA
Jornal alemão avisa que não há quase mais nenhum especialista médico independente
Pandemrix não é aprovado na Suiça para mulheres grávidas e crianças abaixo de 18 anos
Pânico na Ucrania enquanto lei marcial paira, relata Infowars Irlanda
Ministro da Saúde francês apaga dados chaves sôbre o custo do contrato para injeções de gripe suína.
Baxter Internacional lançou uma arma biológica?
Irmã Teresa Forcades fala sôbre o caso da gripe (influenza)
Ucrania- Vírus desconhecido está matando pessoas
O silêncio da mídia sôbre mortes causadas por vacina é por causa de contratos com os fabricantes de vacina.
A LISTA VERMELHA – o que os fabricantes de vacina proibem você de saber

Spanish

ALL SPANISH TRANSLATIONS IN ONE FILE HERE!
Resumen de la Causa Penal "gripe porcina"
¡REVUELTA VACUNATORIA!
VACLAV KLAUS SE PARA DESAFIANTE CONTRA EL CUARTO REICH, ANTE LA UNIÓN EUROPEA.
MÁS DE LA MITAD DE LOS SUECOS SE NEGARÁN A LA VACUNACIÓN DE GRIPE PORCINA.
EL GOBIERNO FRANCÉS NO CONSIGUE DOCTORES VOLUNTARIOS PARA TRABAJAR EN LOS CENTROS DE VACUNACIÓN DE LA GRIPE PORCINA.
MONJA Y DOCTORA ESPAÑOLA COMPARTE INFORMACIÓN SOBRE LA AMENAZA DE LA VACUNA DE LA GRIPE PORCINA EN VIDEO.
EL EJERCITO ALEMAN CAMBIARA VACUNAS POR TEMOR A SU INSEGURIDAD.
DOCTORES ISLEÑOS RECHAZAN LA ORDEN DE LA VACUNA DE GRIPE PORCINA.
FAVOR LEER :CONSENTIMIENTO INFORMADO DE LO QUE VIENE EN EL FOLLETO DE LAS VACUNAS H1N1 ; ¡¡¡NO ES LOS QUE NOS DICEN LAS NOTICIAS!!!
HOY DÍA, GUERRA ES PAZ, LIBERTAD ES ESCLAVITUD, IGNORANCIA ES FUERZA.
PROTESTAS CONTRA LA VACUNA EN ALEMANIA CRECEN POR EL RECHAZO DE SU EJERCITO, POR CONSIDERARLAS DEMASIADO PELIGROSAS.
BRITISH MEDICAL JOURNAL LE HACE PROPAGANDA A LA VACUNA TÓXICA DE LA GRIPE PORCINA.
LEY DRACONIANA DE LA GRIPE PORCINA INTRODUCIDA EN PENSILVANIA.
PROFESIONALES DE SALUD BRITÁNICOS RECHAZAN LA VACUNA DE GRIPE PORCINA ; EL GOBIERNO AUMENTA LA PRESIÓN.
AEROPUERTOS CONVIRTIÉNDOSE EN CENTROS DE DETENCIÓN: ¡SE NECESITA CONTRAINICIATIVA YA!
USAR TWITTER PARA ORGANIZAR PROTESTAS EN CASO DE CUARENTENA EN UN AEROPUERTO
INDONESIA PLANEA HACER SU PROPIA "VACUNA DE GRIPE PORCINA" EN UN AÑO.
CRECE LA PROTESTA EN CONTRA DE LOS MEDIOS CORPORATIVOS "ORWELLIANOS".
OMS PLANEA AÑOS DE DICTADURA SO PRETEXTO DE LA "PANDEMIA".
URGENTE TODOS VER EL VIDEO!!! MUY FUERTE: Video Dra. Rauni Kilde (ex Ministra de Salud de Finlandia) 6 minutos
Estaremos siendo testigos de la caida de la republicca â€¦ ¿O de la subdia de la resistencia?
DRA CHAN DE LA OMS ADMITE EN DISCURSO QUE LA "GRIPE PORCINA" ES SUAVE Y NO ESTÁ MUTANDO A MAYOR VIRULENCIA.
¿PLATA COLOIDAL?
SI LOS NORTEAMERICANOS CORREN RIESGOS DE GRIPE, ES POR DEFICIENCIAS NUTRICIONALES.
MIA NONY COMPARA EL ENFOQUE DE LA OMS A LA TOMA DE CONTROL DE PAÍSES CON LA OPERACIÓN DEL VIRUS H1N1.
GENERAL DE LA FUERZA AÉREA TRABAJANDO PARA ROCKEFELLER Y LA ONU FUERZA A SOLDADOS A VACUNARSE, CAPITÁN PLANEA REHUSARSE.
NO PERMITA QUE SUS HIJOS SEAN VACUNADOS CONTRA LA GRIPE (9 RAZONES)
LOS QUE ACEPTEN LA VACUNA DE LA GRIPE PORCINA SON PARTE DEL MAS GRANDE EXPERIMENTO MEDICO DE LA HISTORIA ; ATROCIDAD EVITABLE.
ENFERMERO REGISTRADO EXPLICA LA MORTAL VACUNA DEL H1N1
DIEZ PREGUNTAS DE LAS VACUNAS ANTIGRIPALES QUE LOS DOCTORES Y AUTORIDADES DE SALUD SE NIEGAN A CONTESTAR.
75 % DE FINLANDESES NO SE VACUNARÁN CONTRA LA GRIPE PORCINA.
URGENTE: NIÑOS FRANCESES A PUNTO DE SER VACUNADOS A LA FUERZA EN LA ESCUELA.
Jane Burgermeister invitada a la conferencia de la Anti-Zensur-Koalition, el 31 de octubre
¿REBAUTIZARÍAN LA LETAL VACUNA DE NOVARTIS QUE MATÓ GENTE EN POLONIA COMO "VACUNA DE GRIPE PORCINA CELTURA"?
REPORTES CUESTIONANDO LA VACUNA DE LA GRIPE PORCINA EMPIEZAN A APARECER EN LOS MEDIOS PRINCIPALES EN EUA.
ESCEPTICISMO FRANCÉS SOBRE LA VACUNA DE GRIPE PORCINA LE DA DOLORES DE CABEZA AL GOBIERNO
Forced vaccination provision dropped by Belgian government following protests (article translated)
LA BOFETADA DEL EJERCITO ALEMÁN AL MINISTERIO DE LA SALUD ERA LA ÚNICA DECISIÓN CORRECTA, dice virólogo alemán.
OMS CAMBIA LA CEPA DEL VIRUS DE INFLUENZA ESTACIONAL
EMERGE DOCUMENTO FRANCÉS ORDENANDO A LOS MILITARES VACUNARSE CONTRA LA GRIPE PORCINA.
POPULAR DOCTORA SUECA DESPEDIDA POR SUS DECLARACIONES EN CONTRA DE LA VACUNACIÓN MASIVA DE LA GRIPE PORCINA
NEW SCIENTIST: LAS VACUNAS DE GRIPE PORCINA DESPRECIADAS, A PESAR DE ESTAR DISPONIBLES.
DOCTORES CLAVE EN RHEINLAND-PFALZ, ALEMANIA, SE RETIRAN DE LA CAMPAÑA DE VACUNACIÓN MASIVA DE LA GRIPE PORCINA.
PANENZA DE SANOFI: ¿SERÁ LA VACUNA SECRETA Y SEGURA DE LA "ÉLITE"?

GSK OBLIGADO A RETIRAR NUEVA DROGA SOBRE TEMORES POR SU SEGURIDAD.
MEDICOS EN BERLIN SE NIEGAN A LANZAR CAMPAÑA DE VACUNACIÓN MASIVA CONTRA LA GRIPE PORCINA.
EL PERIÓDICO ALEMÁN MÁS POPULAR DESTACA LA ADVERTENCIA DE FAMOSO DOCTOR SOBRE LA VACUNA DE LA GRIPE PORCINA.
POCOS CUERPOS DE RESPUESTA DE EMERGENCIA RESPONDEN AL PRIMER LLAMAMIENTO EU EUA PARA LA VACUNA NASAL EN AEROSOL.
MINISTRA DE SALUD DICE QUE "EL 100%" DE LOS CANADIENSES RECIBIRÁN LA VACUNA DE LA GRIPE PORCINA: LA CAMPAÑA ESTARÁ TERMINADA PARA NAVIDAD.
DR LEN HOROWITZ LEVANTA CONSCIENCIA DE LA AMENAZA DE LA VACUNA DE LA GRIPE PORCINA AL MUNDO ÁRABE.
ENORME CENTRO DEPORTIVO EN ALEMANIA SE USARÍA PARA VACUNAR A 15.OOO PERSONAS DIARIAS
MISTERIO DE LA VACUNA "CELTURA" PLANEADA PARA ALEMANIA Y SUIZA
VACUNACIONES EN RUSIA COMENZARÁN EN NOVIEMBRE CON IFLUVIR Y PANDEFLU
ISRAEL DICE QUE SU "VACUNA DE GRIPE PORCINA" NASVAX ESTÁ HACIENDO PROGRESOS.
LOS PRINCIPALES MEDIOS ALEMANAS ATACAN LA VACUNA DE LA GRIPE PORCINA
OJO ver video suprimido por OMS (en ingles)
PROYECTO DE LEY DRACONIANO DE LA "PANDEMIA PORCINA" ATRAVIESA LA CASA DE REPRESENTANTES DE MASSACHUSETTS.
ABOGADOS BELGAS TOMAN ACCIONES PARA DETENER LA VACUNACIÓN MASIVA.
"PRIMEROS EFECTOS SECUNDARIOS" REPORTADOS EN SUECIA.
OFICIALES DICEN: NO LE ECHEN LA CULPA A LA VACUNA, VAN A CAER MUERTOS DE TODOS MODOS.
VACUNA DE GRIPE PORCINA ENCARGADA PARA TODAS LAS FUERZAS BRITÁNICAS EN AFGANISTÁN: ¿PERO... CUAL VACUNA?
"NOSOTROS, EL PUEBLO, NO SEREMOS MARCADOS CON EL MICROCHIP": documental sobre IBM and Verichip
MISTERIOSO RETRASO EN EUA CON LAS ENTREGAS DE VACUNA DE GRIPE PORCINA
MEDICOS ALEMANES EN REBELION ABIERTA CONTRA LA VACUNA DE GRIPE PORCINA Y ACUSANDO AL GOBIERNO DE MENTIR.
PRINCIPALES OFICIALES DEL GOBIERNO ALEMÁN TOMARÁN VACUNA DE GRIPE PORCINA "ESPECIAL", CREANDO UN NUEVO ESCÁNDALO.
TRABAJADORES DE SALUD DE NUEVA YORK NO ESTARÁN OBLIGADOS A VACUNARSE DEL H1N1 â€¦ POR AHORA.
LA VACUNA DE LA POLIO: UN ANÁLISIS CRÍTICO DE SU HISTORIA ARCANA, SU EFICACIA Y SUS CONSECUENCIAS DE SALUD A LARGO PLAZO.
FUNDACION HOLANDESA SALE A LA CORTE A INVESTIGAR QUÉ HAY EN LA VACUNA.
¿PUEDE UN NANOCHIP DE LA VACUNA DE GRIPE PORCINA INTERACTUAR CON METALES PESADOS PARA CONTROLAR SUS EMOCIONES?
MISTERIO EN LA DECISIÓN DE BAXTER DE ELIMINAR LOS ADYUVANTES Y EL MERCURIO DEL CELVAPAN.
CIENTÍFICO BELGA CALCULA QUE SE TIENEN 50 VECES MÁS RIESGOS DE MUERTE POR LA VACUNA DE LA GRIPE PORCINA QUE POR LA GRIPE.
SPIEGEL SUENA LAS CAMPANAS MORTALES DE LA VACUNACIÓN MASIVA DE GRIPE PORCINA EN ALEMANIA.
Gobierno alemán instala callcenters de propaganda para la vacunación
URGENTE: LA VACUNACION DE LOS NIÑOS DE FLORIDA EN LAS ESCUELAS COMENZARÁ EL MARTES.
ALREDEDOR DE 75 % DE LOS BOMBEROS DE CHANDLER, ARIZONA, RECHAZAN LA VACUNA NASAL DE LA GRIPE PORCINA.
PRIMER MINISTRO DE REINO UNIDO SUBE LA PROPAGANDA DEL IMPUESTO DE CARBONO.
OMS PRESENTA MÁS ACTUALIZACIONES FICTICIAS DE LA GRIPE PORCINA
RASTREO DE LA VACUNA DE LA GRIPE PORCINA DE CDC MUESTRA QUE 6 MILLONES DE DOSIS YA HAN SIDO DISTRIBUIDAS DENTRO DE LOS EUA.
CANADIENSES PROTESTAN LA LEY DRACONIANA "BILL C6"
EL PROGRAMA DE VACUNACIÓN DE 6.4 BILLONES DE DÓLARES DE EUA PONDRÁ AL SECTOR SALUD BAJO UNA PRESIÓN SIN PRECEDENTES, SEGÚN EXPERTOS.
"GRIFO OXIDADO"
NERVIOS DE PUNTA.
CARTAS DE LA GIRPE PORCINA ARRANCAN EN REINO UNIDO.
PRIMEROS TRABAJADORES DE SALUD DE REINO UNIDO RECIBEN SU VACUNA HOY
CAMPAÑA DE VACUNACIÓN FRANCESA MASIVA COMIENZA MAÑANA: EL SECTOR SALUD SERÁ VACUNADO PRIMERO.
GOBIERNO ALEMÁN ALEGA QUE TOMARÁ UNA VACUNA DIFERENTE "PORQUE ES MÁS BARATA"
ALEMANES EMPIEZAN A VER LA INTENCIÓN GENOCIDA DE SU GOBIERNO.
GLAXOSMITHKLINE DICE QUE GOB IERNO ALEMÁN TIENE DERECHO DE PEDIR UNA VACUNA DIFERENTE QUE EL RESTO DE LA POBLACIÓN.
DOCTORA SUECA DESPEDIDA: "¡CORRUPCIÓN DEL MAYOR NIVEL EN LA OMS!" 19 October 2009 09:13
MEDICOS Y POLICIAS EN DINAMARCA RECHAZAN LA VACUNA H1N1.
OJO: ¿RECUERDAN EL VIDEO DE LA MONJA DOCTORA?
MINISTROS AUSTRIACOS TRATAN DE ESCONDER SUS ACTOS, CONFORME SE REVELAN SUS PLANES GENOCIDAS.
BELGAS DISEÑAN FORMULARIO DE CONSENTIMIENTO QUE INCLUYE EL HECHO QUE LA VACUNA DE GRIPE PORCINA NO ESTA AUTORIZADA.
CAUSA JUDICIAL EN BÉLGICA SOBRE LAS VACUNACIONES DE GRIPE PORCINA COMIENZA EL 21 DE OCTUBRE.
FARRAKHAN DICE QUE LA VACUNA DE GRIPE PORCINA ES UN ARMA DE DESPOBLACION, CONFORME LAS NACIONES EN DESARROLLO SE ALISTAN A RECIBIR MILLONES DE VACUNAS GRATUITAS.
GOBIERNO CANADIENSE LISTO PARA APROBAR EL PANDEMRIX DE GSK.
DOCTOR ALEMÁN LE DICE A CANCILLER MERKEL DE DARLES SUS VACUNAS "SEGURAS" A LOS NIÑOS.
MINISTRO BELGA FORZADO A ECHAR ATRÁS, CONFORME CRECE LA PROTESTA.
BBC REPORTA DE "MINI CRISIS" AL NEGARSE LOS TRABAJADORES DE SALUD A PONERSE LA VACUNA DE GRIPE PORCINA SIN PROBAR.
PROFESOR DEL REINO UNIDO LE DICE A LOS MÉDICOS DE LOS LIMITADOS BENEFICIOS DE LAS VACUNAS ANTIGRIPALES EN LOS NIÑOS.
PUBLICO GENERAL GALÉS POCO DISPUESTO A TOMAR LA VACUNACIÓN DE LA GRIPE PORCINA DEBIDO A PREOCUPACIONES DE SEGURIDAD.
LA SIGUIENTE ES UNA COPIA DE LA CARTA ENVIADA POR EL DR AGUSTÍN PÁEZ......
TRATADO CLIMÁTICO CREARÁ GOBIERNO DE DICTADURA MUNDIAL
CIENTÍFICO OMS BUSCANDO HACER MÁS VIRULENTA LA GRIPE PORCINA DICE QUE PERSONAL DE SALUD ES LA CLAVE.
GOBIERNO FRANCÉS REVELA LOS CUPONES DE "VACUNA DE GRIPE PORCINA": HERRAMIENTA PARA LA SELECCIÓN DE LA POBLACIÓN.

CARTA DEL GOBIERNO FRANCÉS GENERA CONFUSIÓN SOBRE SI LAS EMBARAZADAS Y LOS NIÑOS PEQUEÑOS RECIBIRÁN ADYUVANTES.
"BIG FARMA", OFICIALES DE GOBIERNO Y MEDIOS SE CONFABULAN EN LA "MAYOR ESTAFA ECONÓMICA" QUE SE HAYA VISTO, reporta Evelyn Pringle.
HUELGA POSTAL PODRÍA SALVAR A MILLONES DE BRITÁNICOS DE LA CONVOCATORIA DE LA VACUNA DE GRIPE PORCINA.
MEDICO ALEMÁN PIDE ENCUESTA PARLAMENTARIA EN EL ESCANDALO DE LA GRIPE PORCINA.
INFIMOS NÚMEROS DE TRABAJADORES DE SALUD DE MARSELLA DICEN QUE TOMARÁN LA VACUNA DE LA GRIPE PORCINA.
Dr Marc Girard sale en Televisión Francesa para advertir de peligros de vacuna sin probar de la gripe porcina.
82 % DE AUSTRIACOS INDISPUESTOS A TOMAR LA VACUNA DE GRIPE PORCINA 21 October 2009 10:58
BAXTER EN AUSTRIA SACA LAS VACUNS DE GRIPE PORCINA EN SECRETA OPERACIÓN NOCTURNA.
ENFERMERAS AFECTADAS POR LA VACUNA DE GRIPE PORCINA EN SUECIA : UNA MUERTE SOSPECHADA.
ENFERMEROS IRLANDESES TENDRÍAN QUE DAR LA VACUNA, AL NEGARSE LOS MÉDICOS.
GOBIERNO SUIZO DICE QUE NIÑOS Y EMBARAZADAS NO DEBERÍAN TOMAR LA VACUNA CON ADYUVANTES, DESPUÉS DE LAS PROTESTAS.
RADIO CANADA REPORTA DE LA CRECIENTE RESISTENCIA EN EL MUNDO A LA VACUNA DE LA GRIPE PORCINA.
GOBIERNO ALEMÁN DETERMINADO A APLASTAR LAS PROTESTAS DE LA VACUNA.
NUEVAS ENCUESTAS MUESTRAN QUE 62% DE ESTADOUNIDENSES NO SE VACUNARAN.
AUTORIDADES DE CHICAGO OFRECEN VACUNAS GRATIS A LOS NIÑOS.
DERROTAR A LA TIRANÍA NO ES SÓLO UN DEBER: ES UNA AVENTURA.
PRIMERAS MUERTES EN SUECIA POR LA VACUNA DE GRIPE PORCINA.
FRANCESES INUNDAN AL GOBIERNO CON DEMANDAS POR "ACTO DE ENVENAMIENTO"
GOBIERNO FRANCÉS CALCULA QUE TOMARÁ 0.666 SEGUNDOS DAR A CADA PERSONA SU VACUNA DE GRIPE PORCINA EN LOS CENTROS DE VACUNACIÓN.
0.000068% DE LA POBLACIÓN MUNDIAL HA MUERTO DE LA GRIPE PORCINA HASTA HORA, CALCULA UN CANADIENSE.
MUJER EN HUNGRÍA MUERE DESPUÉS DE VACUNARSE CONTRA LA GRIPE PORCINA, REPORTA EL BUDAPEST TIMES
NUEVA YORK ABANDONA VACUNAS OBLIGATORIAS PARA LOS TRABAJADORE DE SALUD, DESPUÉS DE INTERPONER ÉSTOS UNA DEMANDA.
IDEA DE VACUNA H1n1 DIFICIL DE VENDER A EMBARAZADAS, reporta LA Times
CANADA APRUEBA LA VACUNA DE GRIPE PORCINA AREPANRIX CON ADYUVANTES.
AUMENTO DE SEVERIDAD EN CASOS DE GRIPE REPORTADOS POR CDC EN EUA.
DATOS DE SALARIOS USADOS PARA LAS CITAS DE VACUNACIÓN DE GRIPE EN FRANCIA.
GRIPE A(H1N1): 10 SITIOS DE VACUNACIÓN EN LA PROVINCIA DE QUEBEC.
LA LOCALIZACIÓN DESCONOCIDA DE LOS CENTROS DE VACUNACIÓN DE GRIPE PORCINA GENERA INCOMODIDAD EN AUSTRIA.
MEDICOS DE BERLIN PREOCUPADOS DE QUE PODRÍAN TENER QUE COMPENSAR POR DAÑOS POR VACUNA DE GRIPE PORCINA.
NORUEGA PRETENDE SEGUIR ADEJLANTE CON EL PROGRAMA DE LA VACUNACIÓN MASIVA, A PESAR DE LAS MUERTES EN LA VECINA SUECIA.
COMPAÑÍAS ALEMANAS PODRÍAN NO TENER INMUNIDAD POR DAÑOS CAUSADOS POR LAS VACUNACIONES DE GRIPE PORCINA.
PRESIDENTE OBAMA DECLARO EMERGENCIA NACIONAL -DEBIDO AL BROTE DE "GRIPE PORCINA".
REBECCA CAMPBELL INTERPUSO DEMANDA FEDERAL SOBRE LA ESTAFA DE LA "GRIPE OMS" EN SEATTLE
CUARTA PERSONA MUERE EN SUECIA DE LA NUEVA VACUNA PORCINA: ¿EN DÓNDE TERMINA?
MEDICOS ALEMANES SE NIEGAN A DEJARSE PRESIONAR POR LAS AUTORIDADES A DAR LA VACUNA DE GRIPE PORCINA.
TRABAJADORES DE SALUD DE LOS HOSPITALES DE AUSTRIA: O SE VACUNAN O PIERDEN EL TRABAJO.
PROBLEMAS CON LA AUTORIZACIÓN DE CELTURA DE NOVARTIS EN SUIZA
CÓMO LA EMERGENCIA NACIONAL DE GRIPE PORCINA IMPACTARÍA A TENNESSEE: Joey Fuller reporta
LA DECLARACIÓN DE EMERGENCIA NACIONAL DE OBAMA ¿ECHARÍA TODO POR LA BORDA?
CDC "ADIVINESTIMÓ" LOS CASOS DE H1N1 Y LE NEGÓ A CBS UNA PETICIÓN DE LIBERTAD DE INFORMACIÓN.
DECLARACIÓN DE EMERGENCIA POR GRIPE: ¿SE ESTÁRÁ DESPLEGANDO LA LEY MARCIAL?
EUA: NIÑOS VACUNADOS EN CONTRA DE LA VOLUNTAD DE SUS PADRES.
¿UNO DE CADA 5 NIÑOS TUVO GRIPE PORCINA? NO, NO REALMENTE, DICE AHORA EL CDC.
MAS DE LA MITAD DE LOS CHINOS NO QUIEREN LA VACUNA DE GRIPE PORCINA.
1.5 BILLONES DE LIBRAS ESTERLINAS SON UN EMPUJE PARA GSK Y ASTRA
LAS HIJAS DE OBAMA NO VAN A RECIBIR LA VACUNA DE GRIPE PORCINA POR EL RIESGO.
AUTORIDAD DE BUSH PARA IMPONER LA LEY MARCIAL NSPD 51 & HSPD 21
PERIÓDICO PRINCIPAL "LE MONDE" REPORTA DE LA INICITIVA LEGAL FRANCESA CONTRA LA VACUNA DE LA GRIPE PORCINA.
REVISTA AUSTRIACA ESCRIBE ARTÍCULO ASESINO ACERCA DE MIS CARGOS CONTRA BAXTER.
PLATA COLOIDAL ES EL ÚNICO REMEDIO PARA UN VIRUS, MUTADO O NO.
LA ESTAFA PORCINA ALCANZA NUEVOS VUELOS CON LA DECLARACIÓN DE EMERGENCIA DE OBAMA.
PRONTO ME REDUCIRÁN AL SILENCIO. Email no 7 Jean-Jacques Crèvecoeur.
LOS GOBIERNOS MENTIROSOS NOS DECLARAN LA GUERRA.
QUINTA MUERTE POR LA VACUNA EN SUECIA– ¡Y LAS VACUNACIONES SIGUEN ADELANTE COMO PLANEADO!
"WEBSITES POPULARES PUEDE QUE SE TENGAN QUE BLOQUEAR" EN CASO DE PANDEMIA, SEGÚN HLS.
ALERTA Canadienses: Ingredientes Tóxicos en el Arepanrix, Your Health
CONTROVERSIA EN SUIZA ACERCA DE LA NECESIDAD DE VACUNA DE LA GRIPE.
LA CHOCANTE VERDAD DE ¿POR QUÉ OBAMA ANUNCIÓ UNA EMERGENCIA DE SALUD PÚBLICA ESTE FIN DE SEMANA?
MIS GRITADAS A LOS PERIODISTAS PROSTITUIDOS.
NOTICIAS DE ACCION LEGAL SE ESPARCE POR LOS MEDIOS ALTERNATIVOS FRANCESES.
EL ÚNICO ESTUDIO EN NIÑOS NO SE TERMINARÁ ANTES DE UN AÑOâ€¦
DECLARACIÓN NACIONAL DE EMERGENCIA DE EUA PERMITE EL USO DEL ESCUALENO.
MENOS DE 10 PERSONAS APARECEN A VACUNARSE EN SALZBURG, AUSTRIA.
INVESTIGADORA DE GARDASIL SUELTA UNA BOMBA.
AUTORIDADES SUECAS ENCONTRAN MÁS RESISTENCIA CONTRA LA VACUNA VENENOSA.
CDC ACLARA QUE LA VACUNA H1N1PUEDE INCAPACITAR Y MATAR A 30,000 AMERICANOS, LA FDA REQUIERE EXIGENCIA MÍNIMA A LAS VACUNAS.
AUTORIDADES SUIZAS RETRASARÁN LA CAMPAÑA DE VACUNACIÓN HASTA DICIEMBRE.
MEDIOS SUIZOS CRITICAN EL ALARMISMO DE LA PANDEMIA PORCINA.
MEMORANDOS DE LA OSM DE 1972 Y DE 1973
REPORTES SIN CONFIRMAR DICEN QUE EQUIPOS MOVILES PANDEMICOS ESTAN OPERANDO EN LAS ESCUELAS FRANCESAS.
MÉDICOS BELGAS PIDEN DESPIDO DEL VIRÓLOGO DEL GOBIERNO, EN PLEITO SOBRE EL CONSEJO DE RECIBIR LA VACUNA ADYUVANTADA.

EMERGENCIA NACIONAL SOBRE EL H1N1 DE OBAMA EVIDENCIA "FABRICACIÓN DE MERCADO" DE VACUNAS -PARA UN GENOCIDIO.
ENFERMEROS AUSTRIACOS USARÁN EL CODIGO DE NUREMBERG PARA DETENER LAS VACUNACIONES FORZOSAS.
MEDIOS AUSTRIACOS DECLARAN "CARRERA" POR LA VACUNA DE GRIPE PORCINA, DESPUÉS QUE UN PUÑADO DE GENTE SE APARECIERA.
NÚMERO EXTREMADAMENTE BAJO DE GENTE SE VACUNA EN ALEMANIA.
BAVARIA, ALEMANIA Y UCRANIA REPORTAN UN MISTERIOSO Y VIRUNLENTO NUEVO TIPO DE GRIPE.
CDC urge a la gente a tomar la vacuna de gripe estacional y la porcina el mismo día, desestimando el riesgo incrementado.
NUEVO VIRUS MORTAL EN 3,2,1â€¦
MEDIOS SECOS REPORTAN FALSOS CASOS DE GRIPE PORCINA PARA ATEMORIZAR AL PUEBLO.
CANADA ORDENA VIGILAR AVIONES, TRENES, FERRYS Y BUSES POR GRIPE PORCINA.
¡Suiza prohíbe la vacuna Pandemrix para embarazadas, jóvenes y viejos!
MÁS MUERTES EXTRAOFICIALES EN SUECIA, POR LA VACUNA DE GRIPE PORCINA.
Harvard: Trabajadores de laboratorio fueron envenenados.
TRANSPARENCY INTERNATIONAL: "¡CAMPAÑA DE VACUNACIÓN DE GRIPE PORCINA ESTÄ MOTIVADA POR LA GANANCIA!"
CIENTÍFICO FRANCÉS QUE BUSCA EL GEN DE LA VIRULENCIA DEL VIRUS ES CONSEJERO DE LA OMS Y DE LA MINISTRA DE SALUD FRANCESA.
ORIGEN DE NUEVO VIRUS EN UCRANIA ES DESCONOCIDO, DICE EL GOBIERNO.
GLAXOSMITHKLINE CONTINÚA PUREBA DE VACUNA, INCLUSO DESPUÉS DE LA MUERTE DE 12 NIÑOS.
SÓLO 11 MILLONES DE NORTEAMERICANOS SE HAN VACUNADO, IGNORANDO EL BOMBARDEO DE LOS MEDIOS.
LA PROPAGANDA DE LA INFLUENZA DE LA GANACIA- SÚBALE EL VOLUMEN.
¡Crece número de víctimas de virus desconocido! ¿Estado de emergencia en Ucrania?
¿EPIDEMIA DE PLAGA DE NEUMONÍA EN UCRANIA? (updated at 05:39 pm)
MUJER HUNGARA CAE MUERTA TRAS VACUNARSE DE GRIPE PORCINA.
¿ESTARÁN ALISTANDO A LAS POBLACIONES PARA NANOCHIPS EN LAS VACUNAS?
ADMINISTRACIÓN OBAMA LANZA TORMENTA DE PROPAGANDA FALSA DE GRIPE PORCINA.
CAÍDA DE 17 PISOS DE EXPERTO NUCLEAR DE ONU 'NO FUE SUICIDIO"
¿ALGUIEN SE HA LEÍDO EL ACUERDO DE COPENAGUA?
¿Liberó Baxter una arma bacteriológica?
SE BUSCAN POR GENOCIDIO: BARACK OBAMA, DR MARGARET CHAN, & DR THOMAS R. FRIEDEN
Novartis rastrilla ganancias por la gripe porcina: los gobiernos pagan los costos de publicidad y distribución.
HASTA EL 90% DE TRABAJADORES DE SALUD DE GRECIA NO QUIEREN LA VACUNA DE GRIPE PORCINA.
GOBIERNO FINLANDÉS ANUNCIA INTENCIÓN DE VACUNAR A LA POBLACIÓN ENTERA.
BAXTER, NOVARTIS AND GSK PATENTARON SUS VACUNAS DE GRIPE PORCINA EN 2008 AND 2006
PRESIDENTE DEL PAÍS VECINO DE UCRANIA DICE QUE LA PANDEMIA DE GRIPE FUE ARTIFICIALMENTE CREADA.
MÁS REPORTES DE PESTE NEUMÓNICA TRAS FUMIGACIÓN AÉREA EN UCRANIA.
EMBAJADA FRANCESA INDICA POSIBLE PESTE NEUMÓNICA EN UCRANIA.
DOCTOR SUIZO HABLA DE SUS PREOCUPACIONES SOBRE LA GRIPE PORCINA EN UN VIDEO.
SINDICATO DE IOWA GANA PLEITO CONTRA VACUNACIONES OBLIGATORIAS EN TRABAJADORES DEL HOSPITAL.
TRABAJADORES DE SALUD DE MONTREAL TIENEN QUE VOLVER A TOMAR LA VACUNA DE GRIPE PORCINA POR UNA MEZCLA INADECUADA
SUECA CONTRAE "GRIPE PORCINA" A PESAR DE VACUNARSE CONTRA ELLA.
OMS PARTE DE "EJERCICIO" DE BIOTERRORISMO EN EUROPA ORIENTAL UN MES ANTES DE QUE APARECIERA LA PLAGA
MEDIMMUNE PATENTÓ VIRUS FABRICADO DE H1N1 EN 2008
"APARECE" LA PESTE NEUMÓNICA, Y LA OMS LANZA UNA CAMPAÑA DE VACUNACIÓN DE NEUMONÍA DE US$ 39 BILLONES: LOS PAÍSES EN VÍAS DE DESARROLLO SON LOS PRIMEROS EN LA MIRA.
EJERCICIOS DE PESTE NEUMÓNICA EN ILLINOIS, reports Kurt Nimmo
OFICIALES CANADIENSES CONSIDERAN LLAMAR AL EJÉRCITO POR AYUDA EN LA CAMPAÑA DE VACUNACIÓN DE GRIPE PORCINA.
PRIMER MINISTRO POLACO DICE QUE LA HISTERIA DE GRIPE PORCINA ES GENERADA POR LAS FARMACÉUTICAS.
GRIPE: NUEVA TÁCTICA ELECTORAL EN UCRANIA.
MANIFESTACIÓN CONTRA VACUNACIONES FORZADAS A LA POLICIA, PARIS.
MAS MUERTES POR VACUNACION EN SUECIA -ENCUBRIMIENTO A COMO DÉ LUGAR.
Chequéen esto, puede ser bastante reveladorâ€¦
Novartis rastrilla ganancias por la gripe porcina: los gobiernos pagan los costos de publicidad y distribución.
Ministerio de salud francés esconde cifras claves del contrato de las vacunas.
OMS recomienda la vacuna estacional, y una sola dosis de vacuna pandémica.
Mexico comprará vacuna porcina a China.
FDA autoriza uso de emergencia de droga experimental contra la "gripe porcina".
EMEA DICE QUE SE NECESITAN 2 DOSIS DE VACUNA DE GRIPE PORCINA.
PADRES DE EUA DESCONFÍAN DE VACUNAS DE GRIPE.
PÁNICO EN UCRANIA POR AMENAZA DE LEY MARCIAL.
PADRES EUA QUE NO PERMITEN VACUNA DE GRIPE PORCINA SON IGNORADOS.
CASI NO QUEDAN EXPERTOS MÉDICOS INDEPENDIENTES, ADVIERTE PERIÓDICO ALEMÁN.
PORTUGAL RECHAZA VACUNA Y SE PREPARA PARA UNA REVOLUCIÓN SI LOS OBLIGAN A VACUNARSE.
DRAMÁTICO COLAPSO EN NÚMERO DE SUIZOS QUE QUIEREN VACUNARSE. MENOS DEL 10 %
Jefe de Novartis llama a oficial de salud suizo, y Focetria se aprueba.
GOBIERNO IRLANDÉS EMPIEZA CAMPAÑA DE VACUNACIÓN MASIVA DE GRIPE PORCINA.
OMS TOMA CONTROL DE UCRANIA: TESTIGOS DICEN QUE NO HAY PANDEMIA.
JOVEN NORUEGA MUERE DESPUÉS DE VACUNARSE DE LA GRIPE PORCINA.
EL SILENCIO SOBRE LAS MUERTES DE LAS VACUNAS EN LOS MEDIOS ES POR CONTRATOS CONFIDENCIALES CON LAS FARMACÉUTICAS.
Rebecca Em Campbell será recibida en el programa radial en vivo y transmitido en web de Dr. Len Horowitz y Sherri Kane.
MÁS MUERTES DE LA VACUNA DE GRIPE PORCINA: LOS MEDIOS SUECOS YA NO LAS REPORTAN.
MINISTRA DE SALUD POLACA RECHAZA LAS VACUNAS SIN PROBAR.
ALEMÁN HOSPITALIZADO TRAS VACUNARSE CON PANDEMRIX.
YUSHCHENKO PIDE QUE AYUDEN A UCRANIA: VIRUS DESCONOCIDO ESTÁ MATANDO A LA GENTE.
Ucrania: Influenza o Peste Neumónica? La situación empeora.
Poquísima gente aparece en Brandenburg el primer día de la vacunación.

OMS PREOCUPADA POR BAJA ACEPTACIÓN DE VACUNA DE GRIPE PORCINA
GOBIERNO INSTALA COMANDO PARA MANEJAR LA PROPAGANDA DE LA VACUNA H1N1
20 RAZONES POR QUÉ LA VITAMINA D ES MEJOR QUE LA VACUNA , reporta Mike Adams
VACUNACIÓN DE GRIPE PORCINA FRACASA EN AUSTRIA ; AUMENTO CRÍTICA A LA OMS, BIG FARMA Y MEDIOS.
FLASHBACK: PERIÓDICO DEL REINO UNIDO REPORTA DE PLAN PARA IMPLANTAR A LA GENTE CON MICROCHIPS SO PRETEXTO DE GRIPE PORCINA EN 1989
EPIDEMIÓLOGO ALEMÁN DICE QUE NO TOMARÁ PANDEMRIX
GSK ADMITE SERIOS EFECTOS SECUNDARIOS DEL AREPANRIX QUE SE USARÁ EN CANADA
NIÑO DE 10 AÑOS MUERE EN HOSPITAL PORTUGUÉS CON MISTERIOSA GRIPE PORCINA.
REPORTE EXTRAOFICIAL: LA VACUNA DE GRIPE ESTACIONAL EN UCRANIA CONTAMINADA CON GRIPE AVIAR.
LA LISTA ROJA: LO QUE LOS FABRICANTES DE VACUNAS PROHÍBEN QUE SE SEPA.
GRIPE PORCINA: UNO DE LOS PEORES ENCUBRIEMIENTOS EN LA HISTORIA DE EUA
UCRANIA CAE EN REGLA MILITAR SO PRETEXTO DE PANDEMIA
Rival:Primera Ministra Ucranciana usa la gripe para usar tácticas de pánico.
Corea del Sur en alerta máxima de pandemia.
EL DERECHO A ENVENENAR, by Dr Sherri Tenpenny
OJO, VER EL VIDEO SI HABLAN INGLES
¿Nanopartículas mortales en vacunas de gripe porcina para Europa?
CIENTÍFICOS QUE TRABAJAN PARA EL LABORATORIO DE INFLUENZA DE OMS TIENEN LA PATENTE DEL VIRUS DE GRIPE PORCINA FABRICADO GENÉTICAMENTE.
BAXTER OBLICADO A REVELAR CONTRATO SECRETO CON EL GOBIERNO FRANCÉS: LA COMPAÑÍA NO PUEDE SER DEMANDADA.
ENFERMERO REPORTA REACCIONES ADVERSAS A VACUNAS DE GRIPE EN TENNESSEE
VACUNACIÓN DE GRIPE PORCINA ASOCIADA CON MUERTE, PROTESTAS Y FALTANTES, reporta Sueddeutsche Zeitung
NORUEGA SE QUITA A OFICIALES DE OMS EN PELEA POR EL PODER EN LA PANDEMIA.
170,000 DOSIS DE PANDEMRIX DESTRUÍDAS POR GSK EN BÉLGICA
Hawaiianos protestan planes de vacunar a la fuerza a la población por medio de la Guardia Nacional.
PADRES: UNA NOTA PARA DETENER LAS VACUNACIONES FORZOSAS DE NIÑOS EN LA ESCUELA, por Mike Adams.
MINISTRA DE SALUD POLACA, DOCTORA FAMILIAR, LE DICE AL PARLAMENTO QUE NO PERMITIRÁ EL USO DE VACUNAS EXPERIMENTALES AL PUEBLO: REVELA QUE LOS CONTRATOS SECRETOS VIOLAN LA LEY.
MEDIOS SUECOS LUCHAN DESESPERADAMENTE CONTRA LOS LECTORES QUE MANDAN COMENTARIOS SOBRE LA PROPAGANDA DE LA GRIPE PORCINA.
OMS SIGUE VENDIENDO SU PROPAGANDA PERO ADMITE QUE VIRUS ES LEVE.
ARTE PRESENTA VIDEO DEL ENGAÑO DE LA GRIPE PORCINA.
MENOS DE 0.1% DE LA POPULACIÓN FRANCESA HA SIDO VACUNADA HASTA AHORA, ADMITE LA MINISTRA.
NO HAY EVINCIA DE PANDEMIA O VIRUS NUEVO EN ESLOVAQUIA, FRONTERIZO CON UCRANIA, DICE EPIDEMIOLOGA.
MEDIOS ALEMANES AFIRMAN QUE VACUNA DE GRIPE ESCASEA, PARA SUBIR DEMANDA.
CELTURA RECIBE SORPRESIVA APROBACIÓN EN ALEMANIA.
VIRUS VIVO EN LAS VACUNAS DE GRIPE PORCINA DE BAXTER EN AUSTRIA: REPORTE EXTRAOFICIAL.
DR MARC GIRARD URGE A FEROZ RESISTENCIA A LAS VACUNACIONES FORZOSAS POR GANANCIA.
MEDICOS PROSTESTAN DECISIÓN ISRAELI DE DAR LAS VACUNAS TOXICAS FOCETRIA Y PANDEMRIX A LA GENTE.
LEY MARCIAL EN UCRANIA * PRESIDENTE ANUNCIA ARRESTOS DE OPONENTES A LA VACUNACIÓN FORZADA Y CUARENTENAS* OMS HACE GOLPE DE ESTADO SO PRETEXTO DE EMERGENCIA PANDÉMICA.
SERVICIOS SECRETOS UCRANIANO ARRESTAN A BLOGGER PANDÉMICO.
VACCINE OPPONENTS IN THE UKRAINE TO BE ARRESTED
ANTIGUO EMBAJADOR BRITÁNCICO REVELA RÉGIMEN DE TORTURA DE LA CIA CON COMPLICIDAD DEL GOBIENRO BRITÁNICO.
LEY MARCIAL, VACUNACIONES FORZOSAS PUEDEN SER EL DESTINO DE UCRANIA
Ceci est mon courriel n° 8 : si vous n’avez pas reçu ce message directement en provenance de moi, inscrivez-vous sur mon site pour recevoir les prochaines informations

Swedish

Sammanfattning av brottmålet "svininfluensan"
Baxter/WHO-fallet
”WHOs deklaration av svininfluensan som pandemi är onödigt alarmerande och obefogad!”
Hälften av Storbrittanniens läkare tänker vägra "svininfluensa" injektion p.ga. säkerhetstvivel, rapporterar Daily Mail
Tysk man allvarligt sjuk under klinisk test av vaccin mot svininfluensa
Bevis som visar att WHO utvecklade sätt att använda sådana vacciner som medel till mord: två memorandum från 1972
Belgien överger demokrati och civila rättigheter över ”Svininfluensa”-pandemin
BJM: oppositionen mot svininfluensavaccinet växer världen över
EMEA-dokument visar att biverkningar mycket vanliga vid kliniska tester med GlaxoSmithKleins Pandemrix
Ansöka om domstolsföreläggande
Obligatoriska Massvaccinationer
Australiska läkare säger att risken för att bli stämda är för stor: regeringens vaccinationsprogram tar tvärstopp
Den Österrikiske polischef som undersökte Baxter-affären har tvingats avgå
Belgare kräver svar angående "svininfluensa"- gravar: Irländsk revolt mot EU's Lissabonfördrag tar fart.
BMJ: oppositionen mot svininfluensavaccinet växer världen över
Att väcka åtal
Fransmännens raseri över hemliga, tyranniska pandemi-lagar ökar
Hälften av Brittiska läkare vägrar vaccinera sig på grund av säkerhetsfarhågor enligt Daily Mail
Chippet sitter i sprutspetsen!
Obligatoriska Massvaccinationer
Ansöka om domstolsföreläggande
Sveriges smittskyddslagar:

Vactruth.com
Your child. Your choice.

Publications at VacTruth website:

- since May 18, 2009: https://vactruth.com/category/writers/page/32/

May 18, 2009 - **Swine flu: Baxter to make vaccine for British government**

Swine flu: Baxter to make vaccine for British government Deerfield-based drugmaker also says 2 patient deaths not related to heparin blood thinner By Bruce Japsen | Tribune reporter May 16, 2009 http://www.chicagotribune.com/business/chi-sat-baxter-flu-heparin-may16,0,144102.story Baxter International Inc. on Friday reported that it will make a swine flu vaccine for the British government and said the quality of ...

=> https://vactruth.com/2009/05/18/swine-flu-baxter-to-make-vaccine-for-british-government/

- up to 2019: https://vactruth.com/category/writers/page/

June 7, 2019 – **The Vaccination that Never Should Have Been Approved**

By Michelle Goldstein;

The Gardasil vaccination should never have been approved by the FDA. Several fraudulent studies found serious health damage in the groups studied.

=> https://vactruth.com/2019/06/07/the-vaccination-that-never-should-have-been-approved/

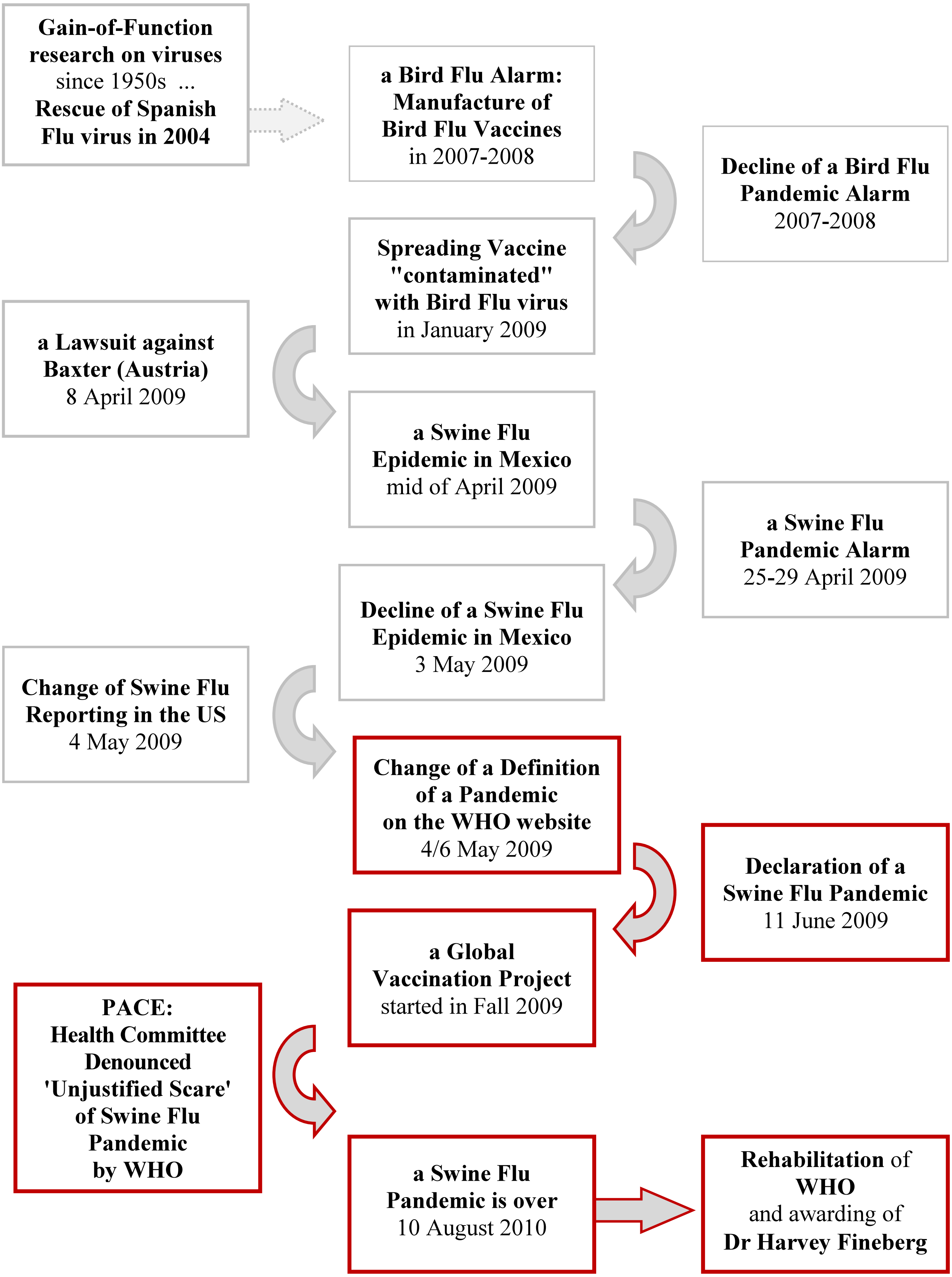
Chapter 18

Rehabilitation of WHO

and awarding of

Dr Harvey Fineberg

Roadmap
of the Swine Flu Pandemic



THE BUREAU
OF INVESTIGATIVE JOURNALISM

WHO welcomes Bureau Investigation

The Bureau Investigates, 7 June 2010
https://www.thebureauinvestigates.com/stories/2010-06-07/who-welcomes-bureau-investigation/

On May 6th 2010, the Bureau and BMJ revealed that key scientists advising the WHO for guidelines on pandemic influenza had major financial links to pharmaceutical companies.

These links were not disclosed by the WHO, leading to potential conflicts of interest in its decision-making processes. The same day, the WHO faced strong criticism from the Council of Europe for a severe "lack of transparency."

Following this, Harvey Fineberg, President of the Institute of Medicine of the U.S. National Academy of Sciences, and chair of the WHO's internal review committee of the management of the H1N1 Pandemic, released the following statement:

"Our review committee welcomes the opportunity to learn from reports published today by the British Medical Journal and released by the Social, Health and Family Affairs Committee of the Parliamentary Assembly of the Council of Europe (PACE).

"These reports raise questions about potential, inappropriate influences on WHO decision-making in the assessment and response to the 2009 H1N1 pandemic and, more generally, question practices employed by WHO to guard against conflict of interest among its expert advisers. These topics are among those that will be fully considered by our review committee.

"At our upcoming meeting in Geneva (30 June – 2 July 2010) we anticipate hearing from critics of WHO as well as from those who were involved from the public and private sectors, at national and international levels, and in policy and decision-making related to the H1N1 pandemic."

The Bureau in the news

The revelations of the Bureau and BMJ have been picked up in over 800 news outlets worldwide.

Coverage includes Al Jazeera; The Washington Post; Daily Mail; Financial Times; BBC News and BBC World Service; The Guardian; The Herald; ABC America; Swiss National Radio; South Africa National Radio; Irish National Radio; BBC Spanish Service; RTE (Swiss) TV; BBC Radio Belfast; CBC and Reuters.

REUTERS

Stephanie Nebehay

No proof of drug industry sway on WHO in pandemic-report

Reuters, 10 March 2011, 10:28 PM GMT+8
https://www.reuters.com/article/idUSLDE72917A/
https://jp.reuters.com/article/idUSTRE7293QG/

GENEVA, March 10 (Reuters) - Independent experts who examined the World Health Organisation's handling of the H1N1 pandemic said on Thursday they had found no evidence of drug industry influence on the U.N. agency's decision-making in the crisis.

But in a draft report made public, the panel said WHO had failed to recognise and manage conflicts of interest among some experts on its advisory Emergency Committee who had disclosed their ties to pharmaceutical companies.

The world remains "ill-prepared" to face a severe influenza pandemic or similar public health emergency, the experts added.

The United Nations agency announced in June 2009 that the newly-emerged H1N1 swine flu virus was causing the world's first influenza pandemic in more than 40 years. It declared the pandemic over in Aug. 2010, saying that the global outbreak had turned out to be much less severe than was feared.

"WHO performed well in many ways during the pandemic and confronted systemic difficulties and demonstrated some shortcomings," the panel said in a 33-page report. "The Committee found no evidence of malfeasance."

"As far as the Review Committee can determine, no critic of WHO has produced any direct evidence of commercial influence on decision-making," it added.

Critics who have suggested 'invisible commercial influences' may account for WHO's actions ignored the agency's core public health values to prevent disease and save lives, according to the panel headed by American flu expert Dr. Harvey Fineberg.

The Review Committee, composed of 27 experts, holds its last meeting in Geneva on March 28-30 to finalise its report which is to be submitted to WHO's annual ministerial meeting in May.

The panel criticised the WHO's lack of a consistent and measurable description for judging a pandemic's severity which had created confusion. It suggested a scale of three phases rather than the current six-phase scale which is under revision.

WHO bureaucracy had also prevented a timely distribution of donated vaccines in poor countries during the pandemic, it said.

GlaxoSmithKline and Sanofi-Aventis are among major producers of influenza vaccines.

"The world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained and threatening public health emergency," it said, citing the risk of massive disruption, suffering and loss of life.

MED НОВОСТИ

Эксперты сняли с ВОЗ обвинения в коррупции

Med Portal, 10 марта 2011
https://medportal.ru/mednovosti/eksperty-snyali-s-voz-obvineniya-v-korruptsii/

Группа независимых экспертов не обнаружила признаков коррупции в действиях Всемирной организации здравоохранения в период пандемии гриппа H1N1. Тем не менее, эксперты сочли неудовлетворительными разработанные международной организацией критерии пандемии, а также раскритиковали ее информационную политику.

Независимая комиссия сочла бездоказательными обвинения в коррупции в адрес руководства Всемирной организации здравоохранения (ВОЗ). Об этом, как сообщает AFP, говорится в 33-страничном проекте доклада группы экспертов, созданной в прошлом году для оценки действий ВОЗ в период пандемии гриппа H1N1.{#vrez.50123}

Ранее ВОЗ неоднократно обвиняли в раздувании паники вокруг гриппа в интересах производителей лекарств и вакцин. Расследование этих обвинений было одной из основных задач комиссии из 27 специалистов по гриппу во главе с американским эпидемиологом Харви Файнбергом (Harvey Fineberg).

Как указывается в проекте заключения комиссии, ни одному из критиков не удалось предоставить убедительных доказательств влияния фармацевтических компаний на действия ВОЗ в период последней пандемии.

Тем не менее, комиссия сочла неудовлетворительной информационную политику ВОЗ, в частности – сокрытие от общественности потенциального конфликта интересов у некоторых экспертов организации.

Помимо этого комиссия указала на расплывчатость критериев пандемии, использовавшихся ВОЗ, а также на недооценку такого показателя как тяжесть вызываемых пандемическим вирусом заболеваний.

ВОЗ объявила о начале первой за последние несколько десятилетий пандемии гриппа весной 2009 года, после вспышки гриппа, вызванного ранее неизвестным штаммом вируса H1N1, в Мексике и США. Позже ВОЗ пришлось признать, что последствия пандемии оказались менее серьезными, чем ожидалось.

Science

Jon Cohen

Committee Sharply Critiques WHO's Pandemic Response

Science, 11 Mar 2011
https://www.science.org/content/article/committee-sharply-critiques-whos-pandemic-response

Eight months after the World Health Organization (WHO) declared the swine flu pandemic officially over, an independent expert group has given the global health agency a decidedly mixed evaluation of how it handled the entire episode, from the outbreak's frightening beginning to its lackluster end.

When health officials realized in April 2009 that an unusual number of people in Mexico were being hospitalized and dying from a novel strain of the influenza virus, global health experts girded for the worst: the possibility of a devastating pandemic like the 1918 one that killed up to 100 million people. At the outset, no one could predict that the novel H1N1 virus – a recombination of human, pig, and avian influenza genes – would turn out to be more wimp than monster. If it had lived up to initial fears, says a draft report by the International Health Regulations (IHR) Review Committee, an independent panel of 25 experts convened by WHO, many countries would have faced serious trouble. "The world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained and threatening public health emergency," concluded the committee's draft report, which WHO made public yesterday.

The panel, headed by Harvey Fineberg, president of the U.S. Institute of Medicine, assessed both WHO's response to the pandemic as well as the functioning of the IHR, a legal agreement between countries to coordinate responses to health threats that cross borders. The IHR went into effect in 2007 and had never had a real-world test.

The report praises the IHR and WHO for rapidly kicking into action a global surveillance network and helping countries track the virus and contain its spread. But it has plenty of sharp criticisms, too.

The committee, however, found "no evidence" to support the harshest allegations about WHO: that the organization rushed to declare that the 2009 H1N1 outbreak was a pandemic to enrich the coffers of vaccine makers. In contrast, the report says that WHO delayed declaring a pandemic until it was "undeniably occurring" and faults the organization for not having "a consistent, measurable and understandable depiction of severity." And it says WHO "fed suspicions" about its actions by insisting that Emergency Committee members who gave advice during the pandemic remain confidential and by not revealing their potential conflicts of interest. It further faults WHO for responding to criticisms with "insufficient vigour."

Nearly 80 million people in 77 countries received the influenza vaccine with WHO's help – including providing a "seed" strain of the virus used by manufacturers – but the report says that "numerous systemic difficulties" slowed distribution to low-resource countries. Among the committee's recommendations: establish a Global Health Emergency Corps and a $100 million emergency fund, simplify the six phases WHO agonized over when trying to describe the escalating outbreak (possibly just baseline, alert phase, pandemic), and create advance agreements for vaccine distribution and delivery.

Had this virus caused more severe disease, the committee asserted, "the unavoidable reality is that tens of millions of people would be at risk." It warned that unless "this fundamental gap between global need and global capacity is closed, we invite future catastrophe."

The IHR played "a central role" in the response to the pandemic, the report notes. These new regulations required for the first time that WHO member countries report disease outbreaks that might cross their borders and also stipulated that they provide WHO with scientific rationales if they independently take actions that impede traffic or trade, like restricting travel or banning the importation of pigs. "While the IHR are not perfect, they significantly advance the protection of global health," the report states. The IHR would work better, it says, if it had enforceable sanctions, in particular if a country fails to explain why it restricted traffic or trade – as happened during the pandemic.

David Heymann, an epidemiologist at the London School of Hygiene and Tropical Medicine who formerly worked at WHO as an assistant director general, commends the report's critique. "If the lessons learned that are outlined in the report are applied, the IHR will become more useful," he says.

Panel chair Fineberg declined to speak about the report's conclusions because the draft still must be reviewed by member states before his group writes a longer, final version. But he says that "the committee worked diligently for about a year, hearing from an enormous variety of informants and experts with a whole range of point of views. I feel that the committee presented as balanced and objective assessment as we could." Similarly, WHO says that it will reserve comment until it sees the final draft in early April, in time for it to be digested by delegates attending the World Health Assembly, which starts 16 May in Geneva.

Фармацевтический
ВЕСТНИК

Эксперты сняли с ВОЗ обвинения в коррупции

Фармацевтический Вестник, 11 марта 2011, 00:00
https://pharmvestnik.ru/content/news/eksperty-snjali-s-voz-obvinenija-v-korruptsii.html

Независимая комиссия сочла бездоказательными обвинения в коррупции в адрес руководства Всемирной организации здравоохранения (ВОЗ). Об этом, как сообщает AFP, говорится в 33-страничном проекте доклада группы экспертов, созданной в прошлом году для оценки действий ВОЗ в период пандемии гриппа H1N1.

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SPIEGEL Wissenschaft

Gremium wirft WHO gravierende Fehler vor

Spiegel, 11 march 2011, 17.52 Uhr
https://www.spiegel.de/wissenschaft/medizin/schweinegrippe-pandemie-gremium-wirft-who-gravierende-fehler-vor-a-750425.html

Das Ansehen der Weltgesundheitsorganisation hat durch ihren Umgang mit der Schweinegrippe schweren Schaden genommen. Jetzt hat ein Gremium die Arbeit der WHO bewertet. Die Experten üben harsche Kritik - und beklagen, dass die Welt auf eine schwere Pandemie nicht vorbereitet ist.

Es war Pandemie-Stufe 6: 2009 versetzte die Weltgesundheitsorganisation die Welt in höchste Alarmbereitschaft . Der Erreger H1N1, das Schweinegrippevirus, verbreitete sich über den Globus.
https://www.spiegel.de/spiegel/print/d-69407395.html

Fieberhaft wurden Impfstoffe entwickelt, riesige Kampagnen gestartet. Doch das Virus entpuppte sich als vergleichsweise milder Vertreter seiner Art. In Deutschland etwa ließ sich nur ein Bruchteil der Bevölkerung immunisieren - und die Länder blieben auf teuer eingekauftem Impfserum sitzen.
https://www.spiegel.de/wissenschaft/medizin/schweinegrippe-impfstoffe-bund-und-laender-streiten-ueber-millionenkosten-a-711246.html

Schweinegrippe-Impfung: Rund 30 Millionen Impfdosen waren in Deutschland übrig. Foto: ddp
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Der WHO wurde nicht nur vorgeworfen, unnötig Angst verbreitet zu haben, sondern auch, dass sie im Sinne der Pharmaindustrie gehandelt hätte. Einige der Autoren, die an den Richtlinien der WHO zum Umgang mit Grippepandemien mitgewirkt haben, hätten zur gleichen Zeit Geld von den Pharmafirmen GlaxoSmithKline (GSK) und Roche erhalten, schrieben Journalisten in der Fachzeitschrift "British Medical Journal". https://www.spiegel.de/wissenschaft/medizin/schweinegrippe-pandemie-wie-die-who-das-vertrauen-der-verbraucher-verseucht-a-699427.html

WHO-Chefin Margaret Chan wies solche Kritik zurück:"Zu keiner Zeit, nicht für eine Sekunde, sind meine Entscheidungen von kommerziellen Interessen beeinflusst worden."

Weltgesundheitsorganisation

Ein unabhängiges Expertengremium sollte klären, ob die angemessen auf die Schweinegrippe reagiert hat. Jetzt hat die Gruppe eine vorläufige Version ihres Abschlussberichts vorgelegt. Ihr Urteil: Der WHO seien gravierende Fehler unterlaufen. Die Welt sei auf eine schwere Pandemie nicht vorbereitet, schreiben die Experten unter der Leitung von Harvey Fineberg vom Institute of Medicine in Washington DC.

Fehlende Transparenz bemängelt

Die WHO habe zwar in vielen Belangen richtig gehandelt, aber ihr seien auch kritische Fehler unterlaufen. Das Gremium bezeichnete die WHO-Definition, was eine Pandemie ist und in welchen Phasen sie verläuft, als unnötig komplex. Dass die Organisation einige online verfügbare Dokumente zur Pandemie ohne Hinweis verändert hatte, habe unweigerlich Misstrauen geschürt.

Ein weiterer Vorwurf: Die WHO habe geheim gehalten, welche Mitglieder in ihrem Beraterkomitee saßen. Auch sei die Organisation nicht vernünftig damit umgegangen, dass diese Berater, die zum Teil auch mit Pharmakonzernen zusammenarbeiten, eventuell nicht objektiv waren. Allerdings kommt das Gremium auch zu dem Schluss, die WHO sei nicht von kommerziellen Interessen beeinflusst worden. Man habe keine Hinweise auf rechtswidriges Verhalten entdeckt.

Der Bericht lobt, dass die WHO schnell Experten in hilfsbedürftige Länder geschickt habe, dass das Virus schnell entdeckt und seine Verbreitung beobachtet worden sei. Auch hob das Gremium hervor, dass die WHO binnen einer Woche nach dem Beginn der Epidemie Viren für die Impfstoffherstellung bereit gestellt hat.

Experten finden auch lobende Worte

Trotzdem warnen die Experten: "Die Welt ist schlecht auf eine schwere Influenza-Pandemie oder eine ähnliche globale Krankheitswelle vorbereitet." Es sei traurige Realität, dass eine ernsthafte Pandemie Opfer im zweistelligen Millionenbereich fordern könnte.

Der Bericht wird im Laufe des Monats bei einem Treffen in Genf präsentiert. Fineberg sagte, die WHO werde den Bericht erst kommentieren, wenn ihr die endgültige Fassung vorliegt.

AFN

Эксперты сняли с ВОЗ обвинения в коррупции со свиным гриппом

AFN, 11 марта 2011, 09: 40
http://afn.by/news/i/149441

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Всемирная организация здравоохранения

Transcript of press briefing with Dr Harvey Fineberg, Chair, International Health Regulations Review Committee, 28 March 2011

Geneva, WHO, 28 March 2011

https://web.archive.org/web/20110331104745/http://www.who.int/mediacentre/multimedia/pb_transcript_fineberg_20110328.pdf

Speaker key
HF Dr Harvey Fineberg
MP Member of the Press

HF Yes, okay so.. So I'll just say that what we had today was the fourth and the concluding plenary meeting of the review committee. That this was an opportunity for the committee to hear from member states and NGOs who are the recognised participants at the World Health Organisation, for their comments and advice based on the preview document that we distributed some weeks ago, to the member States.

And the preview document represents the principle findings, conclusions and recommendations that the committee, at that time, put forward. That background document includes three principle conclusions and 15 recommendations. Can I assume that you are all familiar with it or you have seen it? So the purpose today was to give an opportunity to the member states, first and foremost, and others to give us their feedback.

I would say that we heard from, perhaps, between 12 and 20 presenters today and we've received perhaps a total of between 20 and 30 comments, either verbally or written, about the preview document. A number of the observers commented in support of one or another or all of the major ideas in the document. And so those are of great welcome to us, but they're not the ones we're focussing on now.

We're looking to understand where there were questions or criticisms based on the individual states perceptions and advice to us. And now the committee's job will be to take those into account and to formulate our final report.

As a general matter, I would say that the committee did its best to produce a report based on all the evidence that we had before us. That evidence consisted of extensive interviews over the last year, which many of you also witnessed, a thorough assessment of documentary evidence, written materials related to both IHR and the pandemic.

I would say that our report endeavours to be measured in both elements worthy of praise and elements worthy of criticism. And we had some of both. We wanted this report to be constructive in that it was intended to help learn lessons in a constructive way, to improvement. And we wanted it to be forward looking in laying a base for future improvements for public health emergencies and pandemics among them.

Overall, I would say the comments today reinforce the major lines of our conclusions and many of the recommendations. The questions that came up were partly questions seeking clarification or more elaboration, for example, one of the recommendations that the committee offers is a recommendation about the distribution of vaccines, inbalance with the availability of viruses, the so called, open-ended discussions about virus sharing and vaccine distribution. And there were questions about exactly what did the committee mean when it said that States that received donated vaccines should adopt the same principles about liability as the States that purchase vaccines. So that was a question about that.

There was a question about the recommendation that suggested the establishment of a prepositioned line of credit, available in the case of a future emergency, exactly where should it be located, exactly why should it be at the scale that it is, those kinds of questions that came up. There was some suggestions about elements of the report, for example, one of the recommendations indicates that in accordance with each States assessment of its priorities and benefits and costs, that we urge wider use of vaccine against seasonal influenza, as a means, both of protecting the population and of extending the capacity for production in the time of a potential pandemic. One of the suggestions today, cautioned that if you have a rationale for immunisation in anything other than the protection of the population at that time, for that... against that disease, that it could, in the long term be a weakening public confidence in such recommendations.

So there was a caution in other words, that it... don't make too much of this idea that you're recommending seasonal flu vaccines simply to prepare for a pandemic production need, when in fact the recommendation could and should stand on its own, for the protection of people, year in and year out. So that's another example of the kind of suggestion that we heard. Right now, we're going to take all of this onboard, as a committee. The whole array of these several dozen suggestions and then formulate our final report. We expect that this report will be submitted for the World Health Assembly meeting in May and presented and discussed at that meeting. We hope that the report will be actionable and practical. A report that is simply on a shelf and not translated into action is not what we intend. So let me invite your questions and I look forward to trying to respond.

MP I have one question.

HF Please.

MP Your report, can it be seen as a template on how to judge future international measures taken by WHO to fight a pandemic?

HF I would even generalise it a bit more. You know, the report has a dual character. It is, on the one side, an assessment of the international health regulations and on the other side it's an assessment of the response to this pandemic. The part of the report that deals with improving the international health regulations is the part that I think will have, year-in and year-out value. Because every year we're going to have the need to call upon the kind of resources that the international health regulations establish, in surveillance, in monitoring, in communication, responding to everything from a radiation disaster in a country to natural disaster, to a future pandemic.

So those... that side of the recommendations, I think, will have literally every day value. Now when it comes to pandemic preparedness, a lot of the recommendations, for example, the whole array of priorities for research, in understanding the predictors of virulence and spread. And the other elements that we talk about, those will be of value also for seasonal influenza, not only in the case of the next pandemic. So to an extent, on both sides, of the pandemic review and the IHR review especially, I think there will be lasting and regular value of the review. And it will also prove its worth if it does manage to strengthen preparations before a next pandemic.

MP I was wondering, in the draft report the details are lacking, at least in the end and appendix on what... maybe draw some of the conclusions, for instance, that we didn't see any malpractice or any direct links between the way the policy was formulated by the secretariat and member States and any... and no direct links with a possible conflict of interest, by industry. But at the same time, we recommend the establishment of an ethical officer to oversee these events. What was the reasoning for this? And secondly, in the final report, will there be a listing of all the people who gave evidence and their submissions attached? Thank you.

HF Let me comment on the last point. We received very extensive submissions, from many sources. We also had access to some confidential documents, from within the WHO. All of the documents which are public, that is excluding those which we had access to by virtue of our special

status as a review committee, we expect will be publically available, by probably electronic means. They will not be printed in the print version of our report. So that, I think, is the way it will have public access.

The full report of course, will outline in much greater detail, the basis on which the conclusions and recommendations that are in this preview document come forward. And in particular, I would just comment on this question of the conflict of interests that you raised, and the recommendations.

It's impossible to prove a negative. That is, you cannot prove that there was an absence of influence. What we did say, and what we have concluded is, we could find no evidence for it.

We found no direct evidence from any source and we couldn't find any indirect evidence, other than assertions by some who believe it was the only plausible explanation.

We also believe that there are alternative explanations for the actions taken, that are more plausible to us and for which we have evidence that they in fact exist. I'm referring here, for example, to the power of the public health ethic, to prevent the loss of life, as one illustration. Now, when you're thinking about the future and the protection of both the integrity and the credibility of what the World Health Organisation is called upon to do, the fact that there was no evidence of malfeasance or of inappropriate influence by industry, that we could find, does not preclude, in fact, is entirely consistent with recommendations to strengthen the approach and management of conflicts of interest, by the organisation, that we do recommend.

So we're recommending it more in the spirit of good practice and prevention, than as a remedy for an error in the past. So that's the basis that we make our recommendation, with respect to the ethics officer and the other aspects of disclosure, for example, and dealing with conflict of interest. Is that a response?

MP Yes.

HF Good, okay. Other questions? Yes please, go ahead.

MP Just a follow-up question. I think you were asked some questions from the floor, about the advanced purchase pricing, but again, your report sheds no light on that. Is the final report going to provide some analysis on that aspect, which was an issue? That in earlier briefings, you highlighted, was very cumbersome and time consuming to negotiate these agreements with various providers of antivirals or vaccines. So...

HF There are two separate issues here. I don't want to conflate. The concern about the difficulty and time consuming character of negotiations in advance, referred not to national advanced purchase agreements, but rather to the World Health Organisation's effort to put in place agreements with multiple parties, that would facilitate and enable vaccine to be delivered to less well financed countries, who could not afford to purchase it. So we did not actually, as a committee, deal with the... directly with the process of negotiating in the countries that are buying vaccines for themselves, with the companies. That was not our mandate. We were very concerned with the process of negotiation around obtaining vaccine for redistribution in the world. And that was very problematic in the pandemic. It was slow, it was difficult.

Interestingly, the Director General, in her remarks at the meeting today, said that in her view it was predominantly systemic obstacles that made this a difficult task. The obstacles of the lack of harmony around regulation of vaccines, the difficulty of dealing with liability, which is a core concern of the manufacturers and the challenge of working through things like the cold chain, which had to be in place in order for donated vaccine to serve its intended purpose. So in her remark, she was emphasising again, how much effort they put into it and how hard it was. And the committee will have to take that into account in our final report, in terms of how we express what we believe can effectively be done in the future, to be more successful in this endeavour.

Because everyone recognises that it remains a very serious impediment to the world's ability to deal with a future pandemic.

MP I'm sorry sir, my question was, I think, from the floor you were asked specifically about the advanced purchase pricing and there was one suggestion that, perhaps in the future, there is transparency in the prices.

HF Ah, I see, yes, no that was a separate point, yes, okay.

MP And that's not reflected in your report.

HF No.

MP The question of how countries negotiated contracts and what triggered them and whether they were commercially above board, or not.

HF Yes, we didn't deal with that in our report, because the report itself, fundamentally could not deal with reviews of individual countries. This was not the extent of our capacity to examine. It was a very interesting observation however, I would add, about the lack of information about pricing. We just didn't examine it.
Yes?

MP How do you explain the basic assumption that it was necessary to buy all these doses of flu vaccine when *Poland bought nothing* [unclear]? *Poland had one of the lowest cases of flu anywhere*. Haven't you taken into account that maybe this wasn't even necessary at all and what were the initial decisions based on, in the end? And then there's also the other question, which I raised with you once before, it's the whole mindset, without talking about influence direct or indirect, it's the whole mindset that pervades the collaboration that namely anything that works with the corporate sector is going to be good, so that [unclear] don't question it.

And on the contrary, we tend to facilitate it and enhance these arrangements. [Unclear] at great pains to find any, sort of, serious, obvious influence and even indirect influence, yet it's an underlying assumption that's unspoken that ropes people and shapes their behaviour. Did you take any of this into account in the end? *What about Poland, how do you explain that*?

HF Well let me start with the fundamental question. The committee's view is that this was a real problem. That in the beginning there was great uncertainty as to how severe it would be, and that that uncertainty persisted through the time when purchase decisions had to be made. In my view, ignoring that evidence would not have been responsible as a measure to protect the public's health. Now, it's a little bit like saying; whether fire insurance was a good idea for your house. If you look back over the last year and your house did not burn down, do you then say, I was a fool for purchasing insurance?

MP Yet at the time there were *serious questions about where the information was coming from and the whole...* the development of the virus in Mexico, for example, and the implications of, who did this... To avoid any investigation into how they were raising their animals and how they were providing for incubation spaces for this virus.

HF Well you're now raising a completely different and important question about the origin of influenza pandemics. And indeed many new infections, in terms of their animal origin and the mixing of animals and humans. That's a separate question.
Influenza is a very versatile virus. And its capacity to simultaneously infect different species, is a very unusual property in the pathogen world. And that is one of the reasons that makes it a continually dangerous pathogen, because it has this multi species capacity and because of the changeability of its viral composition. But that's a completely different question from the validity of the evidence, early on, about real outbreaks of real disease, in a number of countries.
And the committee's view is that this evidence was clear and compelling. Now on the other point that you raised, which was, did the committee think about relations to industry, or what was the point that you assume...?

MP Underlying the [overtalking] which is much more difficult to identify.

HF Well the committee had no direct view of this. I mean, to give you an illustration, if vaccines were produced by non-profit or national laboratories, the committee's attitude toward vaccine would be exactly the same as if it's produced by companies that make profit. So the attitude of the committee, toward the manufacture and distribution of the vaccine had no bearing on whether it was produced by a forprofit company.

MP Which committee?

HF My committee.

MP No, but I'm talking about previous to that, those who were in WHO were so orientated towards the corporate sector and their willingness to push in the direction of anything that will profit industry.

HF I can't even comment on the premise of your question. I have no idea that that's true.

MP *I see it repeatedly, that's why I've raised the point*.

HF But what does that have to do with our review, if it is true?

MP *Because it's an underlying attitude that pushes in the direction of ordering huge doses of vaccine and perhaps neglecting to consider [unclear] information or whatever*.

HF Well...

MP And...

HF I still can't quite see how it's connected to what our review is trying to say. If your... If the argument is that the judgements about vaccine were premised on an underlying predisposition to help companies make a profit, we could find no evidence of this.

MP Not to help them make a profit, simply to accept without questioning what they want.

HF We could find no evidence of that. The judgements about the virus, the need for a vaccine, the testing of the vaccine, the distribution of the vaccine, were not unquestioned judgements that didn't try to weigh benefits and costs. They did look at risks of vaccine; they looked at efficacy of vaccine. This was not an unthinking global acceptance of a commercial product, without any examination. So I don't understand the premise of your question.

MP My question is what I see here so often. I've seen so much over the years I've been here, since 1996, 97. That's the premise of it. On the basis, the place is invaded by industry and industry gets ahead [unclear]. And that has influence in all sorts of areas.

HF Okay, I... Well I cannot dispute it, but I cannot accept it. Okay, [unclear] do we have time for one or two more quick questions?

MP You've talked about Doctor Chan's assessment. Did you share her assessment that no amount of planning is going to change that, you said it was a serious impediment. Do you share her assessment?

HF I'm going to take it on board. That is, I'm going to try to understand the basis of her sentiment and think very carefully about what exactly could potentially have been done, even now, could be done, in advance of a next pandemic. The one thing that I would say this experience clearly demonstrated is, you cannot do very much when in the midst of the emergency. That was demonstrated by the experience. Now, the question, how much could be done in advance, the committees initial view was that you could do more. And I think we have to now think about it in light of that comment and see whether we agree or not.

MP And just, the report says... It came out a few weeks ago, so I apologise for not being completely familiar anymore, with the exact way you phrased the recommendation, in terms of the severity, re-doing the scale. What are your expectations in terms of when that should be... or the committee's expectations about when that should be out?

HF Well, I think, on the question of severity, we're... we recognise the difficulty and the complexity of the measurement. What we're saying is, first that the WHO has to face up to the need to report severity and to measure it at different stages. And I think there's not much disagreement about that, as expressed today. The tricky and difficult part will now be, okay, reduce that to actionable indicators. And that's going to take some time and continued effort. And it's not as if it's never been attempted before. But every pandemic experience gives you a better handle on how you might be able to do it. And that's what we want to take advantage of.

MP Do you have any time, does the committee...?

HF The committee didn't say it has to be done, you know, within a year or within six months or two years. But I do think that it's going to take months and probably the better part of a year or two, to really nail this down. That's my estimate, but that's not what the committee is specifying. It's not something you can just turn around and pull out of a drawer. Any final question? Well thank you all very much. Yes, you have...? All right, we almost got done. We'll take one more... a quick one.

MP Coming back to Doctor Chan's comments, she left no stone unturned to try and get the donated vaccines to countries that didn't have the capacity. Some industry representatives said to us that some of the donations were available months in advance to WHO and did not go out to the potential recipient States. Today's version, from Doctor Chan is another interpretation. What did your insights show?

HF Yes, first the companies differed in their willingness to enter agreements. There was some negotiation that was difficult, but concluded successfully. There was other that was relatively easy and there was some that never concluded. So on the question of the readiness of companies to participate, there was a spectrum. On the question of getting the vaccine actually into the hands of doctors, nurses and other administrators in the country, you have still all of these issues about the cold chain and about the regulations in the country and approvals locally that Doctor Chan also indicated were significant obstacles.

And so it's very easy to imagine the circumstance where a representative of a company that was readily, relatively willing to contribute, would find themselves in an observation of delay, because of these other factors that are country specific, in getting the vaccine out. So you can see how you could reconcile those perspectives on the question of getting the vaccine to the recipient countries. And it underscores the complexity of it. I would say it also underscores the importance of advance arrangements insofar as they can be accomplished. So, I think, with that I thank you all and I look forward perhaps to see some of you at the World Health Assembly, or no...

MP Of course.

HF Of course, and we'll see how the discussion is at that venue.

MP And useful from our point of view I think.

Всемирная организация здравоохранения

Director-General responds to assessment of WHO's handling of the influenza pandemic

Geneva, WHO, 28 March 2011

https://www.who.int/director-general/speeches/detail/director-general-responds-to-assessment-of-who-s-handling-of-the-influenza-pandemic

Excellencies, distinguished members of the Review Committee, representatives of Member States, colleagues in the UN system, representatives of nongovernmental organizations, ladies and gentlemen,

Let me join your Chair in welcoming you to this fourth meeting of the Review Committee of the International Health Regulations.

I and my staff have carefully reviewed the preview document that will be presented and discussed during this session. We have looked especially closely at the document's three preliminary conclusions and its 15 preliminary recommendations.

Since the beginning of this process, WHO has expected to receive a frank, critical, and evidence-based assessment of strengths and weaknesses in the response as the 2009 influenza pandemic evolved.

We sought guidance on the performance of the IHR during this first major roll-out of its functions. In particular, we wanted a critical assessment of the performance of WHO in as many areas, and with as much detail as possible.

Above all, we wanted the Committee's conclusions and recommendations to be actionable. In other words, we wanted guidance on what needs to change, at technical, managerial, policy, and even financial levels, to improve WHO leadership when the next pandemic inevitably occurs.

Based on the preview document and the Committee's rigorous methodology, I am confident that your final report will meet these expectations.

Let me thank this Committee and its Chairman, Dr Harvey Fineberg, for the diligent, thorough, and objective approach you have taken and for your determination to collect and critically assess a vast amount of evidence and expert opinion.

You have heard testimony from people with widely divergent backgrounds, and also widely divergent views about the appropriateness and effectiveness of the WHO response. You were given unfettered access to the complete set of WHO internal documents.

As we all know, discussions today will be focused on the preview document. The Committee will then prepare its final report, which will be submitted to the World Health Assembly in May.

I look forward to hearing your views.

Response to interventions

Thank you, Chair, for giving me this opportunity to respond. I will stick to some big-picture issues.

The Secretariat has prepared a written response to the Committee's preliminary findings, and this response has been submitted to the Committee for its consideration.

As I said earlier today, WHO welcomes the preview document, its conclusions, and its recommendations. We will do our utmost to implement them.

But let me be very frank. Some of your recommendations will be far easier to implement than others, as has been mentioned by some Member States

In general, changes in policies, practices, and priorities that fall entirely within the purview of WHO and its governing bodies are comparatively easy to implement, though the amount of time needed for full implementation will vary, as will resource needs.

For example, your recommendation to accelerate implementation of core capacities required by the IHR echoes an explicit request made during the January Executive Board. This is a clear and urgent priority for WHO.

As noted, WHO needs to manage potential conflicts of interest much better. We are already doing so.

The document underscores the importance of flexibility to accommodate unexpected and changing conditions and to adapt rapidly to new circumstances. I could not agree more. Operational management was hemmed in by rigid definitions and plans.

An understanding of severity is part of the risk assessment of any public health emergency. It provides critical guidance to all ministers of health who need to make far-reaching decisions, often with significant financial implications, in an atmosphere of considerable scientific uncertainty.

We will need to manage these, and other issues identified in the report, better in the future.

More difficult to address are weaknesses in the pandemic response that lie outside the direct authority and beyond the direct influence of WHO.

These are weaknesses that arise from larger systemic difficulties. In other words, from the way this world and its international systems work.

Let me give you an example. The document refers to difficulties that impeded WHO's ability to achieve a timely distribution of donated vaccines.

I was personally, and passionately engaged in efforts to ensure that all developing countries had access to at least some vaccines quickly. That did not happen fast enough. In all sincerity, WHO could not have tried harder, devoted more energy and staff to this task, or acted with a greater sense of urgency.

The hurdles that slowed us down arise from the lack of harmonization of registration for medicines and vaccines, issues of liability that are part of company policies, and the simple fact that no country is willing to give up its sovereign right to authorize the marketing of a medical product. Issues surrounding the cold chain were another source of problems.

In my view, no amount of advance planning is going to change this reality or alter the way the systems work.

Ladies and gentlemen,

For me, personally, as head of this agency, the assessment of the pandemic response needed to address two absolutely critical questions and to give everyone a firm answer.

First, did WHO make the right call? Was this a real pandemic or not?

Second, were WHO decisions, advice, and actions shaped in any way by ties with the pharmaceutical industry?

In other words, did WHO declare a fake pandemic in order to line the pockets of industry?

The document exonerates WHO on both counts.

Had the Committee identified shortcomings in either of these two areas, such findings would have raised grave questions about the Organization's neutrality, technical credibility, and integrity.

At no point does the report question the decision to declare a pandemic. As noted, evidence from early outbreaks led many experts at WHO and elsewhere to anticipate a potentially more severe pandemic than subsequently occurred.

As also noted, WHO did not rush to declare a pandemic, but did so only when fully satisfied that all criteria for doing so had been met.

As stated, "no critic of WHO has produced any direct evidence of commercial influence on decision-making." The Committee found "no evidence of attempted or actual influence by commercial interests on advice given to or decisions made by WHO."

The report suggests that WHO responded with insufficient vigour to criticism that questioned its integrity. It is in this spirit that I am responding, hopefully with sufficient vigour, on these two specific points.

Ladies and gentlemen,

As the document clearly states: "The world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained and threatening public health emergency."

We are only three months into this year. But 2011 has already witnessed a cascade of global crises and calamities that have placed unprecedented demands on the international community and its resources. These resources were already stretched thin by the new reality of financial austerity.

I am speaking not only about the devastating triple tragedies in Japan, but also about the health and safety of civilians in a host of hot spots in the Middle East and Africa, including Cote d'Ivoire.

In such a context, recommendations to improve the capacity of WHO and the international community to respond to public health emergencies take on added urgency.

This brings me to my final comment. Apart from the value of the findings, recommendations, and conclusions you have been discussing today, *I believe the report embodies great wisdom*.

I believe it will stand the test of time. I believe it will continue to provide guidance, for different types of emergencies, for WHO and the wider public health community, for many years to come.

Again, let me express my appreciation to members of the Review Committee and your Chair.

I wish you productive deliberative sessions and look forward to reading your final report.

Thank you.

Всемирная организация здравоохранения

Комментарии Генерального директора по оценке ответных мер ВОЗ на пандемию гриппа

Женева, ВОЗ, 28 марта 2009

https://www.who.int/ru/director-general/speeches/detail/director-general-responds-to-assessment-of-who-s-handling-of-the-influenza-pandemic

Замечания на четвертом совещании Комитета по обзору Международных медико-санитарных правил

Ваши Превосходительства, уважаемые члены Комитета по обзору, представители государств-членов, коллеги по системе ООН, представители неправительственных организаций, дамы и господа,

Вслед за вашим Председателем я приветствую вас на этом четвертом совещании Комитета по обзору Международных медико-санитарных правил (ММСП).

Я и мои сотрудники тщательно рассмотрели предварительный документ, который будет представлен и рассмотрен в ходе этой сессии. Мы особо внимательно подошли к трем предварительным выводам и 15 предварительным рекомендациям, содержащимся в этом документе.

С момента начала этого процесса ВОЗ рассчитывала на откровенную, критическую и основанную на фактических данных оценку сильных и слабых сторон ответных мер, которые принимались по мере развития в 2009 году пандемии гриппа.

Мы ожидали руководящих указаний по результатам использования ММСП в ходе этого первого серьезного осуществления их функций. В частности, мы хотели получить критическую оценку результатов деятельности ВОЗ в максимально возможном числе областей и с максимально возможными подробностями.

Прежде всего, мы хотели, чтобы выводы и рекомендации Комитета стали основой для практических шагов. Иными словами, мы хотели получить руководящие указания относительно того, что следует изменить на техническом, управленческом, политическом и даже финансовом уровнях, чтобы повысить качество руководства ВОЗ во время следующей неизбежной эпидемии.

Исходя из предварительного документа и четкой методологии Комитета, я уверена, что в вашем заключительном докладе эти ожидания будут оправданы.

Позвольте мне поблагодарить Комитет и его Председателя д-ра Harvey Fineberg за добросовестный, тщательный и объективный подход и за вашу решимость собрать и критически оценить большой объем фактических данных и заключений экспертов.

Вы выслушали заявления лиц, послужной список и опыт которых сильно различаются, равно как и их взгляды относительно уместности и эффективности ответных мер ВОЗ. Вам был обеспечен неограниченный доступ к полному комплекту внутренних документов ВОЗ.

Как мы все знаем, сегодняшние обсуждения будут сосредоточены на предварительном документе. Затем Комитет подготовит свой заключительный доклад, который будет представлен Всемирной ассамблее здравоохранения в мае.

Я ожидаю услышать ваши мнения.

Комментарии по выступлениям

Благодарю Вас, Председатель, за эту возможность выступить с ответом. Я остановлюсь на некоторых крупных вопросах.

Секретариат подготовил письменный ответ на предварительные выводы Комитета, и этот ответ был представлен Комитету для рассмотрения.

Как я уже отметила сегодня, ВОЗ приветствует предварительный документ, его выводы и рекомендации. Мы приложим максимум усилий, чтобы их осуществить.

Однако позвольте мне быть откровенной. Как отметили некоторые государства-члены, одни ваши рекомендации будет осуществить значительно легче, чем другие.

В целом изменения в области мер политики, практики и приоритетов, всецело относящихся к сфере компетенции ВОЗ и ее руководящих органов, осуществить относительно легко, хотя время, необходимое для их реализации в полном объеме, будет варьироваться, как и потребности в ресурсах.

Например, ваша рекомендация ускорить обеспечение основных возможностей, предписанных ММСП, повторяет прямую просьбу на этот счет, сформулированную на январской сессии Исполнительного комитета. Это является для ВОЗ ясной и неотложной приоритетной задачей.

Как отмечалось, ВОЗ следует значительно лучше управлять потенциальными конфликтами интересов. И мы это уже делаем.

В документе подчеркивается важность гибкости для приспособления к неожиданным и меняющимся условиям и быстрого адаптирования к новым обстоятельствам. Я полностью с этим согласна. Оперативное управление сдерживалось из-за жестких определений и планов.

Понимание серьезности является частью оценки риска любой чрезвычайной ситуации в области общественного здравоохранения. Оно обеспечивает критическое руководство для всех министров здравоохранения, которым необходимо принимать далеко идущие решения, часто влекущие немалые финансовые последствия, в условиях значительной научной неопределенности.

В будущем нам следует лучше управлять этими и другими проблемами, указанными в докладе.

Слабые места в ответных мерах на пандемию, находящиеся вне сферы непосредственной компетенции и непосредственного влияния ВОЗ, устранять сложнее.

Эти слабы места являются следствием более серьезных системных затруднений. Иными словами, они проистекают из особенностей функционирования нашего мира и его международных систем.

Позвольте мне привести один пример. В документе упоминаются затруднения, которые отрицательно сказались на способности ВОЗ добиться своевременного распределения безвозмездных вакцин.

Я лично прилагала энергичные усилия к тому, чтобы все развивающиеся страны имели быстрый доступ, по крайней мере, к некоторым вакцинам. Это произошло недостаточно быстро. Скажу со всей прямотой, что ВОЗ не могла приложить больше усилий, затратить больше энергии и выделить больше сотрудников для решения этой задачи или действовать с большей безотлагательностью.

Препятствия, замедлившие наши темпы, связаны с отсутствием гармонизации в регистрации лекарственных препаратов и вакцин, проблемами ответственности, которые являются элементом политики фирм, и тем простым фактом, что ни одна страна не готова отказаться от своего суверенного права санкционировать маркетинг того или иного медицинского изделия. Другие проблемы были связаны с холодильными цепями.

На мой взгляд, никакой объем заблаговременного планирования не позволит изменить эти реалии или характер функционирования систем.

Дамы и господа,

По моему личному мнению, как руководителя этого учреждения, в ходе оценки ответных мер на пандемию необходимо было рассмотреть два абсолютно критических вопроса и дать всем твердый ответ.

Во-первых, была ли реакция ВОЗ правильной? Была ли это действительно пандемия или нет?

Во-вторых, воздействовали ли на решения, рекомендации и действия ВОЗ каким-либо образом связи с фармацевтической индустрией?

Иными словами, объявила ли ВОЗ ложную пандемию ради обогащения индустрии?

Документ снимает с ВОЗ обвинения по обоим этим пунктам.

Если бы Комитет выявил недостатки в любой из этих двух областей, то такие выводы поставили бы серьезные вопросы относительно нейтральности, авторитетности в технических вопросах и добросовестности Организации.

В докладе нигде не ставится под сомнение решение объявить пандемию. Было отмечено, что исходя из фактических данных, полученных в результате предыдущих вспышек, многие эксперты в ВОЗ и за ее пределами ожидали потенциально более тяжелой пандемии, чем она в итоге оказалась.

Также отмечено, что ВОЗ не поспешила объявить пандемию, а сделала это, лишь убедившись в полной мере, что для этого соблюдены все критерии.

Как было указано, "никакая критика ВОЗ не содержала никаких прямых фактических данных о коммерческом влиянии на принятие решений". Комитет "не нашел никаких свидетельств попыток или фактического влияния коммерческих интересов на высказанные консультативные заключения или решения, принятые ВОЗ".

В докладе высказана мысль о том, что ВОЗ недостаточно энергично реагировала на критику, поставившую под сомнение ее добросовестность. Надеюсь, что моя реакция по этим двум пунктам сегодня является достаточно энергичной.

Дамы и господа,

Как ясно указано в документе, "Мир плохо подготовлен к реагированию на сильные пандемии гриппа или на любые подобные глобальные, длительные и угрожающие общественному здравоохранению чрезвычайные ситуации".

Прошли лишь три месяца этого года. Однако в 2011 году. мы уже стали свидетелями серии глобальных кризисов и бедствий, повлекших беспрецедентную нагрузку на международное сообщество и его ресурсы. Эти ресурсы были и без того крайне напряжены в связи с новыми реалиями строгой финансовой экономии.

Я говорю не только о трех опустошительных трагедиях в Японии, но также о здоровье и безопасности гражданских лиц в целом ряде горячих точек на Ближнем Востоке и в Африке, включая Кот д'Ивуар.

В подобной ситуации рекомендации улучшить способность ВОЗ и международного сообщества реагировать на чрезвычайные ситуации в области общественного здравоохранения становятся еще более актуальными.

Я подхожу к своему заключительному замечанию. Помимо ценных выводов, рекомендаций и заключений, которые вы сегодня обсуждаете, *доклад, по моему мнению, содержит глубокую мудрость*.

Полагаю, что он выдержит проверку временем и будет еще многие годы служить источником руководящих принципов в отношении различных чрезвычайных ситуаций для ВОЗ и для более широкого сообщества общественного здравоохранения.

Позвольте мне еще раз выразить мою признательность членам Комитета по обзору и вашему Председателю.

Я желаю вам продуктивных заседаний и жду вашего заключительного доклада.

Благодарю вас.

EurekAlert! AAAS

Highest prize in public health awarded to Dr. Harvey V. Fineberg
President of the Institute of Medicine
to receive Calderone Prize Grant and Award Announcement

Eurek Alert, AAAA, 17 May 2011
https://www.eurekalert.org/news-releases/532964

New York, NY – May 17, 2011 – Columbia University's Mailman School of Public Health today announced that it will *award the highest prize in public health – the Frank A. Calderone Prize* – to Harvey V. Fineberg, MD, PhD, President of the Institute of Medicine, the health branch of the National Academy of Sciences. The Frank A. Calderone Prize in Public Health, overseen by the Mailman School, is presented to an individual who has made a transformational contribution in the field of public health.

The award recognizes Dr. Fineberg's outstanding work in the fields of health policy and medical decision-making during his long career at Harvard University and later at the Institute of Medicine (IOM). An expert on the impact and broad possibilities of medical innovation and change, he has brought a new awareness and perspective to such issues as how best to roll out new medical technology, how to decide – as individuals and as a society – which treatments to use in complex and risky situations and how to cope with newly emerging illnesses and threatened epidemics.

"Throughout his career, Harvey Fineberg has helped shape our nation's understanding of the importance of disease prevention as a critical component of our health system and the value of investing in high quality public health education to accomplish this. At the Institute of Medicine, he has advanced the goals of improving the quality of medical care and integrating prevention into our nation's health agenda. We are delighted to honor his distinguished work," said Mailman School Dean Linda P. Fried, MD, MPH.

Dean Fried serves with five other public health leaders on the Calderone Prize selection committee. Said committee member Peter Piot, MD, PhD, dean of the London School of Hygiene & Tropical Medicine, of this year's prizewinner: "Dr. Harvey Fineberg has made a lasting impact on public health worldwide through his research on risk and decision-making, his advocacy for prevention, his relentless promotion of human rights, and the training of several generations of public health scholars and practitioners."

Dr. Fineberg will accept the Calderone Prize at the Mailman School gala on October 18, 2011 at the Pierre in New York City. He will give a major address the following day at Columbia's Mailman School. He is the tenth winner of the Calderone Prize, which has been awarded every two to three years since 1992. The $15,000 prize is named for the late Dr. Frank A. Calderone, who was a leading figure in the New York City Department of Health and a pioneering officer of the World Health Organization.

"I am truly honored and humbled by this award and for the extraordinary recognition," said Dr. Fineberg. "It is a privilege to join the distinguished group of past recipients. I am grateful for the opportunity to have worked with so many able colleagues over the years and to continue our collective efforts to help advance the public's health."

Past Calderone Prize winners include C. Everett Koop, MD, ScD, former Surgeon General of the United States; William Foege, MD, MPH, former director of the Centers for Disease Control and Prevention, Mary Robinson, former President of Ireland and U.N. High Commissioner for Human Rights, and Susan Baker, MPH, a pioneering researcher in injury prevention at Johns Hopkins University.

This year's prizewinner, Harvey V. Fineberg, was Provost of Harvard University from 1997 to 2001, following 13 years as Dean of the Harvard School of Public Health. His research has focused on policy development and implementation, assessment of medical technology, evaluation and use of vaccines, and dissemination of medical innovations.

As IOM's president, Dr. Fineberg oversees the efforts of nine boards and 15 standing forums and roundtables engaged in providing objective, expert advice on the nation's most pressing questions about health and health care. Prior to his election, he contributed to IOM's work as chair or member of panels that dealt with health policy issues such as improving HIV/AIDS prevention to policies and regulations that shape the development of new medical technology. Dr. Fineberg also served as a member of the Public Health Council of Massachusetts (1976-1979), as chairman of the Health Care Technology Study Section of the National Center for Health Services Research (1982-1985), and as president of the Association of Schools of Public Health (1995-1996). He helped found and served as president of the Society for Medical Decision Making and recently chaired the World Health Organization's committee to review the functioning of the International Health Regulations and performance during the H1N1 influenza pandemic of 2009.

Dr. Fineberg co-authored the books Clinical Decision Analysis, Innovators in Physician Education, and The Swine Flu Affair. He co-edited books on such topics as AIDS prevention, vaccine safety, and understanding risk in society and authored numerous scientific papers. Among the honorary degrees and awards he has received are the Stephen Smith Medal for Distinguished Contributions in Public Health from the New York Academy of Medicine. He earned his bachelor's and doctoral degrees from Harvard.

European Centre for Disease Prevention and Control
An agency of the European Union

WHO's Final Report on the functioning of the International Health Regulations (IHR) in relation to the 2009 A(H1N1) pandemic - the Fineberg report

ECDC comment, 13 June 2011

http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf
https://www.ecdc.europa.eu/en/news-events/whos-final-report-functioning-international-health-regulations-ihr-relation-2009-ah1n1

In January 2010 the World Health Organization (WHO's) Executive Board endorsed a proposal from the WHO Director-General to convene a Committee with an independent chair to review the working of the 2005 International Health Regulations (IHR), and the experience gained in the global response to the 2009 influenza pandemic.

Implementation of the International Health Regulations (2005) - Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009

Report by the Director-General of the World Health Organization (WHO), 64th World Health Assembly (WHA) - Geneva, Switzerland, 5th May 2011

In January 2010 the World Health Organization (WHO's) Executive Board endorsed a proposal from the WHO Director-General to convene a Committee with an independent chair to review the working of the 2005 International Health Regulations (IHR), and the experience gained in the global response to the 2009 influenza pandemic. Effectively this was to review the global handling of the pandemic and what lessons should be learnt. The review of the operation of the new regulations was expected and required in the Regulations themselves. It followed the Regulations being radically different from their predecessors.(1) The review of the handling of the pandemic was a 'lessons learnt' exercise to help modify future responses and so strengthen preparedness for future pandemics. However it also followed criticism of WHO and the global response by bodies like the Parliamentary Assembly of the Council of Europe and specific allegations including that WHO had succumbed to pressures from commercial pharmaceutical companies and that the risk of the pandemic had been over-stated both by WHO and member states.(2) The members of the Committee were persons nominated by Member States and were a mix of experts in public health, emergency response and influenza. Following a protracted process, close examination of WHO itself and much personal and corporate testimony, including from ECDC (3) the review was published and debated by the 64th World Health Assembly in May 2011 where it was adopted.(4) The review is referred to as the *Fineberg* report after its chairman Dr Harvey Fineberg head of the US Institute of Medicine who co-authored a previous report on an influenza incident.(5)

The review committee was given three key objectives:
• Assess the functioning of the International Health Regulations (2005);
• Assess the ongoing global response to the pandemic H1N1 (including the role ofWHO); and
• Identify lessons learned important for strengthening preparedness and response for future pandemics and public-health emergencies.

The Committee conducted most of its work through plenary meetings in Geneva that were open to Member States, the media and the public. The Committee and its working groups also met for deliberative sessions in Geneva, open only to members of the Committee and its immediate support staff. While operating independently, the Review Committee frequently sought information from WHO's Secretariat, asking for clarification of issues that arose during the information-gathering and

report-writing periods. Additionally, the Committee was informed by a remote survey of country general and pandemic preparedness plus a series of briefing notes developed by the WHO Secretariat which provided background on specific issues. These included the IHR, pandemic preparedness, pandemic phases, pandemic severity, pandemic vaccines, antiviral drugs, virological monitoring, disease monitoring, laboratory response, public health measures. In parallel, and of considerable relevance, was an Open-ended Working Group OEWG) of member states on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits.(6) In summary, the Committee sought to document WHO's and member states roles and management in response to the pandemic and to evaluate the effectiveness of the IHR in their first few years of use. This required a thorough investigation of events and decisions in the course of the pandemic and an examination of criticisms of the WHO as well as an assessment of its achievements.

The Committee report offers 3 overarching summary conclusions and 15 recommendations for WHO and Member States. These are as follows (many of the recommendations have more detailed sub-recommendations which deserve examination but are not listed here):

Summary conclusion 1

The adoption of IHR 2005 has helped make the world better prepared to cope with public-health emergencies. However the core national and local capacities called for in the IHR are not yet fully operational in member states and are not at present on a path to timely implementation worldwide. Good as the IHR are they lack consequences and sanctions if a member state does not follow them. In some countries the IHR focal point does not even have the authority to convey information to WHO.

- *Recommendation 1*

Member states should accelerate implementation of core capacities required by the IHR.

- *Recommendation 2*

WHO should enhance its Event Information Website.

- *Recommendation 3*

WHO and member states should make decisions on international travel and trade in relation to potential public health emergencies more evidence-based.

- *Recommendation 4*

Member states should ensure that all National IHR Focal Points have the necessary authority and resources to operate effectively.

Summary conclusion 2

WHO performed well in many ways during the pandemic, confronted systemic difficulties but also demonstrated some shortcomings. Because of prior activity by WHO, member states and others three quarters of countries world-wide had pandemic plans by 2009. Specifically the Review Committee found no evidence of malfeasance (wrong-doing) in relation to commercial pressures or influence as alleged by some.(2) Equally the Committee concluded that WHO did not exaggerate the severity of the pandemic but was critical of a number of its communication activities and WHO's handling of its Emergency Committee. It was also critical of member states and WHO spending time counting cases rather that producing rates and analyses. Consequently there were a number of improvements recommended for WHO, the global pandemic response and member states.

- *Recommendation 5*

WHO should strengthen its internal capacity for making sustained responses to emergencies.

- *Recommendation 6*

The mechanism for WHO appointing an Emergency Committee under the IHR should be improved and be made more transparent.

- *Recommendation 7*

WHO should revise its pandemic preparedness guidance in the light of the 2009 experience (while at the same time it must not be assumed that the next pandemic will necessarily resemble 2009 or any other pandemic).(7)

- *Recommendation 8*

WHO should with member states develop measures to assess severity of pandemics but also apply these for seasonal influenza .

- *Recommendation 9*

The management of its guidance documents should be streamlined by WHO.

- *Recommendation 10*

WHO should develop and implement a strategic, organization-wide communications policy.

- *Recommendation 11*

Improved advance agreements for vaccine distribution and delivery should be developed.

Summary conclusion 3

The world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained and threatening public-health emergency. Beyond implementation of core public-health capacities called for in the IHR, global preparedness can be advanced through research, reliance on a multisectoral approach, strengthened health-care delivery systems, economic development in low and middle-income countries and improved health status of the population.

- *Recommendation 12*

A more extensive global, public-health reserve workforce should be established by member states in concert with WHO.

- *Recommendation 13*

There should be a contingency fund for public-health emergencies held outside of WHO but available to WHO in an emergency. .

- *Recommendation 14*

Agreement should be reached on sharing of influenza viruses and access to vaccines and other benefits with the latter built around the GAP programme of WHO.

- *Recommendation 15*

Member states and WHO should continue to pursue comprehensive influenza research and evaluation programmes.

Read the full report

http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf

ECDC's listing of Pandemic Evaluations

ECDC Comment (10/06/2011)

As can be seen though the Review Committee cleared WHO of wrong-doing in relationship to pharmaceutical companies, or exaggerating the severity of the 2009 pandemic WHO certainly did not escape criticism. This was especially in the lack of openness over the working of the Emergency Committee and communications in general. It also noted the difficulties that WHO faced in responding to a sustained crisis. At the same time The Review Committee acknowledged that both WHO and all member states faced a most difficult challenge in preparing for and responding to as uncertain a threat as a pandemic. Generally it was noted that plans were set for a severe and lacked flexibility, points noted by ECDC and many European authorities in their reviews.(7) One important development, agreement on virus sharing and benefit sharing has already been agreed and this was endorsed at the 64th World Health Assembly in May.(6) EU authorities are showing leadership since the European Commission has taken the initiative following EU Council encouragement to develop joint procurement procedures with interested member states. At the same time ECDC, working with the European Commission and WHO Regional Office for Europe is leading the revision of the European Pandemic Preparedness Indicators for Member States in the light of the pandemic 2009 experience.(8)

References:

1. WHO International Health Regulations (2005).
2. Flynn P. Social, Health and Family Affairs Committee. Parliamentary Assembly of the Council of Europe. The handling of the H1N1 pandemic: more transparency needed. 2010
3. Sprenger M. ECDC Evidence to the Fineberg Committee Add date and link from our evaluations listing.
4. Implementation of the International Health Regulations (2005) - Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009 *Report by the Director-General of the World Health Organization (WHO), 64th World Health Assembly (WHA) - Geneva, Switzerland, 5th May 2011*
5. Neustadt RE, Fineberg HV. The swine flu affair: decision making on a slippery disease. Washington: US Department of Health, Education and Welfare 1978.
6. Nicoll A, Sprenger M. Learning lessons from the 2009 pandemic: putting infections in their proper place Eur J Epidemiol 2011; 10.1007/s10654-011-9575-4
7. ECDC – European Commission – WHO Regional Office for Europe. European Pandemic Preparedness Indicators

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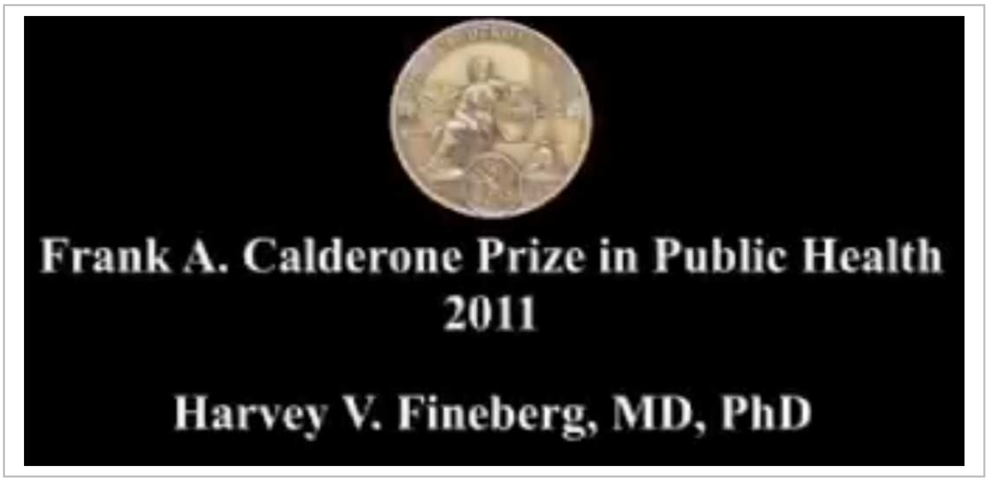

Frank A. Calderone Prize in Public Health 2011 – 19 October 2011
https://www.youtube.com/watch?v=ZI41tPkwU_o

Columbia University's Mailman School of Public Health awards the highest prize in public health – the Frank A. Calderone Prize – to an individual who has made a transformational contribution in the field of public health. The winner for 2011 is Harvey V. Fineberg, MD, PhD, President of the Institute of Medicine, the health branch of the National Academy of Sciences.

On October 18, 2011 Columbia University's Mailman School of Public Health, awarded Dr. Fineberg the highest prize in public health – The Frank A. Calderon Prize in Public Health.

CISION

Health Care Visionary Dr. Harvey V. Fineberg,
President of the Institute of Medicine,
is named the 2013 winner of the Henry G. Friesen International Prize in Health Research

NewsWire, 8 April 2013, 14:28 ET
https://web.archive.org/web/20210304154919/https://www.newswire.ca/news-releases/health-care-visionary-dr-harvey-v-fineberg-president-of-the-institute-of-medicine-is-named-the-2013-winner-of-the-henry-g-friesen-international-prize-in-health-research-512217931.html

TORONTO, April 8, 2013 /CNW/ - The Prize, established by the Friends of the Canadian Institutes of Health Research (FCIHR) in collaboration with the Canadian Academy of Health Sciences, recognizes exceptional innovation by a visionary health leader of international stature. President Fineberg will receive the Prize and deliver a public lecture on September 18, 2013 in Ottawa. In 2014, he will undertake one or more Institutional visits in Western Canada.

Under Dr. Fineberg's guidance, the Institute of Medicine of the National Academy of Sciences produces 60 to 70 in depth studies per year, many of which address public health practices, medical care, medical education and health policies that guide many agencies of government and other sectors. Dr. Aubie Angel, President of FCIHR, notes that "Dr. Fineberg's public discussions are exceptional in their clarity, objectivity and fundamental soundness".

Harvey V. Fineberg is President of the Institute of Medicine. He served as Provost of Harvard University from 1997 to 2001, following thirteen years as Dean of the Harvard School of Public Health. He has devoted most of his academic career to the fields of health policy and medical decision-making. His past research has focused on the process of policy development and implementation, assessment of medical technology, evaluation and use of vaccines, and dissemination of medical innovations.

Dr. Fineberg helped found and served as president of the Society for Medical Decision Making and has been a consultant to the World Health Organization. At the Institute of Medicine, he has chaired and served on a number of panels dealing with health policy issues, ranging from HIV/AIDS to new medical technology. He also served as chairman of the Health Care Technology Study Section of the National Center for Health Services Research, and as president of the Association of Schools of Public Health.

Dr. Fineberg is co-author of the books *Clinical Decision Analysis*, *Innovators in Physician Education*, and *The Epidemic that Never Was*, the latter an analysis of the controversial federal immunization program against swine flu in 1976. He has co-edited several books on such diverse topics as AIDS prevention, vaccine safety, and understanding risk in society. He has also authored numerous articles published in professional journals. Dr. Fineberg is the recipient of several honorary degrees and the Stephen Smith Medal for Distinguished Contributions in Public Health from the New York Academy of Medicine. He earned his bachelor's and doctoral degrees from Harvard University.

The Henry G. Friesen International Prize in Health Research was established in 2005 by FCIHR in recognition of Dr. Henry Friesen's distinguished leadership, vision and innovative contributions to health and health research. The $35,000 Friesen Prize is awarded annually

Consortium of Universities for Global Health

2014 CUGH Global Health Distinguished Leadership Award

Consorium of Universities for Global Health, June 2014
https://www.cugh.org/our-work/events/past-conferences/global-health-leadership-awards/2014-cugh-global-health-distinguished-leadership-award/

The recipient of the 2014 CUGH Global Health Distinguished Leadership Award was Harvey Fineberg, President of the Institute of Medicine.

Dr. Harvey Fineberg

Harvey V. Fineberg, MD, PhD, is president of the Institute of Medicine (IOM). Following completion of his second term at the IOM at the end of June 2014, he will hold the Presidential Chair on the faculty of the University of California, San Francisco for academic year 2014–2015. Dr. Fineberg served as Provost of Harvard University from 1997 to 2001, following thirteen years as Dean of the Harvard School of Public Health. He has devoted most of his academic career to the fields of health care, public health, and decision-making at the individual level and for policy. His past research has included health policy development and implementation, assessment of medical technology, evaluation and use of vaccines, and dissemination of medical innovations.

Dr. Fineberg helped found and served as president of the Society for Medical Decision Making and has been a consultant to the World Health Organization. He chairs the boards of the Carnegie Endowment for International Peace and the William and Flora Hewlett Foundation and is chair-elect of the China Medical Board. He also serves on the boards of the Josiah Macy, Jr. Foundation and the François-Xavier Bagnoud U.S. Foundation, as well as in a number of advisory capacities, including the National Advisory Committee for the Peterson Institute on Health and the Foresight Committee of the Veolia Environment Institute.

Dr. Fineberg is the recipient of a number of honorary degrees and awards, including the Henry G. Friesen International Prize for Research awarded by the Friends of the Canadian Institutes for Health Research

Dr. Fineberg received another award from Academyhealth on June 8, 2014
https://alchetron.com/Harvey-V-Fineberg

GORDON AND BETTY MOORE FOUNDATION

Foundation president Harvey Fineberg awarded honorary doctoral degree

Gordon and Betty Moore Foundation, 8 June 2016
https://www.moore.org/article-detail?newsUrlName=foundation-president-harvey-fineberg-awarded-honorary-doctoral-degree

This week, Ben-Gurion University of the Negev (BGU) awarded foundation president Harvey Fineberg with an honorary doctoral degree at its 46th Board of Governors Meeting in Beer-Sheva, Israel. Harvey received this award for his hard work and vision in the fields of health policy and medical decision-making.

SAN FRANCISCO… June 7, 2016 – Ben-Gurion University of the Negev (BGU) awarded global healthcare visionary Harvey V. Fineberg; M.D., Ph.D., an honorary doctoral degree today at its 46th Board of Governors Meeting in Beer-Sheva, Israel.

Dr. Fineberg has devoted most of his distinguished academic career to the fields of health policy and medical decision-making. His past research focused on the process of policy development and implementation; assessment of medical technology; evaluation and use of vaccines; and dissemination of medical innovations. Fineberg examined, among other subjects, the controversial federal immunization program against swine flu, the adverse effects of pertussis and rubella vaccines, the cost-effectiveness of cardiac care, and the reform of medical education.

Fineberg is the president of the Gordon and Betty Moore Foundation, a U.S. organization that seeks to develop outcome-based projects that will improve the quality of life for future generations.

He held the 2014-2015 presidential chair as visiting professor at the University of California, San Francisco. Prior to that, he served as president of the Institute of Medicine from 2002 to 2014 and as provost of Harvard University from 1997 to 2001, following 13 years as dean of the Harvard School of Public Health. He worked as a practicing physician at two Boston-area health centers from 1974 to 1984.

At the ceremony, BGU President Prof. Rivka Carmi conferred upon him the degree of Doctor Philosophiae Honoris Causa "as a pre-eminent visionary and scientist, dedicated to advancing public health worldwide and whose studies of medical decision-making and health policy have made a lasting global impact. He has demonstrated a profound commitment to human rights and made contributions to the most noble cause of preventing diseases and improving the quality of life for people around the world."

Upon receiving the degree, Fineberg said that "It is a special privilege to receive this degree from Ben-Gurion University of the Negev, which played such a pioneering role in community medicine and population health."

Fineberg chairs the board of the Carnegie Endowment for International Peace and serves on the boards of the William and Flora Hewlett Foundation and the China Medical Board. He helped

found and served as president of the Society for Medical Decision Making and served as a consultant to the World Health Organization.

Fineberg is co-author of the books Clinical Decision Analysis, Innovators in Physician Education, and The Epidemic That Never Was, an analysis of the controversial federal immunization program against swine flu in 1976. He has co-edited several books on such diverse topics as AIDS prevention, vaccine safety, understanding risk in society, and global health. He has also authored numerous articles published in professional journals.

Fineberg is the recipient of several honorary degrees: the Frank A. Calderone Prize in Public Health, the Henry G. Friesen International Prize in Health Research and the Harvard Medal, awarded by the alumni association of the University.

He received a Ph.D. in government from Harvard's Graduate School of Arts and Sciences in 1980, a master's in public policy from the Kennedy School of Government in 1972, an M.D. in 1971 from Harvard Medical School, and a B.A from Harvard College in 1967.

Prof. Harvey V. Fineberg
Honorary Doctorate Recipient at BGU's 46th Board of Governors Meeting

YouTube, 14 June 2016
https://www.youtube.com/watch?v=BiwWOBjfjH0

Chapter 19

Additional information related to a Global Vaccination Campaign

Г.Г. Онищенко, Л.С. Сандахчиев. С.В. Нетесов. Р.А. Мартынюк

Биотерроризм: национальная и глобальная угроза

Вестник Российской Академии Наук, 2003, том 73, № 3, с. 195-204.
http://vivovoco.astronet.ru/VV/JOURNAL/VRAN/BIOTERROR.HTM

Онищенко Геннадий Григорьевич - академик РАМН, первый заместитель министра здравоохранения, главный государственный санитарный врач.

Сандахчиев Лев Степанович - академик, генеральный директор ГНЦ вирусологии и биотехнологии "Вектор".

Нетесов Сергей Викторович - член-корреспондент РАН, директор НИИ молекулярной биологии ГНЦ вирусологии и биотехнологии "Вектор".

Мартынюк Раиса Александровна - кандидат биологических наук, заместитель генерального директора по координации НИОКР ГНЦ вирусологии и биотехнологии "Вектор".

Угроза биотерроризма, разбуженная 11 сентября 2001 г. атаками на Нью-Йорк и Вашингтон, стала реальностью после того, как в почтовой системе США были скрытно распространены письма с возбудителями сибирской язвы. В результате этой акции умерли пять человек, включая троих, непосредственно контактировавших с зараженной почтой, более 20 были инфицированы и несколько тысяч человек вынуждены принимать сильные антибиотики. Письма, содержащие споры возбудителя сибирской язвы или их имитаторы, обнаружены в десятках других стран, включая Россию. Последний случай инфицирования сибирской язвой через письмо зарегистрирован 31 октября 2001 г. в одном из госпиталей Нью-Йорка [1].

Анализ исторических данных показал, что, как всякий терроризм, биотерроризм имеет политико-идеологические корни. Характер преследуемых целей и задач – борьба за власть и политико-экономическое влияние в современном мире -требует от террористов XXI столетия осуществления глобальных акций, способных самым серьезным образом воздействовать на население и правительства разных стран. В принципе, это тот же террор, только его инструментом служат биологические агенты, среди которых - возбудители особо опасных инфекций. Фактически, меняются форма и масштаб, сущность террора остается прежней.

В истории человечества сохранились сведения о применении биологических агентов во время захватнических войн, следствием чего были опустошающие эпидемии чумы и оспы. Так, в 1346 г. по приказу хана Золотой Орды Тохтамыша в колодцы и другие источники воды в осажденной генуэзской крепости Каффу (нынешняя Феодосия) в Крыму забрасывались трупы людей и животных, погибших от бубонной чумы. В итоге Каффа сдалась, но чума распространилась по всей Европе, вызвав страшную эпидемию, которая унесла жизни 25 млн. человек, что соответствовало примерно 10% населения тогдашнего мира. В 1422 г., в период религиозной войны в Чехии, в битве за Карлштейн тела зараженных чумой солдат бросали в шеренги противника. Подобные эпизоды отмечались и в 1710 г., во время войны России со Швецией. При колонизации Америки среди индейских племен неоднократно распространялась оспа. Например, в 1763 г. белые колонисты вероломно передавали им в знак дружбы зараженные одеяла, что привело к гибели миллионов индейцев, не имевших иммунитета к такому опасному заболеванию, как оспа. Позднее тем же приемом воспользовались британские солдаты для истребления коренного населения Америки [2]. И во время войны Франции и Индии (1754-1767) вирус оспы применялся с целью уничтожения противника [3].

В XX в. развернулись исследования по разработке высокоэффективного химического и биологического оружия для военных целей. Однако, в отличие от химического оружия, в прошлом столетии биологическое оружие использовалось крайне редко. Документально подтверждено лишь применение Японией возбудителей чумы и других бактериальных агентов против Китая в ходе Второй мировой войны [4]. Подписание в 1972 г. конвенции о запрещении биологического оружия значительно уменьшило потенциальную опасность его применения.

Согласно исследованию, проведенному американскими учеными в 1994 г., со времени окончания Первой мировой войны произошло более 244 инцидентов использования биологического и химического оружия [5]. Позднее были идентифицированы еще 110 подозрительных эпизодов, когда террористы или члены криминальных групп использовали, приобретали, угрожали либо проявляли интерес к биологическому оружию [6]. Случаи применения биологических агентов в террористических целях, с точки зрения нынешней трактовки терроризма, единичны. До недавнего времени единственным доказанным случаем считалось заражение салата в барах одного из американских городов в 1984 г., когда в приправу к салатам была добавлена *Salmonella typhimurium* [7].

Эксперты прогнозировали возрастающую угрозу биотерроризма задолго до событий 11 сентября 2001 г. В докладе Службы внешней разведки России за 1993 г. отмечалось:

“Наметившаяся тенденция к широкому распространению биотехнологий (имеющих, как правило, двойное назначение), трудности контроля за производством и применением биологических агентов и токсинов увеличивают вероятность использования биологического оружия (БО) странами «третьего мира» в локальных военных конфликтах, а также в диверсионных и террористических целях” [8].

При этом подчеркивалось преимущество биологического оружия перед ядерным и химическим: имеется возможность нанести серьезный ущерб экономике противника путем изначально скрытого применения биологического оружия против сельскохозяйственных растений и животных. Такие акции могут проводиться и в целях "экономической войны".

Если потенциальные агенты химического оружия хорошо изучены и для большинства из них разработаны методы противодействия, то в отношении биологических агентов ситуация качественно другая. Важно понимать, что биологические агенты действуют не сразу, имеют инкубационный период заболевания, в течение которого носитель может оказаться в совершенно других от первоначального места распространения биологических агентов географических условиях. Случаи подобного рода очень трудно выявить и отличить от природной вспышки, поэтому для доказательства биотеррористической природы вспышки требуется всесторонний эпидемиологический анализ, который может занять много времени. В упоминавшемся нами случае заражения салатов сальмонеллой только через год было доказано, что это - террористический акт, а общественность США узнала об инциденте лишь спустя много лет [9].

Нельзя также забывать, что окружающая нас природа - неисчерпаемый источник микроорганизмов - вирусов, бактерий и грибов, вызывающих заболевания человека, растений и животных. Всемирная организация здравоохранения (ВОЗ) считает инфекционные заболевания второй ведущей причиной смертности и первой причиной преждевременной смертности в мире. Согласно оценкам ВОЗ, ежегодно 2 млрд. людей болеют инфекционными заболеваниями, 17 млн. из которых умирают; ежедневно 50 тыс. смертей являются следствием инфекционных болезней и половина населения планеты находится под угрозой эндемических заболеваний [10].

Имеются и другие причины, по которым биологические агенты могут быть предпочтительными для террористов. Прежде всего это доступность, простота в изготовлении, удобство в хранении и транспортировке, а также возможность скрытого применения. Угроза биотерроризма требует от здравоохранения исключительно высокого уровня готовности к обнаружению наиболее опасных агентов и ликвидации последствий их преднамеренного использования.

В настоящее время ни одна страна не способна в достаточной степени противодействовать биотеррористической угрозе. По мнению ВОЗ, во всем мире система общественного здравоохранения ведет борьбу с естественно возникающими инфекциями на пределе своих возможностей, и дополнительная биотеррористическая угроза может привести к тому, что эта система будет не в состоянии с ней справиться. Уязвимость общества к биологическим агентам объясняется главным образом тем, что система медико-санитарной помощи не способна на данном этапе их своевременно обнаружить и предпринять необходимые меры защиты. Согласно рекомендациям ВОЗ, чтобы повысить готовность общественного здравоохранения к отражению биологической угрозы в той или иной стране, следует сосредоточить усилия на обучении персонала по программе, включающей ограниченную, но правильно выбранную группу биологических агентов. Это позволит создать необходимый потенциал для борьбы с более широким спектром патогенов [12].

Существуют различные списки агентов биологического оружия или потенциально опасных биологических агентов. Исторически потенциальная опасность патогенов оценивалась в интересах военных действий, а не биотеррора. Однако мирное население отличается от военных формирований. Для населения характерны широкий возрастной диапазон и большой разброс в состоянии здоровья, поэтому последствия биологической атаки для него могут быть сильнее, чем для военных формирований. Мирное население более уязвимо к биологическим агентам, содержащимся в питьевой воде и продуктах питания.

На встрече экспертов по инфекционным заболеваниям, проведенной в 1999 г. в Центре по контролю за инфекционными заболеваниями США, были рассмотрены ранее составленные списки потенциально опасных биологических агентов и разработаны общие критерии отбора тех из них, которые представляют наибольшую опасность при биотеррористической атаке. Отобрано около 40 биологических агентов (вирусы или группы вирусов, бактерии, риккетсии, грибы и токсины) и сформированы три категории А, В и С, включающие агенты по степени значимости угрозы для мирного населения [13]. Приводим распределение опасных биологических агентов по категориям [14].

Категория А

Bacillus anthracis (сибирская язва), *Clostridium botulinum* (ботулизм), *Yersinia pestis* (чума) *Variola major* (оспа натуральная) и другие покс-вирусы, *Francisella tularensis* (туляремия) Вирусные геморрагические лихорадки, вызываемые: аренавирусами (ЛХМ вирус, Хунин вирус, Мачупо вирус, Гуанарито, лихорадка Ласса), буньявирусами (хантавирусы, лихорадка долины Рифт) флавивирусами (Денге) филовирусами (Эбола, Марбург)

Категория В

Burkholderia pseudomallei (мелиоидоз), *Coxiella burnetti* (лихорадка Ку), *Brucella species* (бруцеллез), *Burkholderia mallei* (сап), *Ricinus communis* (токсин Рицин), *Clostridium perfringens* (Эпсилон токсин), Стафилококковый энтеротоксин В, *Rickettsia prowazekii* (сыпной тиф).

Патогены, угрожающие пищевой и водной безопасности: Бактерии *(E. coH* - диарея, холерные вибрионы, шигеллиозы, сальмонеллезы, *Listeria monocytogenes* - листериоз, *Campylobacter jejuni* - энтерит, *Yersinia enterocolitica* - энтерит), вирусы *(Caliciviruses,* гепатит А) простейшие *(Cryptosporidium parvum* - диарея, *Cyclospora cayatanensis* - диарея, *Giardia lamblia* - энтерит, *Entamoeba histolytica* -амебиаз, *Toxoplasma* — токсоплазмоз, *Microsporidia* — микроспоридии) дополнительные вирусные энцефалиты (вирус лихорадки Западного Нила, Ла Кросс, Калифорнийский энцефалит. Венесуэльский энцефаломиелит лошадей, Восточный энцефаломиелит лошадей. Западный энцефаломиелит лошадей, вирус японского энцефалита, вирус болезни леса Кьяссанур).

Категория С

Вирусы клещевых геморрагических лихорадок (вирус Конго-Крымской геморрагической лихорадки), Вирусы клещевых энцефалитов, Желтая лихорадка, Устойчивые к лекарствам, формы туберкулеза, Грипп, Риккетсиозы, Бешенство.

В 2002 г. этот список был использован Национальным институтом аллергии и инфекционных заболеваний, одним из ведущих в США в области изучения инфекционных агентов, при разработке краткосрочного и долгосрочного планов исследований по противодействию терроризму. Оценка опасности биологических агентов как средств терроризма против гражданского населения проводилась по следующим критериям:

•высокая заболеваемость и смертность;

• потенциал для непосредственной трансмиссии от человека к человеку либо через переносчика;

• низкая инфекционная доза и высокая инфекционность аэрозоля, способная вызывать большие вспышки;

• способность контаминировать продовольственные и водные ресурсы;

• отсутствие специфических диагностических тестов и/или эффективного лечения;

• отсутствие безопасных и эффективных вакцин;

• потенциал вызывать страх у населения и медицинских работников;

• потенциал для использования в качестве биологического оружия.

Агенты, отнесенные к категории А, представляют наибольшую угрозу для мирного населения. Их применение может привести к массовым жертвам, а некоторые из них, например оспа и чума, способны поставить под угрозу функционирование всего государства. Вирус натуральной оспы считается самым опасным из-за своих патогенных и эпидемических свойств [15]. За всю историю человечества оспа унесла около полумиллиарда человеческих жизней - больше, чем войны и прочие эпидемии вместе взятые [2].

Большинство предпринимаемых ныне мер ориентированы на защиту мирного населения именно от агентов, относящихся к категории А. Однако необходимо помнить, что в качестве биологического оружия можно использовать и обычные микроорганизмы, например, сальмонеллы, легионеллу или вирус гриппа, которые способны надолго вывести из строя большую часть населения страны, подорвать экономику государства. К такому выводу исследователи пришли на основе изучения пяти вспышек инфекционных болезней, недавно имевших место в различных странах. Санитарно-эпидемиологические службы и органы здравоохранения этих стран не смогли адекватно отреагировать на резкий прирост заболеваемости [16].

Крайне опасно использование в террористических целях агентов "возникающих инфекций". По оценкам экспертов, нам известно не более нескольких процентов существующих вирусов и чуть большая доля бактерий, а природа постоянно создает новые патогены. Только за последние 40 лет открыто и идентифицировано более 30 новых инфекционных агентов, среди которых ВИЧ, вирусы Марбург и Эбола. Для этих заболеваний не разработаны средства лечения и профилактики. Ряд возникающих и вновь появляющихся патогенов, таких как вирус Западного Нила, лекарственно устойчивые *Streptococcus, Staphylococcus* и *Mycobacterium tuberculosis,* также могут быть опасными биологическими агентами [9].

Значительную угрозу представляют и химерные организмы, сконструированные с помощью простых генетических манипуляций. На конференции, прошедшей в Бельгии в ноябре 2001 г., ученые пришли к выводу, что пандемию гриппа можно вызвать искусственным путем. По мнению доктора Р. Бебстера - директора Сотрудничающего центра ВОЗ по изучению экологии гриппа у животных и птиц - террористы вполне могут инициировать вспышку гриппа. Возможности современной биотехнологии позволяют создать вирус гриппа того типа, который наблюдался в 1919 г. и вызвал многомиллионные смерти во всем мире [17]. В противовес этим угрозам должны быть разработаны методики выявления таких искусственно созданных агентов и специфические средства для профилактики и лечения вызываемых ими заболеваний.

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Возрастание угрозы применения биологического оружия террористами и масштабы возможного воздействия биологических агентов на гражданское население заставили правительства разных стран и международные организации готовить планы ответных мер, находить способы

пресечения биотеррора. В середине 2001 г. обнародованы черновые материалы - рекомендации ВОЗ "Ответные меры системы общественного здравоохранения на угрозу применения биологического и химического оружия" [12]. В составлении этого документа принимали участие ведущие ученые разных стран.

В документе основное внимание уделено национальным планам противодействия терроризму. Национальное здравоохранение должно быть готово обнаружить и ликвидировать последствия вспышки любого биологического агента, включая традиционные и экзотические виды микроорганизмов. Существующие системы государственного эпидемиологического надзора и борьбы с инфекционными болезнями должны быть способны выявлять, локализовать и ликвидировать вспышку инфекционного заболевания независимо от того, следствие ли она естественного проявления природного патогена или результат его преднамеренного использования. Несомненно, что национальные планы противодействия биотерроризму должны входить составной частью в планы по борьбе со вспышками инфекционных заболеваний, химическими и радиологическими инцидентами.

В рекомендациях ВОЗ отмечается, что вводимые в практику методы обнаружения биологических агентов, базирующиеся на молекулярных технологиях, нуждаются в повышении чувствительности, быстроты и точности. Для обеспечения должного уровня профилактических мероприятий нужны новые безвредные и эффективные вакцины, созданные современными методами биотехнологии.

Необходимость дальнейшего развития медико-биологических исследований подчеркивается и в стратегическом плане, разработанном Национальным институтом аллергии и инфекционных заболеваний США уже после событий сентября 2001 г. В нем отмечается, что возможности выявления и предотвращения инфекций как последствий биотеррористических актов в немалой степени зависят от уровня фундаментальных и прикладных медико-биологических исследований.

США готовились к противодействию биотерроризму с середины 90-х годов прошлого века. В июне 1995 г. была издана секретная директива президента США, предусматривающая повышение готовности страны на случай совершения терактов, в том числе биологических. В мае 1998 г. началась разработка всеобъемлющей стратегии борьбы с биотерроризмом. В 2000 г. Центр по контролю за инфекционными заболеваниями США публикует Национальный стратегический план по готовности к действиям в случаях биологического и химического терроризма [18]. План предусматривает координированное участие в выявлении и ликвидации инцидентов более десяти различных организаций. Основные разделы плана: профилактика; надзор; диагностика биологических и химических агентов; принятие мер по ликвидации инцидента; система оповещения и информационного обеспечения. Предполагается обучение персонала, эффективный санитарно-эпидемиологический надзор и обеспечение готовности всех участников к обнаружению и ликвидации последствий возможного применения химических и биологических агентов. Ключевым моментом плана является создание в США многоуровневой сети диагностических лабораторий для быстрого обнаружения, идентификации и оповещения служб здравоохранения территорий, штатов, районов и городов о выявленных агентах биологической и химической природы. План ориентирован на модернизацию существующих структур по борьбе с инфекционными болезнями, прежде всего на местном уровне.

В планах ВОЗ и Центра по контролю за инфекционными заболеваниями США предлагаются меры, направленные на совершенствование клинической базы и подготовку медицинского персонала. Медики должны хорошо представлять текущую эпидемическую ситуацию, знать потенциальные биологические агенты и симптоматику инфекционных заболеваний, нередко отличающуюся от естественно возникающих заболеваний. Они должны овладеть средствами лечения и способами предотвращения эпидемий. Особое внимание в этих планах уделено созданию системы мониторинга за необычными случаями заболеваний.

В 1999 г. на борьбу с биотерроризмом различным ведомствам США были выделены значительные средства. Началась реализация программ по созданию запасов 18 новых вакцин, включая новые вакцины против оспы, запасов медикаментов и антибиотиков, предназначенных в первую очередь для полиции, пожарных и медицинских работников. Проведен ряд учений, моделирующих использование террористами в крупных городах особо опасных инфекционных агентов - чумы, сибирской язвы, оспы [19-21].

К сентябрю 2001 г. США отнюдь не считали себя неподготовленными к террористическим актам с применением биологического и другого оружия массового уничтожения. Вместе с тем оказалось, что система здравоохранения США не располагает реальными возможностями, необходимыми для быстрой обработки большого числа жертв, не имеет достаточных площадей изоляторов, где должны размещаться инфекционные больные. Кроме того, врачи не сразу сумели поставить правильный диагноз сибирской язвы. Так, случай заражения грудного младенца в Нью-Йорке был подтвержден только через полторы недели после появления первых симптомов [1]. Обнаружилось, что наборы медицинских средств борьбы с инфекцией - диагностические тест-системы, вакцины и терапевтические лекарства – устарели, а их запасы недостаточны.

Сентябрьские события 2001 г. вызвали страх и панику среди населения, напуганного не только самим фактом биотерроризма, но и неготовностью здравоохранения, демонстрировавшего признаки перенапряжения даже при малочисленных случаях заражения сибирской язвой. Очевидно, что выбор биологического агента и способа его распространения в большей степени имел целью оказать психическое воздействие на общество, чем вызвать крупномасштабную эпидемию. И цель была достигнута. Недостаток правдивой, объективной и профессионально поданной информации об используемой террористами бактериальной рецептуре, ее поражающем действии и способах профилактики усугубил панику.

Многие страны, осознав реальную возможность применения биологических агентов террористами, предприняли определенные шаги и в области совершенствования законодательной базы. В частности, были внесены поправки в уже существующие законы, ужесточающие наказание за терроризм. В США в январе 2002 г. подписан Закон о терроризме. В июне 2002 г. принят Закон о защите здоровья населения и реагировании на биотерроризм, направленный на улучшение работы портовых инспекций, защиту продовольственных поставок, контроль биологических материалов и расширение возможностей реагирования системы здравоохранения на серьезное нападение [22, 23]. После подписания этих законов на борьбу с биотерроризмом выделили дополнительно 2.9 млрд. долл. В федеральном бюджете на 2003 финансовый год на эти цели предлагается выделить уже 5.9 млрд. долл. - в три раза больше, чем в 2002 финансовом году. Почти половина этих средств (2.4 млрд. долл.) будет направлена на развитие фундаментальных и прикладных исследований, призванных обеспечить США медицинскими средствами, которые требуются для эффективного ответа на вызов террористов [24].

В России начиная с 1997 г. предпринимаются меры противодействия биотерроризму. Создана Межведомственная антитеррористическая комиссия РФ, для решения оперативных вопросов образована секция по биотерроризму, включающая в себя специалистов многих министерств и ведомств. В 1999 г. по инициативе Минздрава России на уровне Межведомственной антитеррористической комиссии РФ была представлена концепция деятельности государственных органов власти при возникновении чрезвычайных ситуаций, вызванных терактами с применением биологического и химического оружия. В том же году утверждена Федеральная целевая программа "Создание методов и средств защиты населения и среды обитания от опасных и особо опасных патогенов в чрезвычайных ситуациях природного и техногенного характера на 1999-2005 гг." (нынешнее ее название - "Защита от патогенов"). В ней определены следующие приоритеты: фундаментальные исследования патогенов, прогнозирование вспышек инфекционных заболеваний, специфическая индикация и диагностика, профилактика и лечение, защита от патогенов (средства и методы обеззараживания). Создан Центр специальной

лабораторной диагностики и лечения опасных и экзотических инфекций, организован Федеральный межведомственный центр подготовки специалистов, испытания средств и методов индикации возбудителей особо опасных инфекций [19,25].

После событий осени 2001 г. в нашей стране подготовлен проект поправок к Закону "О борьбе с терроризмом", ряд министерств ведет работу над Концепцией биологической безопасности России [26]. Российская академия медицинских наук и Минздрав России разрабатывают программу, предусматривающую план действий по оказанию населению медицинской и психологической помощи в связи с возможными угрозами биотерроризма. В план включена специальная подготовка медицинского персонала и обучение населения методам защиты от угрозы биотерроризма [27].

Большую актуальность приобретает созданная еще в 2000 г. национальная Программа фундаментальных и прикладных исследований вируса оспы. Нынешнее поколение врачей не имеет опыта в диагностике и лечении этой инфекции, отсутствуют современные диагностикумы, лечебные препараты, ограничен запас вакцин [28]. Минздрав России подготовил Концепцию возобновления вакцинации против оспы, которая в 2002 г. внесена на рассмотрение правительства.

В России значительная часть научно-организационных мер противодействия биотерроризму проводится в рамках существующей системы борьбы с инфекционными заболеваниями. Основные задачи этой системы:

• повышение эффективности эпидемического надзора за инфекционными заболеваниями на основе повсеместного использования компьютерных информационно-аналитических систем, мониторинга состояния окружающей среды и коллективного иммунитета населения;

• развитие нормативной и методической базы в области профилактики инфекционных заболеваний;

• реализация федеральных и региональных программ по обеспечению санитарно-эпидемиологического благополучия населения;

• совершенствование системы вакцинопрофилактики инфекционных заболеваний;

• расширение информационно-пропагандистской системы по соблюдению населением мер личной и общественной профилактики инфекционных болезней;

• укрепление материально-технической базы лабораторий лечебно-профилактических учреждений и центров Госсанэпиднадзора, оснащение их необходимым оборудованием, внедрение современных методов индикации возбудителей инфекционных заболеваний (ПЦР и др.);

• активизация научных исследований в области диагностики, эпидемиологии, лечения и профилактики инфекционных заболеваний [25].

Готовность к возможным актам биотерроризма удается повысить, если в крупных региональных центрах, особенно там, где есть международные аэропорты, будут постоянно функционировать инфекционные больницы, оборудованные с учетом должного уровня биозащиты (не ниже Р-3). На том же уровне биобезопасности следует оборудовать региональные клинико-микробиологи-ческие и иммунологические лаборатории, которые должны сотрудничать с инфекционными больницами и соответствующими НИИ.

Комплекс мер противодействия угрозе биотерроризма, дополняя уже существующую систему борьбы с инфекционными заболеваниями, призван усовершенствовать структуру здравоохранения, повысить уровень биомедицинских исследований, а также улучшить взаимодействие с другими министерствами и ведомствами, учреждениями Госсанэпиднадзора и НИИ соответствующего профиля. * * *

После событий осени 2001 г. еще очевиднее стала необходимость усиления международного сотрудничества в деле борьбы с угрозой биотерроризма. Консолидация усилий государств в этой борьбе ведется на различных уровнях.

В ноябре 2001 г. президенты России и США приняли совместное заявление, в котором отмечается, что обе страны будут вести совместную работу по противодействию угрозе биотерроризма. Стороны заявили о приверженности Конвенции 1972 г. о запрещении разработки, производства и накопления бактериологического, биологического, токсинного оружия и его уничтожении [29].

В ноябре 2001 г. США и шесть других стран присоединились к Оттавскому плану, предусматривающему усиление международного сотрудничества в предупреждении биологических терактов. Страны договорились налаживать совместное сотрудничество в обеспечении вакцинами и антибиотиками; участвовать в конструктивном диалоге по унификации нормативно-правовой базы создания вакцин, в частности, вакцин против оспы; оказывать дальнейшую поддержку существующей сети ВОЗ по наблюдению за заболеваниями и ее усилиям по выработке согласованной стратегии сдерживания вспышек заболеваний. Предполагается обмениваться планами подготовки к чрезвычайным ситуациям и ликвидации их последствий; рассматривать возможности совместной подготовки кадров; организовать обмен данными наблюдений национальных медицинских лабораторий и информацией о реальном или грозящем заражении продовольствия, стратегиями безопасного продовольственного снабжения [30].

Тема объединения усилий по противодействию терроризму обсуждалась на состоявшемся в мае 2002 г. в Москве рабочем совещании, на котором присутствовали представители американских и российских министерств иностранных дел, обороны, здравоохранения, науки [31]. Вопрос о принятии общественным здравоохранением ответных мер при умышленном использовании биологического, химического или радиологического оружия был рассмотрен в мае 2002 г. на 55-й Всемирной ассамблее здравоохранения. Секретариат ассамблеи отметил важность борьбы с возникающими в природных условиях эпидемиями, например, с лихорадкой Эбола. Особое внимание было уделено мерам защиты воды и продуктов питания от заражения химическими и биологическими агентами [33].

В мире имеются ресурсы для борьбы с инфекционными болезнями, и эти ресурсы могут быть использованы для противодействия биотерроризму. В 1997 г. на базе национальных центров и лабораторий, сотрудничающих с ВОЗ, была создана международная сеть по сбору данных и контролю за вспышками наиболее опасных заболеваний. Действуют сотни центров ВОЗ, специализирующихся по отдельным инфекциям, сеть лабораторий Панамериканской организации здравоохранения, Международная сеть клинической эпидемиологии, сеть институтов Пастера, сеть исследовательских центров Национального института здравоохранения США, в которую вовлечены и университеты [9].

В наши дни большое внимание уделяется созданию автоматизированных систем эпидемического обнаружения и реагирования. В США уже внедрены несколько систем для улучшения надзора как за инфекционными заболеваниями, так и за выявлением случаев биотерроризма в крупных городах. Так называемая Система усовершенствованного эпидемиологического обнаружения и экстренного реагирования функционирует в 79 госпиталях [33]. Разработана автоматизированная система для учета информации, полученной при амбулаторном посещении больных и во время телефонных разговоров [34].

Существенную помощь в анализе различных эпидемических ситуаций могут оказать современные геоинформационные системы, или ГИС-технологии. Первые исследования в области эпидемиологии, проведенные в России с применением ГИС-технологий, показали, что с их помощью можно изучать закономерности распространения инфекционных заболеваний, прогнозировать их развитие, анализировать последствия актов биотерроризма [35].

По традиции для ликвидации очагов заболевания используются созданные под эгидой ВОЗ специализированные команды (эпидотряды). Они ликвидировали эпидемические вспышки геморрагической лихорадки Марбург в Конго в 1999 г., энцефалит, вызванный вирусом *Nipah,* в Малайзии в 1999 г., лихорадку Рифт-Вэлли в Саудовской Аравии в 2000 г., желтую лихорадку в Либерии в 2001 г. [36].

Чтобы повысить эффективность борьбы с инфекционными заболеваниями, Д. Хендерсон - главный советник по науке министра здравоохранения и социального обеспечения США, предлагает организовать сеть из 15 региональных центров. Они должны располагать: клиническими амбулаторными службами по инфекционным болезням; исследовательскими диагностическими лабораториями; эпидотрядами на правах службы эпидемиологической разведки, обеспечивающими контроль за регионом, в котором проживают 2-5 млн. человек; образовательно-тренировочной базой для подготовки национального и международного персонала. Эта сеть должна взаимодействовать с такими организациями, как Центр по контролю за инфекционными заболеваниями США, Национальный институт аллергических и инфекционных заболеваний США и с другими центрами. Для обеспечения легитимности и стабильной работы региональных центров необходима их тесная связь с ВОЗ и государственными структурами стран, в которых они находятся [9].

В настоящее время идет работа над организацией единого Европейского центра по инфекционным заболеваниям, который начнет функционировать в 2005 г. Подобно Национальному центру инфекционных болезней США, европейский центр будет координировать научно-исследовательские работы, осуществлять надзор за инфекционными заболеваниями, проводить профессиональное обучение. Предполагается, что новый центр поможет оптимизировать деятельность уже существующих в Европе национальных структур, таких как Институт Пастера (Франция), Каролинский институт (Швеция), Институт им. Роберта Коха (Германия), и повысить готовность Европы противодействовать угрозе биотерроризма [37].

В России уже функционирует уникальная система, предназначенная для борьбы и надзора за инфекционными заболеваниями, которой нет нигде в мире, - Государственная санитарно-эпидемиологическая служба: 89 региональных и 1700 центров районного уровня. Есть система противочумных институтов, включающая 5 НИИ, 11 станций и 14 отрядов, работающих на территории природных очагов [38].

Учитывая зарубежный опыт, представляет интерес идея создания и в России региональных центров по борьбе с инфекционными заболеваниями на базе существующих научно-исследовательских центров и институтов данного профиля. Под руководством Минздрава России эти региональные центры могли бы выполнять программы, ориентированные на выявление и ликвидацию природных или террористических вспышек инфекционных заболеваний в своем регионе. Территориальное разграничение зон действий таких центров должно в первую очередь предусматривать экономическую и геополитическую значимость региона для национальной безопасности России. В дальнейшем российские региональные центры могли бы войти в международную систему биологической безопасности [9].

Успешное противодействие биологическому и химическому терроризму невозможно без объединения усилий различных ведомств, например, Минобороны и Минздрава России, РАМН, РАН, РАСХН. Накопленный этими ведомствами опыт может послужить основой для создания национальной системы противодействия террористическим актам. Заслуживает внимания Система мониторинга особо опасных малоизученных, экзотических, в том числе зооантропонозных заразных болезней животных, разработанная в Минсельхозе России [39].

Несомненным условием обеспечения биологической безопасности России является достаточное и стабильное государственное финансирование фундаментальных и прикладных биомедицинских исследований, направленных на разработку диагностических и лечебно-профилактических средств нового поколения [40]. На VIII съезде эпидемиологов, микробиологов и паразитологов, проходившем в Москве в марте 2002 г., была подчеркнута необходимость кардинального расширения научно-исследовательских и опытно-конструкторских работ в следующих направлениях:

• новые ускоренные методы и средства индикации возбудителей инфекционных заболеваний, создаваемые на основе перспективных разработок в области биотехнологии и нанотехнологий;

• вакцины нового поколения, живые рекомби-нантные вакцины на базе вирусных векторов, разрабатываемые с использованием методов генной инженерии, живых поливалентных противовирусных вакцин, ДНК-вакцин;

• новые химические субстанции и рецептура новых дезинфицирующих препаратов [25].

Следует также продолжить поиск, испытания и организацию производства более эффективных препаратов для лечения инфекционных заболеваний. Дальнейшее изучение молекулярного разнообразия и молекулярной изменчивости инфекционных агентов позволит не только проводить быструю идентификацию вызвавших вспышку разновидностей инфекционных агентов, но и прогнозировать возникновение новых патогенов на основе естественной их эволюции или путем скрытых работ биотеррористов по направленному искусственному изменению их свойств.

В заключение считаем необходимым еще раз подчеркнуть, что способность государства противодействовать угрозе биотерроризма - одному из факторов риска появления и распространения инфекционных заболеваний - определяется состоянием и подготовленностью системы здравоохранения к обнаружению, локализации и ликвидации вспышек инфекций независимо от происхождения вызвавших их патогенов; уровнем проводимых фундаментальных и прикладных исследований, направленных как на молекулярно-эпидемиологическое изучение патогенов, так и на создание средств диагностики, профилактики и лечения, требуемых для предотвращения вспышек заболеваний или их ликвидации. И безусловно, успешной борьбе с биотерроризмом будет способствовать вхождение России в зарождающуюся международную систему биологической безопасности.

Выражаем признательность Т.Ю. Иванькиной и М.И. Кисуриной за помощь в подготовке материала и оформлении настоящей статьи.

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(Сетевые гиперссылки не проверялись и приведены в их исходном виде - *V.V.*)

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U.S. NORTHERN COMMAND

Gail Braymen, Sgt. 1st Class

USNORTHCOM contributes pandemic flu contingency planning expertise to trilateral workshop

NORAD and USNORTHCOM, 14 April 2008
https://www.northcom.mil/Newsroom/News/Article/Article/563546/usnorthcom-contributes-pandemic-flu-contingency-planning-expertise-to-trilatera/

Peterson Air Force Base, Colo. – Rules, regulations and red tape can make traveling from one country to another tedious and time-consuming for people. Diseases, on the other hand, can cross borders without passports, visas or even reservations.

That ease of movement, combined with modern transportation that can move people from one hemisphere to another in a matter of hours, has made dealing with a potentially international pandemic a major concern of the United States – South Korea – Japan Trilateral Workshop. The latest workshop, held earlier this year on South Korea's Jeju Island, was the fourth in a series that was first hosted in Tokyo in 2006.

U.S. Northern Command, at the request of the Institute for Defense Analyses, has participated in the Trilateral Workshop since the beginning, contributing its expertise in pandemic influenza contingency planning, among other subjects. Army Brig. Gen. Robert Felderman, deputy director of USNORTHCOM's Plans, Policy and Strategy Directorate, attended the Jeju Island workshop and presented a briefing on the command's pandemic influenza plan.

"USNORTHCOM is the global synchronizer – the global coordinator – for pandemic influenza across the combatant commands," Felderman said. "Also, the United States in 1918 had the Spanish influenza. We were the ones who had the largest response to in more recent history. So I discussed what we did then, what we expect to have happen now and the numbers that we would expect in a pandemic influenza."

The potential number of fatalities in the United States in a modern pandemic influenza could reach nearly two million, according to Felderman. Not only would the nation's economy suffer, but the Department of Defense would still have to be ready and able to protect and defend the country and provide support of civil authorities in disaster situations. While virtually every aspect of society would be affected, "the implications for Northern Command will be very significant."

"[A pandemic would have] a huge economic impact, in addition to the defense-of-our-nation impact," Felderman said.

The United States isn't alone in preparing for such a potential catastrophe.

"[The workshop organizers] wanted pandemic influenza to be the focal point for this meeting because it's something that all three nations have in common, and all three nations are in the planning

phase for this," said David Koster, deputy chief of the Joint Readiness Division in the North American Aerospace Defense Command and USNORTHCOM Training and Exercise Directorate. "That kind of shared experience serves as a common denominator, and it really does help break the ice because it gives everyone something very familiar to discuss."

Koster, who has attended three of the four Trilateral Workshops, said that, despite the cultural, political and functional differences among the three participating countries, their solutions to problems are often surprisingly similar.

"The structure of the workshop was that questions were posed by the facilitators, and the three nations split off into three different teams to discuss and find their unique solution to the problem that's been posed," Koster explained. "When we'd come back together and brief our answers, we'd often find that the Japanese or the Koreans, or perhaps both, had the same solutions as we did. So the differences in the cultures were often superseded by the issues at hand."

The workshops not only give representatives from the three countries the opportunity to brainstorm answers to hypothetical questions, but to learn more about each other.

"It gives us a good understanding of the other nations – of governments and what sort of processes they have to go through, and their bureaucracy compared to our bureaucracy," Koster said.

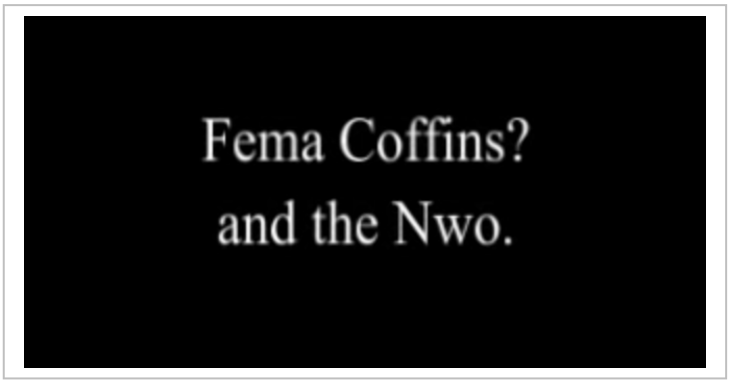
The four Trilateral Workshops in the past two years have also laid the groundwork for more permanent, ongoing working groups scheduled to be established this year. And the three countries plan to interact and communicate more actively.

"We're intending to share experiences by sending observers to each other's exercises." Koster said. "We're also intending to create a trilateral portal that will allow us to collaborate electronically. And that's brand-new, a result of the discussions at these workshops."

U.S. Northern Command was established on Oct. 1, 2002, to anticipate and conduct homeland defense and civil support operations within the assigned area of responsibility to defend, protect, and secure the United States and its interests.

Alex Jones

Warehouse with plastic coffins



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МИХАИЛ
СУПОТНИЦКИЙ

Михаил Супотницкий

Пандемия «испанки» 1918-1920 гг. в контексте других гриппозных пандемий и «птичьего гриппа»

Supotnitskiy.ru, 29 апреля 2009
https://www.supotnitskiy.ru/stat/stat51.htm

Ведение

Завершившаяся шумная и дорогостоящая кампания борьбы с «птичьим гриппом», который должен был перейти в «испанку, да так почему-то и не перешел, требует подведения некоторых итогов. В этой статье сделана попытка объяснить феномен «испанки» в контексте других пандемий гриппа и исследованы научные предпосылки возможности ее возвращения в связи с эпизоотиями гриппа среди птиц.

...

Прежде чем перейти к описанию пандемии гриппа 1918-1920-х гг., попробуем на основе приведенных выше данных сделать *некоторые обобщения*.

1. Большинство зафиксированных в исторических источниках пандемий гриппа имели двух- или трехволновый характер и не сопровождались большой смертностью населения. Например, пандемии 1780-1782, 1830-1833 и 1889-1892 гг.

2. «Возвращение» пандемий, сопровождающихся значительной смертностью населения (т. е. обращавшей на себя внимание врачей как «тяжелых»), происходило в периоды времени в 100 и более лет, за которые менялось четыре-пять поколений людей. Например, пандемии 1580, 1729-1730 и 1836-1837 гг. (см. табл. 1).

3. Смертность населения от гриппа (количество погибших на 100 или 100 тыс. заболевших) не зависит от масштабов пандемии. Обычно большое число погибших имеет место во время вспышек, привязанных к отдельным местностям и/или этническим группам. Например, вспышки гриппа в Сибири в 1843 г. и 1858-1859 гг. смертельными были только для отдельных народностей; пандемия 1729-1730 гг. наиболее тяжелые осложнения дала в Соединенном Королевстве и Италии.

4. Гибель людей во время пандемий и вспышек гриппа имела место на фоне осложнений со стороны органов дыхания (пневмонии, плевриты, абсцессы), поражения ЦНС (помрачение сознания, энцефалиты, гипертермия и др.), нарушения гемодинамики (обычно описывается врачами как «нарастающая слабость») и системы свертывания крови (петехии, кровотечения и кровоизлияния различной локализации). За время одной пандемии на разных территориях и в разных этнических группах характер таких осложнений был различным (например, у бурят и русских во время вспышек гриппа в Сибири в 1858-1859 гг.).

5. «Скорость» распространения гриппа по планете во время масштабных пандемий прошлого, практически не отличалась от той, которую приписывают современным пандемиям, объясняя это явление возросшей способностью человека к перемещениям (например, пандемии 1780-1782, 1847-1847, 1889-1892 гг.; и пандемии «испанки», Азиатского гриппа или Русского гриппа).

...

2. Пандемия гриппа 1918-1920-х гг. («испанка»)

После пандемии 1889-1892 гг. и, даже, во время Первой мировой войны, грипп появлялся сравнительно редко. Новая пандемия, названная «испанской болезнью», началась уже в конце войны - в 1918 г. Место появления ее точно установить пока невозможно, но, во всяком случае, не Испания была первичным эпидемическим очагом.

Название «испанка» появилось случайно. Так как военная цензура обеих борющихся сторон не допускала сообщений о начавшейся в армии и среди населения эпидемии, то первые известия о ней появились в печати в мае-июне 1918 г. в нейтральной Испании.

...

Некоторые обобщения по «испанскому гриппу».

1. Пандемия «испанского гриппа» развивалась как и большинство других пандемий гриппа прошлого, с характерными тремя волнами заболеваемости, и с той же «скоростью», но по тяжести клиники болезни и характеру осложнений она напоминала пандемию 1836-1837 гг.

2. Наиболее опасными осложнениями гриппа в эту пандемию, обычно наблюдающихся у молодых людей, были быстро нарастающее поражение сердечно-сосудистой системы, резкое падение кровяного давления, помрачение сознания, геморрагические явления, развивающиеся у больных даже раньше, чем осложнения со стороны легких.

3. Молодой возраст погибших нельзя объяснить только тем, что люди старших возрастов переболели гриппом в пандемию 1889-1892 гг., так как серотип вируса, вызвавший эту пандемию (N2H2), не совпадает с серотипом вируса, вызвавшим пандемию «испанки» 1918-1920 гг. (N1H1).

4. Пандемическое распространение, клинику и патанатомию «испанского гриппа» нельзя объяснить результатами расшифровки генома вируса гриппа, вызвавшего «испанку», так как они не показали отличий генов «вирулентности» вируса «испанки» от штаммов вируса гриппа, циркулирующих среди людей сегодня.

5. Вирус, вызвавший пандемию гриппа 1918-1920 гг., таксономически находится на границе между семействами вирусов гриппа человека и свиней, и вне группы птичьих вирусов, что предполагает наличие у негоальтернативного хозяина.

...

Обобщения по разделу.

1. При всей опасности вируса гриппа птиц для птицехозяйств, *не было никаких научных оснований* утверждать, что он, образовав рекомбинант (реассортант) с вирусом гриппа человека, вызовет «испанку», которая унесет «от 5 до 150 млн. жизней на планете».

2. В основе информационной кампании по «борьбе с птичьим гриппом» лежало сокрытие, *подлог и агрессивное искажение информации*.

3. Ни один крупный российский эпидемиолог (даже в ранге академика РАМН) *не выступил против профанации проблемы гриппа* в 2004-2006 гг., что является очень тревожным индикатором состояния научной этики в России вообще, и самой эпидемиологии, в частности.

Странные противоречия в подсчете количества жертв свиного гриппа в Мексике.

"По последним данным, 103 человека скончались от свиного гриппа в Мексике, 1614 госпитализированы с симптомами болезни" [Число жертв свиного гриппа в Мексике превысило 100 человек. – Newsru, 27 апреля 2009 г., 08:58ж https://www.newsru.com/world/27apr2009/flu.html]

"В Мексике количество официально подтвержденных случаев заболевания свиным гриппом выросло на 23 человека до 49 больных". [В Мексике свиным гриппом заражены уже 49 человек. – KM.ru, 29 апреля 2009, 18:35: https://www.km.ru/news/v_meksike_svinym_grippom_zarazhe]

Откуда тогда взялись "*по последним данным* ...", которыми запугивали нас 26-27 апреля, обваливали биржи и т. п.?

Академик Львов 28.04.09 г. заявил, что "предвидел" все, что происходит сегодня с гриппом. Читаем его "предвидение": "По мнению ученого, при смешении вирусов гриппа птицы и человека может возникнуть новый опасный гибрид..." [Академик Дмитрий Львов: "Птичий грипп" в тысячи раз опаснее атипичной пневмонии". – Регнум, 10 февраля, 2004, 00:04 https://regnum.ru/news/215451]

И еще: "По мнению Львова, пандемия гриппа скорее всего будет вызвана мутацией вируса так называемого "птичьего" гриппа (H3N2), сообщает ИТАР-ТАСС. ...

"Существует стопроцентная гарантия, что вирус пандемического гриппа появится в мире не в этом, так в следующем или в ближайшие годы", - сказал Львов. "Как это бывало и в прошлом, из уже существующих вирусов гриппа обязательно генерируется новый, который и вызовет пандемию. Осталось полшага до пандемической катастрофы в мире", - добавил ученый.

[Миру угрожает вирус панде-мического гриппа, может погибнуть миллиард человек. – Newsru, 28 октября 2004, 18:51; https://www.newsru.com/russia/28oct2004/pandemonia.html]

Мне нравится, как "предвидели" *гадальщики на бухарском базаре*:

"Один самаркандец предлагает мне восемнадцать кип шерсти. Будет ли выгодной для меня эта сделка? - спрашивал купец? Гадальщик по торговым делам начал считать крысиные кости, раскидывать бобы, затем с видом сурового глубокомыслия отвечал: "Покупай, но следи, чтобы во время уплаты около тебя на сто локтей вокруг не было ни одного плешивца".

[Л. Соловьев "Повесть о Ходже Насреддине", 1954]

Вот еще один "предвидец", это уже рекордсмен по предвидениям: "Ничего нового в этом нет, утверждает академик Киселев. Все пандемии гриппа были пандемиями птичьего гриппа".

И он же своих героических усилиях: "С 1997 года мы имеем постоянные вспышки, но пандемии взрывного характера у нас пока нет, поэтому у нас есть время к ней подготовиться. Но то, что пандемия будет - это точно", - подчеркнул директор института." [https://obzor.city/news/32401]

И пример цинизма:"Ситуация с H5N1 (вирус гриппа птиц) неактуальна сегодня. Он другой уже, он уже не способен убить человека, не способен ввергаться в организм человека", сказал Дроздов на пресс-конференции в Новосибирске во вторник. По его словам, вирус изменился и мутировал" [https://www.km.ru/news/ptichij_gripp_bolshe_ne_opasen_d]

С птичьим гриппом, все! Завязали по причине "мутирования" вируса. Взял и мутировал за пару дней! Кстати, мутировал он не один, а вместе с деньгами на вакцину.

Politics play big role in world health decisions
Travel bans, border closures, and raising alert levels all have implications

MS NBC, AP, 3 May 2009, 12:27 p.m. ET

https://web.archive.org/web/20090819041056/http://www.msnbc.msn.com/id/30547728/

Geneva – At the U.N. agency spearheading the fight against swine flu, key decisions are based on more than just health issues – politics plays a big role, too.

With global powers like the United States and China all lobbying for their own national interests behind the scenes, measures such as travel bans, border closures, and raising alert levels can meet stiff political opposition. Some have even wondered if granting the World Health Organization beefed up powers to independently tackle health crises might help, giving it authority to make key decisions or send doctors into a country to investigate the spread of a disease.

WHO's mandate is to direct and coordinate U.N. health policy: It makes recommendations and global assessments on issues including HIV/AIDS, malaria, and tuberculosis, and also coordinates responses to health crises like disease outbreaks and humanitarian disasters. But its recommendations are not binding – and countries are free to disregard WHO's advice.

"WHO is in an incredibly difficult position," said Richard Horton, editor of the Lancet medical journal. "On the one hand, its entire modus operandi is that it responds to government requests. But in this situation, what governments might want may not align with what WHO thinks is best."

Key to containing the illness

Horton cited the 2003 SARS outbreak as a prime example. When the illness began spreading in Toronto, WHO issued a recommendation advising against nonessential travel to Canada's largest city. Similar recommendations were made for cities including Hong Kong, Beijing and Taipei.

The recommendations sharply cut travel to affected economies, dealing them a big economic blow – but the aggressive WHO action was credited with being key to containing the illness.

The advisory incensed Canada, and Toronto's then-mayor publicly lambasted the agency, declaring it had no right to issue such guidelines. A delegation of Canadian diplomats and journalists flew to Geneva and camped out at WHO's Geneva headquarters, forcing the agency to reconsider – and eventually lift – the advisory.

"I suspect the reason WHO has been very reluctant to make any comments about travel (during the swine flu outbreak) is because of that experience with Canada during SARS," said Horton.

By issuing the controversial advisories, WHO's director-general at the time, Gro Harlem Brundtland, proved she was ready to confront countries.

Current chief both praised and criticized

WHO's current chief, Margaret Chan, has been both praised and criticized for her less confrontational leadership – which only recently helped to end a decades-long standoff between China and Taiwan to allow the island to participate in global health meetings. Critics contend that her unwillingness to publicly pressure member states can undermine efforts to protect global health.

Notably, Chan has come under scrutiny for being publicly neutral over Indonesia's refusal to share bird flu samples with the scientific community – which leaves a gaping hole in experts' ability to see how bird flu is evolving.

"Indonesia's behavior isn't helpful, but WHO did not confront them about it," said Adam Kamradt-Scott, a global health governance expert at London's School of Hygiene and Tropical Medicine. He said Chan, as the head of WHO, can only do what her member states allow her to do.

"Avoiding open fights is kind of the sine qua non of working for an international organization," Dr. Jeffrey Koplan, an ex-director of the U.S. Centers for Disease Control and Prevention. "But when it comes to protecting public health, I don't think she would hesitate for a second to do whatever is necessary, including being at odds with a WHO member state."

Koplan said chastising countries publicly can only lead to "short-term victories" and that it is essential for the WHO chief to keep open channels of communication with all countries.

WHO'S flu chief, Dr. Keiji Fukuda, insists the agency's discussions on how to react to outbreaks are "focused purely" on medical issues, such as how the disease is being transmitted.

THE TIMES
THE SUNDAY TIMES

John Harlow

Billionaire club in bid to curb overpopulation
America's richest people meet to discuss ways
of tackling a 'disastrous' environmental, social and industrial threat

The Sunday Times, 24 May 2009, 1.00am BST
https://www.thetimes.co.uk/article/billionaire-club-in-bid-to-curb-overpopulation-d2fl22qhl02
https://web.archive.org/web/20101118002933/http://www.timesonline.co.uk/tol/news/world/us_and_americas/article6350303.ece

Some of America's leading billionaires have met secretly to consider how their wealth could be used to slow the growth of the world's population and speed up improvements in health and education.

The philanthropists who attended a summit convened on the initiative of Bill Gates, the Microsoft cofounder, discussed joining forces to overcome political and religious obstacles to change.

Described as the Good Club by one insider it included David Rockefeller Jr, the patriarch of America's wealthiest dynasty, Warren Buffett and George Soros, the financiers, Michael Bloomberg, the mayor of New York, and the media moguls Ted Turner and Oprah Winfrey.

These members, along with Gates, have given away more than £45 billion since 1996 to causes ranging from health programmes in developing countries to ghetto schools nearer to home.

They gathered at the home of Sir Paul Nurse, a British Nobel prize biochemist and president of the private Rockefeller University, in Manhattan on May 5. The informal afternoon session was so discreet that some of the billionaires' aides were told they were at "security briefings".

Stacy Palmer, editor of the Chronicle of Philanthropy, said the summit was unprecedented. "We only learnt about it afterwards, by accident. Normally these people are happy to talk good causes, but this is different – maybe because they don't want to be seen as a global cabal," he said.

Some details were emerging this weekend, however. The billionaires were each given 15 minutes to present their favourite cause. Over dinner they discussed how they might settle on an "umbrella cause" that could harness their interests.

The issues debated included reforming the supervision of overseas aid spending to setting up rural schools and water systems in developing countries. *Taking their cue from Gates they agreed that overpopulation was a priority*.

This could result in a challenge to some Third World politicians who believe contraception and female education weaken traditional values.

Gates, 53, who is giving away most of his fortune, argued that *healthier families, freed from malaria and extreme poverty, would change their habits and have fewer children within half a generation*.

At a conference in Long Beach, California, last February, he had made similar points. “Official projections say the world’s population will peak at 9.3 billion [up from 6.6 billion today] but with charitable initiatives, such as better reproductive healthcare, we think we can cap that at 8.3 billion,” Gates said then.

Patricia Stonesifer, former chief executive of the Bill and Melinda Gates Foundation, which gives more than £2 billion a year to good causes, attended the Rockefeller summit. She said the billionaires met to “discuss how to increase giving” and they intended to “continue the dialogue” over the next few months.

Another guest said there was “nothing as crude as a vote” but a consensus emerged that they would back a strategy in which population growth would be tackled as a potentially disastrous environmental, social and industrial threat.

“This is something so nightmarish that everyone in this group agreed it needs big-brain answers,” said the guest. “They need to be independent of government agencies, which are unable to head off the disaster we all see looming.”

Why all the secrecy? “They wanted to speak rich to rich without worrying anything they said would end up in the newspapers, painting them as an alternative world government,” he said.

THE TIMES
THE SUNDAY TIMES

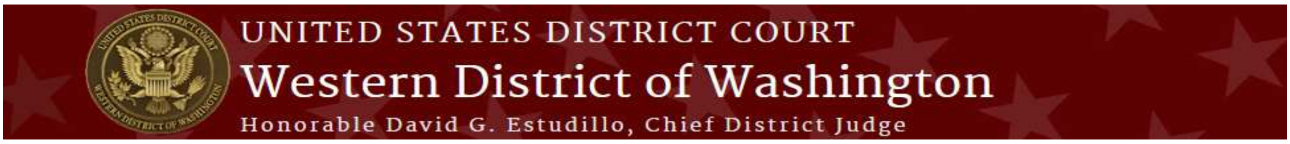
Archive Article Please enjoy this article from The Times & The Sunday Times archives.

From The Sunday Times

May 24, 2009

Billionaire club in bid to curb overpopulation

America's richest people meet to discuss ways of tackling a 'disastrous' environmental, social and industrial threat



Rebecca Campbell files federal lawsuit over WHO flu scam in Seattle

US District Court, Western District Of Washington, At Seattle, 24 October 2009

https://cupdf.com/document/rebecca-campbell-files-federal-lawsuit-over-who-flu-scam-in-seattle.html?page=1
https://web.archive.org/web/20091029221826/http://www.theflucase.com/index.php?option=com_content&view=article&id=1355:rebecca-campbell-files-federal-lawsuit-over-who-flu-scam-in-seattle&catid=1:latest-news&Itemid=64&lang=en

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE
REBECCA EM CAMPBELL ,
Plaintiff, Civil Action No.
vs. Jury Trial Demanded
KATHLEEN SEBELIUS, Secretary,
States Department of Health and Human
Services; THOMAS R. FRIEDEN, M.D., M.P.H.,
Director, United States Centers for Disease
Control and Prevention; FRANCIS S.
COLLINS, M.D., Ph.D., Director,
United States National Institutes of
Health; and MARGARET ANN HAMBURG , M.D.,
Commissioner, United States Food and
Drug Administration.
Defendants.

Complaint for Declaratory and Injunctive Relief

Plaintiff alleges the following in support of her claim for declaratory and injunctive relief and damages:

Jurisdiction and Venue

1. This is a claim for declaratory and injunctive relief and damages with jurisdiction in this court based upon 28 U.S.C. § 1331 with issues arising under the Constitution and laws of the United States.

2. Venue is proper in this district pursuant to 28 U.S.C. § 1391(e) because this is a civil action in which the defendants are officers or employees of the United States acting in their official capacity or under color of legal authority, plaintiff resides in this district and no real property is involved in the action.

Parties

3. Plaintiff Rebecca Em Campbell is a universal sovereign being, a citizen of the United States and a resident of Seattle, King County, Washington.

4. Defendant Kathleen Sebelius (hereafter "defendant Sebelius") is an adult resident of the state of Kansas with a professional address of 200 Independence Avenue, S.W. , Washington, D.C. 20201. Defendant Sebelius is the secretary of the United States Department of Health and Human Services.

5. Defendant Thomas R. Frieden, M.D., M.P.H. (hereafter "defendant Frieden") is an adult resident of the state of New York with a professional address of 1600 Clifton Road, Atlanta, GA 30333. Defendant Frieden is the director of the United States Centers for Disease Control and Prevention.

6. Defendant Francis S. Collins, M.D., Ph.D. (hereafter "defendant Collins") is an adult resident of the state of Virginia with a professional address of 9000 Rockville Pike, Bethesda, MD 20892. Defendant Collins is the director of the United States National Institutes of Health.

7. Defendant Margaret Ann Hamburg, M.D. (hereafter "defendant Hamburg") is an adult resident of the state of New York with a professional address of 10903 New Hampshire Avenue, Silver Spring, MD 20903. Defendant Hamburg is the commissioner of the United States Food and Drug Administration.

Factual Allegations

8. There presently exists a bank-based transnational corporate criminal conspiracy to violate the fundamental constitutional rights and wellbeing of the American people, including those of the plaintiff, through fraudulent political, legal and financial contracts in the form of surreptitiously signed/enacted international treaties and federal laws/executive orders enabling the mandated imposition of bioweaponized H1N1 influenza vaccinations and quarantines/detentions through martial law. The aforementioned measures, being fraudulent, are therefore null and void, with no legitimate power to be enforced by any government, national or international, upon the American people.

9. Controlled by the same bank-based transnational corporate crime syndicate that now controls the United States government and virtually all of the national governments of the world, the United Nations World Health Organization (UN/WHO) has fraudulently declared, without any scientific justification, the highest possible Level 6 Pandemic for an indefinite period of time, which is akin to a medical "war on terror".

10. Level 6 Pandemic status gives the UN/WHO, by various international agreements signed by the US government and by various federal executive orders, as well by various laws surreptitiously approved by the US Congress and supported by the US Supreme Court, indefinite control over this nation and its people that subsumes the US Constitution, the US Bill of Rights, the American Declaration of Independence and all federal, state and local laws.

11. Level 6 Pandemic status may generate, via the aforementioned planned mandated martial law, quarantines/ detentions and enforced bioweaponized H1N1 influenza vaccinations, massive profits for this bank-based transnational corporate crime syndicate through the hugely profitable sale of said vaccinations to the US and other national governments, as well as through massive confiscation of private property through coordinated medical genocide and disablement of the American people.

12. There is an urgent need to return to, reconsider and reapply those fundamental declarations of universal and national law that have so eloquently set forth the basis of our freedom and wellbeing, both as singular sovereign beings, and as a people, which this federal legal action seeks to remedy. ...

21. Public health agencies of the US government, including the Centers for Disease Control (CDC), the Food and Drug Administration (FDA), the National Institutes of Health (NIH), the National Institute of Allergic and Infectious Diseases (NIAID), and the Institute of Medicine (IOM), as well as the United Nations World Health Organization (UN-WHO) and major transnational pharmaceutical corporations met at the Simpsonwood Retreat Center in Norcross, Georgia in June 2000 to listen to the research findings of a CDC epidemiologist as to his findings, derived from the CDC's own comprehensive national database, that vaccines are not only ineffective in protecting the public against the diseases they are supposedly designed to curtail, but that they are actively harmful, causing other serious chronic disease conditions and death long-term, and sometimes soon after their administration.

22. The rest of that weekend was spent by officials of these government public health agencies conspiring with those representatives of transnational pharmaceutical corporations present to actively suppress in the future all scientific research disproving the safety and efficacy of vaccinations as a public health measure.

23. On June 11, 2009, the World Health Organization (WHO) of the United Nations (UN) declared – without any scientific justification whatsoever – attracting much criticism from medical experts – a worldwide highest possible "Level 6 Pandemic," thereby triggering deliberately unpublicized US presidential executive orders and UN treaties that place all US military, law enforcement and health services under the control of WHO and UN.

24. According to the International Health Regulations of 2005 (IHR 2005), which have been incorporated into legislation also in the International Partnership on Avian Influenza of 2005 (IPAI 2005), as well as numerous US presidential directives, the WHO and the UN become the controlling agencies of the US in the event of a declared Level 6 Pandemic, and are entitled to control of this country under martial law, with obvious implications for all of the above, under the pretext of dealing with a pandemic emergency.

25. Since refusing a WHO-mandated vaccination has been criminalized by these, and various other state laws derived from the Model State Emergency Health Powers Act, (MEHPA) members of law enforcement/ the military can use bodily/deadly force against "criminal suspects" refusing these mandated vaccinations or resulting order of quarantine.

26. Immediately following the abovementioned announcement by the WHO in June 2009, all signatory nations of the International Health Regulations of 2005, including the US, are obliged to give mass mandatory vaccinations and prepare for other measures such as quarantines, as/when mandated by the WHO.

27. The United States may then be controlled via various international agreements and executive orders by the United Nations (UN)/World Health Organization (WHO), now in turn controlled by the abovementioned bank-based transnational corporate crime syndicate through national governments and major nonprofit funding foundations that it presently controls.

28. There exists evidence from a WHO Memo dated from 1972, in which the WHO describes a method for using injections/vaccines to kill those injected in three steps: first, by weakening the immune system; second, by injecting a huge dose of virus into the body, which the weakened immune system cannot fight; and third, by injecting an adjuvant that triggers a massive an inflammatory reaction with an ensuing cytokine storm. There is evidence that the H1N1 influenza vaccinations recently mandated by the WHO follow that same three-step process outlined in the aforementioned WHO memos, and so intentionally cause damage and death.

29. There is evidence that the WHO is systematically concealing evidence of the lethality/morbidity of these vaccines, classified as bioweapons by US and EU regulators, in an act of fraudulent misrepresentation, to induce the populations of these countries to take said vaccines of their own free will, even while putting in place measures to make these vaccinations mandatory.

30. Now-FDA Director Margaret Hamburg publicly conferred with David Nabarro, key official with the UN/WHO and others as to how exactly such a pandemic would occur at a conference at Colorado's Aspen Institute on October 13, 2007, discussing with suspiciously precise prescience a future WHO-declared pandemic emergency eerily resembling the one it has declared at present.

31. The United States government has begun actively planning for mass forced vaccinations, detainment and quarantine of American citizens, including surreptitiously excavating mass gravesites in diverse locations.

32. There is evidence that in February 2009, the WHO was involved in nearly triggering a pandemic in Austria , by supplying Baxter's Austrian subsidiary with a H1N1 virus that Baxter then used to contaminate 72 kilos of vaccine material.

33. The Baxter laboratory in Orth von der Donau manufactured and distributed 72 kilos of vaccine material contaminated with a H1N1 virus, to sixteen laboratories in four countries, including Austria, thereby nearly triggering a pandemic.

34. The contaminated vaccine material consisted of a mixture of a seasonal H3N2 human influenza virus and the deadly H5N1 virus. By adding a virus of the type H5N1 to an ordinary flu virus of the type H3N2, Baxter produced a highly dangerous bioweapon.

35. A staff member of a subcontracted laboratory in the Czech Republic discovered this lethal contamination, when all animals they tested died from this vaccine, and the contamination was reported to health authorities.

36. In Poland during this same period, twenty-one out of thirty homeless research subjects – on whom these vaccines were tested without full disclosure of what was being administered to them – died, manifestly violating basic medical ethics and international law.

37. Since Baxter is obliged to use BSL 3 (Biosafety Level 3) precautions in its laboratories when handling the H1N1 virus (classified as a biological agent, BSL3 or 4 under EU regulations), such safeguards are in place as would make accidental contamination of ordinary influenza material with the dangerous H1N1 virus impossible. In other words, this deadly contamination and distribution was almost certainly due to criminal intent.

38. Thirty-six people had to be preventatively hospitalized in Austria and the Czech Republic because of their exposure to this vaccine-based contamination, underlining the danger of a pandemic.

39. This incident, that very nearly killed millions, was investigated by WHO, EU and Austrian health authorities only perfunctorily. This incident was neither investigated nor reported upon by any of the mainstream media corporations controlled by the transnational bank-based corporate crime syndicate, which, via institutional investment firms such as Goldman Sachs and State Street Global Advisors, also owns Baxter International.

40. It was later revealed in Austrian parliamentary questioning of Baxter executives that this incident had been handled, not as a serious violation of biosecurity regulations as mandated by law, but as a minor offense against the Austrian veterinary code: a veterinarian was sent to the Austrian Baxter laboratory for a brief inspection together, with a representative from the department for human medicine. No action appears to have been taken, other than recommendations to tighten Austrian veterinary laws.

41. On April 28, 2009, a shipment of said deadly virus from a WHO/Baxter-affiliated laboratory in Mexico was released from a suspiciously atypical hazardous biomaterials container, allegedly by accident, on an intercity train bound for Geneva, Switzerland , exposing sixty-one passengers to infection. To date, there has been no credible forensic investigation of this incident by the UN/WHO or Swiss/EU officials, and none of those exposed in this alleged bioaccident were ever properly treated for their exposure to this virus.

42. There is further indication of Baxter's criminal intent: in 2006, Baxter distributed hemophiliac blood components that were contaminated with HIV virus and administered to tens of thousands of people, including thousands of children in Europe . Baxter continued to release this HIV-contaminated vaccine, even after its contamination was known, yet Baxter International is still eligible to be one of the medical contractors being used by the United States government in their current purchase of vaccines that it by executive order could mandate for the American people.

43. Baxter International patented a vaccine for the allegedly new "H1N1" virus in 2008, indicating, with its aforementioned actions that it might potentially be involved in initiating such a pandemic.

44. It would therefore appear that officials of the Swiss health ministry and other officials of the UN, WHO, EU, US, Austria, Switzerland and/or Baxter International should also be interrogated concerning this matter by a grand jury; this has thus far not occurred.

45. In spite of the scientific evidence that mercury preservatives and assorted adjuvants are dangerous, the WHO is specifically recommending the production and use of vaccines containing highly toxic mercury preservative and oil-in-water adjuvants in its planned mass vaccination campaign starting in October 2009.

46. In a briefing note of July 13, 2009, the WHO stated: “In view of the anticipated limited vaccine availability at global level and the potential need to protect against "drifted" strains of virus, (it was) recommended that promoting production and use of vaccines such as those that are formulated with oil-in-water adjuvants and live attenuated influenza vaccines, was important.”

47. Adjuvants are added to vaccines supposedly to make them more “effective” and to reduce the amount of vaccine required per dose. This is induced by causing the immune system to react in a powerful, unnatural and potentially dangerous way to the presence of the virus being vaccinated against. As previously mentioned, an adjuvant added to a high dose of virus can cause a massive inflammatory reaction with a cytokine storm, followed by death.) ...

53. These H1N1 influenza vaccines will be developed, “tested,” and shipped for mass distribution in a matter of weeks without adequate trials for long-term safety.

54. Transnational vaccine manufacturers are present as observers on key WHO vaccine advisory boards of the WHO that can formally recommend vaccinations, indicating substantial conflict of interest.

55. The WHO refused to release minutes of a key meeting on July 7, 2009, when its "vaccine advisory board" -- packed with transnational pharmaceutical corporation executives as observers -- recommended to the WHO that it order enforced vaccinations around the world using their vaccines, ensuring them vast profits.

56. The institutional investors and banks behind the WHO and these vaccine manufacturers are set to reap huge profits from the mass murder of Americans in terms of property and financial assets acquired, as well as profits from massive US government vaccine purchases.

57. The WHO has made a unilateral declaration of highest Pandemic Level 6 on the basis of a relatively harmless H1N1 influenza, manipulating data, and so misusing a provision designed for a deadly plague unjustified by any scientific evidence, in order to declare an international public health emergency for an indefinite period of time to acquire new emergency powers throughout the globe.

58. Cases of H1N1 influenza have been relatively mild, requiring little or no medical intervention, and deaths from the H1N1 virus remain extremely low, at less than one half of one percent of reported cases as of July 6, 2009, with no sign of the virus mutating to become more deadly, according to leading medical experts in France and Switzerland, Sweden and other countries, as well as according to Dr. Margaret Chan, head of the WHO.

59. Rapid tests have been shown to diagnose the H1N1 virus has been inaccurate nine times out of ten, casting doubt on the purportedly swift spread of this disease, and H1N1 has symptoms virtually indistinguishable from normal flu, and has never so far been isolated in the laboratory, further casting doubt on the legitimacy of the WHO's declaration of highest level pandemic emergency.

60. The WHO altered its official definition of pandemic in 2003, being guilty thereby of manipulating data. According to WHO’s present definition, a declaration of pandemic can be constantly maintained. In fact, every year since 1918 would have been Pandemic Level 6 under the WHO's latest definition.

61. The WHO has also changed this definition again this past spring of 2009, so as to be able to declare a pandemic based on the alleged spread of a disease, rather than based on its lethality as had been the case before, while discontinuing the use of accurate reporting standards for its incidence.

62. There is scientific evidence the Spanish Flu Pandemic was started by mass vaccinations of soldiers in 1918-1919.

63. A 1976 mass “swine flu” vaccination campaign in the USA had to be abandoned because more people died from the vaccines than the “swine flu” itself.

64. A recent WHO polio vaccination campaign in Nigeria has resulted in infection and a mutated polio virus crippling hundreds of Nigerians.

65. Criminal charges have been filed against Baxter International over the 72 kilos of contaminated biomaterial with the city state prosecutor in Vienna, Austria, resulting in a police investigation, and criminal charges filed with the FBI in the US concerning the role of Baxter International, the WHO and others in these spuriously declared pandemics and measures toward mass vaccinations.

66. On July 17, 2009, US Department of Health and Human Services Secretary Kathleen Sebelius signed an emergency use order, giving to Baxter International and all other potential US government influenza vaccine contractors legal immunity from prosecution or lawsuit for any possible injury done by their vaccines to the American people during this spuriously declared public health emergency.

67. On September 15, 2009, the FDA approved H1N1 influenza vaccines, despite the massive evidence presented to it concerning their lack of safety/efficacy.

68. The American people, including the plaintiff as a class of one, will suffer substantial and irreparable harm and injury if they are forced to take this unproven vaccine without their consent, in accordance with the federal Model State Emergency Health Powers Act, National Emergency Act, National Security Presidential Directive/NSPD 51, Homeland Security Presidential Directive/HSPD-20, and the International Partnership on Avian and Pandemic Influenza.

Therefore, given that --

69. A bank-based transnational bank-based corporate crime syndicate controls the pharmaceutical cartel, the UN/WHO, as well as the US government;

70. Public health-related agencies of the US government, the UN/WHO and the pharmaceutical cartels have together conspired to promulgate injurious, ineffective vaccinations, despite massive evidence from their own databases that they also have together conspired to conceal from the general public;

71. There were two recent narrowly averted international medical catastrophes -- which facts and evidence point to being intentionally engineered by Baxter International and the WHO -- that almost triggered a pandemic, and these H1N1 vaccines – classified as bioweapons by regulators -- are being fraudulently misrepresented as prophylactic measures for a mild flu;

72. Baxter International and other potential/actual US government vaccine contractors have been given immunity from legal recourse by the American people for any substantial injury or death caused by federally mandated enforced vaccinations;

73. NIAID/CDC-sponsored trials of the H1N1 influenza vaccine scheduled to begin on pregnant women and small children in August/September 2009 do not include toxic adjuvants, and will give a misleading impression of the impact of the planned, possibly imminent federally mandated enforced vaccination on the health of those receiving them. They therefore do not fulfill the criteria laid down for adequate clinical trials, any more than levels of toxic mercury preservative in vaccines being increased in those given to pregnant women and young children and the addition of dangerous adjuvants such as squalene represent ethical or effective public healthcare procedures;

74. The UN/WHO has declared, without adequate scientific evidence, a highest possible Level 6 Pandemic giving them, by various fraudulent international agreements surreptitiously signed by the US government and various federal executive orders, indefinite control over the US and its populace that subsumes the US Constitution, the Bill of Rights, the Declaration of Independence and all federal, state and local laws – it is therefore these very oracles of human freedom that must now be invoked to protect the American people.

Constitutional Basis of This Case

75. Amendment 1 to the United States Constitution declares:

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances.

76. The First Amendment forbids Congress to enact any laws abridging freedom of speech or of the press; of the right of the people peaceably to assemble or to petition the government for a redress of grievances. Yet the corrupt US Congress has for the past hundred years enabled and/or engaged in all of the aforementioned violations of our constitutional rights by passing laws and allowing to stand without investigation or legislative action executive orders and judicial decisions depriving the American people of these constitutional rights through corporate consolidation of the communications media denying Americans free expression and timely, accurate information essential for authentic democracy to exist; corporate control of our federal government through money-based elections, lobbying, extortion and bribery; its letting stand executive orders allowing detentions and quarantines during martial law, denying the people their right peaceably to assemble; and, most recently, emergency use orders issued by the federal executive branch on behalf of pharmaceutical corporations giving them immunity from administrative redress through federal disciplinary action on behalf of the American people who may have injured or killed by their untested vaccines.

77. Amendment 4 to the United States Constitution provides:

The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated; and no warrants shall issued but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

78. The Fourth Amendment forbids home invasions by public health officials for citizens refusing enforced vaccinations, and the right of the people to be secure in their persons expressly forbids enforced vaccinations without due process as well.

79. Amendment 5 to the United States Constitution provides:

Trial and Punishment, Compensation for Takings. No person shall be...deprived of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

80. The Fifth Amendment forbids public health quarantines or detentions with confiscation of property without due process of law, which measures mandating martial law, enforced vaccinations and quarantines/ detentions without due process of law manifestly violate.

81. Amendment 7 to the United States Constitution provides: Right to Trial by Jury. In suits at common law, where the value in controversy shall exceed twenty dollars, the right of trial by jury shall be preserved, and no fact tried by a jury, shall be otherwise reexamined in any court of the United States, than according to the rules of the common law.

82. The Seventh Amendment forbids the federal government granting legal immunity to corporations for any death or injury caused by their products, such as has just been granted to pharmaceutical corporations for their vaccines, precluding any lawsuits or prosecution by the American people.

83. Amendment 8 to the United States Constitution provides: Cruel and Unusual Punishment. Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.

84. The Eighth Amendment forbids cruel and unusual punishments, such as would be inflicted by spuriously mandated, inadequately tested, toxically composed H1N1 influenza vaccinations, and mandated quarantine/ detention and/or deprivation of property for those who refuse them.

85. Amendment 9 to the United States Constitution provides: Construction of Constitution. The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people.

86. Amendment 10 to the United States Constitution provides: Powers of the States and People. The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.

87. The Ninth and Tenth Amendments, respectively, forbid the use of federal power to deny the sovereign rights of the people, and affirm that ultimate power resides with state governments and with the American people.

88. Amendment 14, Section 1 to the United States Constitution provides: All persons born or naturalized in the United States and subject to the jurisdiction thereof are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

89. Amendment 14, Section 3 to the United States Constitution provides: No person shall be a Senator or Representative in Congress, or elector of President and Vice President, or hold any office, civil or military, under the United States, or under any State, who, having previously taken an oath, as a member of Congress, or as an officer of the United States, or as a member of any State legislature, or as an executive or judicial officer of any State, to support the Constitution of the United States, shall have engaged in insurrection or rebellion against the same, or given aid or comfort to the enemies thereof...

90. Article 14, Section 1 of the United States Constitution generally reinforces and affirms all of the rights of US citizens enumerated in the previously cited constitutional amendments, including the right to privacy, being violated by all of the aforementioned WHO/US healthcare mandates. Section 3 forbids anyone who commits treason against the United States

-- as many present federal officials of the executive, legislative and judicial branches are manifestly doing -- from holding any further public office, much less continuing to act with apparent immunity from any investigation and prosecution.

91. The American Declaration of Independence states:

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable right; that among these are life, liberty and the pursuit of happiness.

That to secure these rights, governments are instituted among men, deriving their just powers from the consent of the governed; that whenever any form of government becomes destructive of these ends, it is the right of the people to alter or to abolish it, and to institute new government, laying its foundation on such principles and organizing its powers in such form, as to them shall seem most likely to effect their safety and happiness.

Prudence, indeed, will dictate that governments long established should not be changed for light and transient causes; and accordingly all experience hath shewn that mankind are more disposed to suffer, while evils are sufferable, than to right themselves by abolishing the forms to which they are accustomed. But when a long train of abuses and usurpations, pursuing invariably the same object evinces a design to reduce them under absolute despotism, it is their right, it is their duty, to throw off such government, and to provide new guards for their future security.

92. The last paragraph of the American Declaration of Independence very precisely describes the continuous tyranny that we as a people have long been experiencing from our corrupt, corporate-controlled federal government, along with its precisely prescribing its just and effectual remedy. It also declares the right of the people to abolish any existing political contract with their government when the basis of that political contract has become fraudulent in nature, and therefore null and void

Causes of Action

COUNT NO. 1: Violation of the First Amendment: abridgement by the federal government of freedom of speech and of the press, of the right of the people peaceably to assemble, and to petition the government for a redress of grievances.

COUNT NO. 2: Violation of the Fourth Amendment: abridgement by the federal government of the right of the people to be secure in their homes and in their persons.

COUNT NO. 3: Violation of the Fifth Amendment: abridgement by the federal government of the right of the people to enjoy their life, liberty and property without interference, unless otherwise abridged by due process of law.

COUNT NO. 4: Violation of the Seventh Amendment: abridgement by the federal government of the right of the people to trial by jury and legal redress of grievances.

COUNT NO. 5: Violation of the Eighth Amendment: abridgement by the federal government of protection of the people from cruel and unusual punishment.

COUNT NO. 6: Violation of the Ninth and Tenth Amendments: abandonment by the federal government of the fundamental constitutional principle that all unspecified sovereign power resides with the people and with the various states.

COUNT NO. 7: Violation of the Fourteenth Amendment: abridgement by the federal government of untrammeled access by the American people to all aforementioned constitutional rights of citizenship, including that of privacy, and the right of the people to remove from office all public officials who have committed treason against the United States .

COUNT NO. 8: Violation of the American Declaration of Independence: abridgement by the federal government of the right of the people to maintain their sovereignty and freedom from any foreign power; their right to expect good faith on the part of their government in the political contract that it has with the people, and their right to remove from power any government that violates their sovereign human rights through fraudulent political contract.

Demand for Relief

WHEREFORE, plaintiff prays for relief as follows:

1. That the Court immediately grant an Injunction for relief in these matters, thereby revoking, by authority of the 1st, 4th, 5th, 7th, 8th, 9th, 10th, and 14th Amendments of the US Constitution, as well as by the authority of the American Declaration of Independence from the royally chartered corporations of the British Empire any powers spuriously presumed by the federal government, now or in the future, through executive orders or international agreements issued/signed by any officials, past or present, of the federal government; that any officials of the federal government be thereby forbidden, now or in the future, to commit perjury concerning the alleged benefits or efficacy of any suspiciously derived/designed mandatory or voluntary vaccination, thus engaging in fraudulent financial contracts with their makers, to declare unilaterally any corporate legal immunity to the purveyors of vaccines for said vaccinations, or to unilaterally impose any federally mandated vaccinations/quarantines/detentions/international governments upon the American people, thus making their political contract with the people fraudulent, and therefore null and void.

2. That the Court order the United States Attorney to convene a grand jury investigation based upon the abovementioned allegations by the authority vested in this Court and the US Attorney to prevent any possible injury to the American people by means of any aforementioned possible federally mandated martial law, with enforced vaccinations/quarantines/ detentions.

3. That the Court order an investigation of this matter by the US Attorney under the Racketeering Influenced Corrupt Organizations Section (RICO-USC 18) of the Organized Crime Control Act (OCCA) of 1970, particularly its Sections 175-Prohibition with Respect to Biological Weapons; 241-Conspiracy Against Rights; 1031-Fraud Against the United States; 1091-Genocide; 2384-Seditious Conspiracy; 2382-Misprision of Treason and 2384-Seditious Conspiracy, as well as the Sherman Antitrust Act of 1890, whose farsighted provisions have been largely ignored by the US government since the latter half of the twentieth century.

4. That the Court order an investigation by the US Attorney of persons who may be responsible in an effort to prevent any planned enforced bioweaponized vaccinations, which persons to be investigated should include:

Baxter USA Executives:

- Joseph Martin 221 N Walnut St , Bensenville , IL 60106 .
- Bruce McGillivray 151 Ridge Lane , Lake Forest , IL 60045 .
- Norbert Riedel 1520 N Sheridan Rd , Lake Forest , IL 60045 .

Other Government/Corporate Officials:

● Jeffery K. Taubenberger, M.D., Ph.D., presently employed as a vaccine development expert at the NIH, who exhumed frozen bodies with the admitted purpose of reconstructing the deadly 1918 flu, caused by tainted vaccines injected into US military servicemen that killed 50-100 million people.

● US Health and Human Services Secretary Katherine Sebelius, who in July 2009, signed an order indemnifying Baxter International and other purveyors of the H1N1 vaccines from compensatory lawsuits or prosecution by US citizens, and who is implementing a mass vaccination campaign in spite of the evidence other measures such as surgical masks and natural preventive remedies would be more effective and less expensive if a pandemic actually did break out.

● Drs. Margaret Hamburg, Margaret Chan and David Nabarro, presiding officers of, respectively, the US Food and Drug Administration (FDA) and the UN World Health Organization (UN-WHO) who, immediately following Dr. Jeffery K. Taubenberger's six-year program of reconstructing the deadly 1918 virus, announced to the world via the UN that a new pandemic is about to occur that would kill "...5 to 150 million". Hamburg and Nabarro, as previously mentioned, also discussed exactly how such a deadly pandemic would occur at a videotaped conference at the Aspen Institute-US on October 13, 2007.

● Goldman Sachs, State Street Global Advisors, the Bank of Austria, the Rothschild family-owned, Bernard Madoff-tainted Banco de Medici, the Rockefeller family interests, and all other financial or funding institutions which have institutional ownership or regular financial dealings with Baxter International and other transnational vaccine manufacturers, as well as all major private foundations funding the WHO and vaccine research, including the Rockefeller and Bill & Melinda Gates Foundations.

● Past and present officials of the US Department of Health and Human Services, the US Food and Drug Administration and the National Institutes of Health/US Centers for Disease Control and US Departments of Defense enabling the above-cited possible criminal/treasonous activities violating the US Bill of Rights, US Constitution, Declaration of Independence from the British Empire and its royally chartered corporations and other aforementioned US laws.

● Those presidents of the United States past and present signing executive orders giving over control of the United States to the United Nations and its associated agencies in the case of a WHO-declared Level 6 pandemic;

● As well as those members of Congress past and present who failed to investigate and halt these probable criminal and treasonous activities.

5. I do also hereby affirm the right of the American people inhabiting each and every state of the present federal union to engage in legal nonviolent official and unofficial secession from any government that has denied them their sovereign human rights, based on the 9th and 10th Amendments of the US Bill of Rights, as well as on the American Declaration of Independence from the royally chartered corporations of the British Empire and other aforementioned US laws; that they have the right to secede from a federal government, which, presently controlled by a bank-based transnational corporate crime syndicate, has in fact seceded from the American people, and has conspired to commit acts of treason and crimes against humanity, not only against the people of the United States but against all of the peoples of the world.

I do hereby affix my signature and the date to the above pleading to this

honorable court.

DATED this 23rd day of October, 2009.

MailOnline

Dramatic moment man who 'threatened to blow up the White House' is tasered by police after eight-hour stand-off

Daily Mail, 14 August 2009, 17:42 BST,
https://www.dailymail.co.uk/news/article-1206515/Dramatic-moment-man-threatened-blow-White-House-Tasered-police-hour-stand-off.html

This is the moment a man making threats against the White House was finally seized from his car after an eight-hour stand-off.

The drama unfolded on Wednesday when the man, identified as Joseph Moshe, called a police dispatch number and threatened to blow up the White House, according to reports.

Officers then spotted his red Volkswagen Beetle at about 10am and pursued him through the west side of Los Angeles.

Moshe headed to the federal building parking area and drove around it once before a police SUV blocked him as he tried to return to the street. Authorities then surrounded his car with police cruisers and a large armored vehicle.

The federal building was locked down at noon and employees were told to stay inside.

The man then sat in the car smoking for hours before a robot broke a rear window of the car so officers could see inside and try to communicate. However Moshe did not respond, said a police spokesman.

A police robot manoeuvred next to the driver's door, and an armored vehicle parked in front of the vehicle so the man could not escape.

Police then fired tear gas into the suspect's vehicle in an attempt to force him to surrender.

But Moshe remained inside the car and briefly wound down the passenger window to let out the fumes.

He withstood four rounds of chemical agents before officers shot out the drivers' window with a bean bag gun.

Officers then used a Taser to restrain him before finally pulling him out of the car.

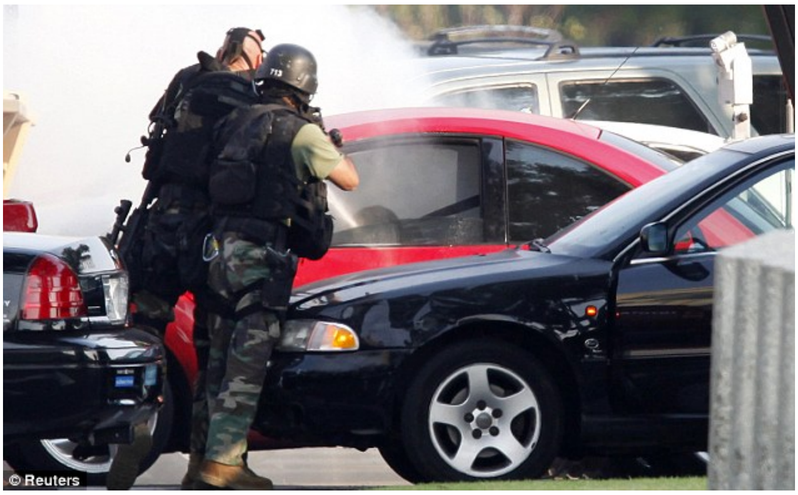
Detective Gus Villanueva said Moshe was booked on two previous unrelated misdemeanor warrants but did not provide details. Officials later said he was taken to a hospital for observation.

Asked how the man was able to withstand multiple rounds of tear gas, Villanueva said some people are able to resist the chemicals.

'I can't explain that, there's no way to explain that,' he said.

Stand-off: Police try to force Joseph Moshe out of his car in the Federal Building parking lot in Los Angeles, California during a pursuit which began when he allegedly made threats against the White House

No surrender: Moshe withstands several rounds of chemical agents aimed at the car and remains inside



Besieged: He is sprayed in the face by police after opening the window to let out the fumes

Surrounded: A robot is stationed next to the suspect's vehicle in order to break a rear window so officers can see inside and try to communicate

Godlike Productions
Breaking News
Science & Technology
Offbeat Discussions

Who Is Joseph Moshe?

Godlike Productions, User ID: 574264, 16 August 2009

https://www.bibliotecapleyades.net/ciencia/ciencia_influenza35.htm
Sourse: http://www.godlikeproductions.com/forum1/message861009/pg1

"Joseph Moshe (Moshe is the man's middle name) is a bio-scientist. He works (worked?) for a unit within Mossad. He is an Israeli citizen.

The Secret Service was not the agency involved in the surveillance of Moshe at his home in California. This was done by the FBI, who had orders to detain him, or "bring him in."

Moshe did not send a threat to the White House. Rather, he communicated that he intended to go public with information he had regarding the flu vaccine that is being prepared by Baxter Labs, an Austrian company.

The information is this: The vaccine is being manufactured in Ukraine. It is not a vaccine at all, but rather an engineered genetically mutated bio-weapon meant to cause sickness and death. Moshe informed the White House he intended to go public with this information. When he became aware that the FBI was about to detain him, he packed some belongings in his car and set out for the Israeli consulate, located in close proximity to the federal building where the standoff took place. FBI pursuit kept him from reaching his destination.

Mounted on top of the large black vehicle was a microwave weapon which fried the electronics in Moshe's car as well as any communication devices he had which might have been used to contact the media or others who could help him.

Moshe did not suffer the same effects of the gas and pepper spray that others would have because he had built up an immunity to such weapons as a by-product of his Mossad training.

Moshe was not handcuffed because he was not placed under arrest. After leaving police or FBI custody, he returned to Israel, where he is at this time.

The information comes from one of my confidential sources. I have reason to believe it is accurate. If I receive more information, I will post it."

Sourse: The Strange Case of Joseph Moshe. – The Swine Flu Global Eugenics Program, 16 August 2009. https://www.bibliotecapleyades.net/ciencia/ciencia_influenza35.htm

THE FLU CASE

Joseph Moshe: "Swine flu vaccine is bioweapon"

The Flu Case, 21 August 2009

https://web.archive.org/web/20091102052516/http://www.theflucase.com/index.php?option=com_content&view=article&id=700%3Amicrobiologist-alleges-baxter-qswine-fluq-vaccine-is-a-bioweapon&Itemid=64

Joseph Moshe (MOSSAD Microbiologist)

Today, the MSM are not talking about this case any more. <...>

Professor Moshe had called into a live radio show by Dr. A. True Ott, (explanation of Joseph Moshe's call at 06:00) broadcast on Republic Broadcasting claiming to be a microbiologist who wanted to supply evidence to a States Attorney regarding tainted H1N1 Swine flu vaccines being produced by Baxter BioPharma Solutions. He said that Baxter's Ukrainian lab was in fact producing a bioweapon disguised as a vaccine.

He claimed that the vaccine contained an adjuvant (additive) designed to weaken the immune system, and replicated RNA from the virus responsible for the 1918 pandemic Spanish flu, causing global sickness and mass death. <...>

Does this sound like an insane conspiracy theory? Sure it does. Due to the scarcity and anonimity of the sources we would dismiss it as exactly that, if it weren't for some uncomfortable facts: Baxter Pharmaceutical has been caught, red-handed, in spreading a live, genetically engineered H5N1 Bird flu vaccine as a lethal biological weapon all over the world, destined to be used for human vaccinations. This happened just a few months ago. And only luck prevented a global catastrophe of epic proportions.

Baxter International Inc. had mixed live, genetically engineered avian flue viruses in vaccine material shipped to 18 countries. Only by sheer luck, a Czech laboratory decided to test the vaccine on a dozen ferrets, which all died in days. The World Health Organization was notified and catastrophe was averted. This was clearly a deliberate act on Baxter's part, because they adhere to BS3, bio-safety level three. Baxter admitted a "mistake". Such monumental screwups are totally impossible at that level. Many safety systems would have needed to be sabotaged, many key personell would have needed to be bribed. It simply can't be done without direction from the inside. They did not send out the wrong vial – they produced dozens of gallons of biological-weapon agent (genetically engineered live H5N1 / Bird flu virus), then sent it out as a "vaccine".

Baxter knew full well that their vaccine was lethal, because the year before they had tested it on a few hundred homeless Polish people – dozens died as a result. [See: Next page]

Complaints
https://web.archive.org/web/20090920120328/http://www.unfictional.com/pdf/baxter-lawsuit.pdf
Criminal Charges concerning Bioterrorism Acts and Mass Murder
https://web.archive.org/web/20090827193626/http://www.unfictional.com/pdf/baxter-genocide-bioweapons.pdf

Zeiten Schrift

Bevölkerungsreduktion: Lauert in der Spritze der Tod?

Zeiten Schrift, 2010, Quartal 1, N 65
https://www.zeitenschrift.com/heft/zeitenschrift-65

Seuchen können in kurzer Zeit mehr Menschen dahinraffen als Krieg und Hunger. Was, wenn man sich dies zunutze machen würde? Werden Impfungen benutzt, um die Menschheit zu dezimieren?

...

Vorahnungen oder Insiderwissen?

Blenden wir einige Wochen weiter zurück in ein mehrere tausend Kilometer entferntes Aufnahmestudio des amerikanischen Radiosenders Republic Broadcasting. Am 11. August 2009 hatte Radiomoderator Dr. True Ott einen höchst merkwürdigen Telefonanruf mitten in seine Live-Sendung erhalten. Darin klärte ein gewisser Joseph Moshe die erstaunten Radiohörer darüber auf, daß er ein Mikrobiologe sei und hochbrisante Beweise besitze, die er einem Staatsanwalt übergeben wolle. Es gehe um einen verunreinigten H1N1-Schweinegrippeimpfstoff, den das amerikanische Pharmaunternehmen Baxter in der Ukraine herstelle. Dabei handle es sich in Tat und Wahrheit um eine als Impfung getarnte biologische Waffe. Zu diesem Zweck, so Moshe weiter, habe man der Impfung ein Adjuvans (Zusatzstoff) beigemischt, der das Immunsystem schwächen solle und RNA-Bestandteile jenes Virus enthalte, das 1918 die Spanische Grippe mit Millionen von Toten verursachte. Der Anrufer kündigte an, daß es in der Ukraine in naher Zukunft zum Ausbruch einer Seuche kommen werde.

Die tatsächliche Identität dieses in Kalifornien lebenden Joseph Moshe ist bis heute nicht zweifelsfrei geklärt. Manche behaupten, es handle sich dabei um den israelischen Professor Moshe bar-Joseph, was jedoch mehr als fragwürdig ist. Ganz sicher wurde der ominöse Mann jedoch am Abend des 13. August 2009 vom FBI vor laufenden Fernsehkameras verhaftet.

Nach seiner Ankündigung, das Weiße Haus informieren und sämtliche Fakten der Öffentlichkeit zugänglich machen zu wollen, flüchtete Moshe nämlich mit einem roten VW Beetle quer durch Los Angeles in Richtung des israelischen Konsulats. Dieses erreichte er aber nicht, weil die Bundespolizei und ein Bombenräumungskommando mit gepanzerten Wagen sein Auto einkeilten. Mikrowellenwaffen setzten die Elektronik des VWs und Moshes Handy lahm, anschließend nebelten die Polizisten ihn mit Tränengas ein, ein ferngesteuerter Roboter zerschlug das Autofenster, man versprühte mehrere Dosen Pfefferspray, versetzte Moshe mit einem Taser Elektroschocks und zerrte den Mann schließlich unsanft ins Freie – alles zu sehen auf dem Internetportal Youtube (Stichwort „Westwood Standoff“).

Was anschließend mit Joseph Moshe geschah, ist nicht bekannt. Manche spekulieren, er sei in ein Flugzeug gesetzt und nach Israel ausgeflogen worden. Als offizielle Begründung für die Verhaftung bemühten die Behörden einmal mehr die Angst vor dem Terrorismus: Joseph Moshe sei ein Verrückter, der gedroht habe, ein Bombenattentat auf das Weiße Haus zu verüben.

Baxters Beinahe-Katastrophe

Für die von Moshe vorgebrachten Anschuldigungen gegen Baxter gibt es keine offiziellen Beweise. Doch es ist nicht das erste Mal, daß der US-Pharmariese in das Kreuzfeuer der Kritik gerät. So sollen seinen Blutkonserven in der Vergangenheit Aidsviren beigemischt worden sein. Auch das läßt sich nicht beweisen ... [=> See: the main part – *Zeiten Schrift,* 2010, Quartal 1, N 65].

Hartford Courant
courant.com

Harvard: Lab Workers Were Poisoned

Hartford Courant // The Associated Press, 25 October 2009, 12:51 p.m. EDT
https://web.archive.org/web/20091029140541/http://www.courant.com/news/nation-world/hc-harvard-lab-workers-poisoned-1025,0,3561022.story

Cambridge, Mass. - Harvard University says six researchers who became sick in August apparently were poisoned.

The Boston Herald says a memo released Friday says the group drank from a coffee machine on Aug. 26 that later tested positive for sodium azide, a common preservative used in labs.

The six reported symptoms ranging from dizziness to gar ringing, and one passed out. They were treated at Beth Israel Deaconess Medical Center and later released.

The researchers all work in the Harvard Medical School's pathology department using mice to investigate how diseases interact with the immune system.

Harvard says authorities are investigating the incident, and the school is tightening security in the building, in part by adding surveillance cameras.

NBC NEWS

Harvard lab workers poisoned by tainted coffee

NBC News, 26 October 2009, 2:29 AM + 0.8
https://www.nbcnews.com/id/wbna33470976

Six Harvard University medical researchers were poisoned in August after drinking coffee that was laced with a chemical preservative, according to university officials.

In an internal memo first reported in the Boston Herald's Sunday editions, the school said the coffee came from a machine near their lab that later tested positive for sodium azide, a common preservative used in labs.

The six reported symptoms after drinking the coffee Aug. 26, ranging from dizziness to ringing in the ears, and one passed out. They were treated at Beth Israel Deaconess Medical Center and later released.

The memo, written by Daniel G. Ennis, executive dean for administration, and Richard M. Shea, associate dean for physical planning and facilities, does not say whether officials believe the poisoning was intentional.

"As always, we are mindful of the need to be diligent about laboratory safety and security and the importance of proper management of laboratory chemicals," the memo states.

"We are in the process of installing additional security cameras throughout our buildings, and we are strengthening the security systems that manage access to the laboratories during both normal business hours and off hours," it goes on to say.

The researchers, which include staff and students, all work in the Harvard Medical School's pathology department in its new Boston research building. They were using mice to investigate how diseases interact with the immune system.

Harvard spokesman David Cameron on Sunday said university police are investigating along with the Occupational Safety and Health Administration and the Boston Public Health Commission.

"Essentially, there is an ongoing investigation of what appears to be a single isolated event," he said. "Because many details are unknown, (the medical school's) leadership is taking additional precautionary measures to help ensure the well-being of the community."

abc NEWS

Harvard University Researcher Says Coffee was Poisoned on Purpose

ABC News, 27 October 2009, 1:19 AM
https://abcnews.go.com/US/poisoned-harvard-researcher-spiked-coffee-fatal/story?id=8918291

A researcher who fell ill after just one sip says, this was no accident.

A Harvard University researcher whose coffee was spiked with a dangerous chemical said he believes the staff was intentionally poisoned with a toxic preservative used widely in the medical school's laboratory. "I can not think it would be an accident," Matteo Iannacone told ABCNews.com today. "Fortunately, I drank just a sip."

Despite drinking just a sip Iannacone, 33, was one of six people who became ill on Aug. 26 after drinking coffee from a communal espresso machine on the eighth floor of Harvard Medical School's New Research building.

Toxicology results, he said, showed the coffee contained a "very high concentration" of sodium azide, a powerful chemical preservative that can be fatal in high doses, causing respiratory failure. "All the research labs have it," Iannacone said. "It's very common."

Iannacone said he and two students from the pathology department had gone over to the single-serve coffee machine, a daily ritual, around and he noticed right away that there was something off. "As soon as we tasted a sip of the coffee, we noticed the taste was strange," he said. Within seconds, they experienced tachycardia, or a rapid heartbeat, and an increase in blood pressure. "We were sweating and we had to sit down, almost like we were fainting," he said.

Iannacone said that because he takes his coffee black - "I'm Italian," he explained -- he was able to notice the chemical right away. But they later learned that some of the other coffee drinkers had put sugar and milk in their cups, masking the altered taste, and drank the entire thing. Two people fainted, he said, and one of those people was hospitalized overnight. For Iannacone and the two students he was with, the symptoms began to disappear after about 10 minutes.

Cameron said all six involved with the poisoning were back at work within a day or two.

Iannacone said he wasn't particularly nervous about someone within the school trying to harm the students and employees, but that he found it "disturbing." Others, he said, are worried something might happen again.

David Cameron, spokesman for Harvard Medical School, said the coffee machine is not connected to the water supply. The water reserve tank is filled periodically by anyone who notices the water level getting low. Each re-fill can make several cups of coffee, he said, though it is unclear whether all six people got coffee from the same water supply.

The eighth floor coffee machine also served researchers and students on the 9th floor, he said, about 200 people total. The machine has since been removed. "We are now going to the Starbucks downstairs," *Iannacone* said, adding that the medical school is also installing new security cameras.

The university and it's police department have remained tight-lipped about the poisonings.

Cameron told ABCNews.com today that the university has contracted with an independent toxicologist as part of the Harvard University Police Department's investigation.

No students or employees have been disciplined, he said, and no arrests have been made. "The bottom line is they are looking very carefully and exhaustively at every single cause," *Cameron* said.

Clinical Infectious Diseases

Karen M. Starko

Salicylates and Pandemic Influenza Mortality, 1918–1919 Pharmacology, Pathology, and Historic Evidence

Clinical Infectious Diseases, 15 November 2009, 49 (9): 1405–1410
https://doi.org/10.1086/606060
https://academic.oup.com/cid/article/49/9/1405/301441

Abstract

The high case-fatality rate – especially among young adults – during the 1918–1919 influenza pandemic is incompletely understood. Although late deaths showed bacterial pneumonia, early deaths exhibited extremely "wet," sometimes hemorrhagic lungs. The hypothesis presented herein is that aspirin contributed to the incidence and severity of viral pathology, bacterial infection, and death, because physicians of the day were unaware that the regimens (8.0–31.2 g per day) produce levels associated with hyperventilation and pulmonary edema in 33% and 3% of recipients, respectively. Recently, pulmonary edema was found at autopsy in 46% of 26 salicylate-intoxicated adults. Experimentally, salicylates increase lung fluid and protein levels and impair mucociliary clearance. In 1918, the US Surgeon General, the US Navy, and the *Journal of the American Medical Association* recommended use of aspirin just *before* the October death spike. If these recommendations were followed, and if pulmonary edema occurred in 3% of persons, a significant proportion of the deaths may be attributable to aspirin.

...

In summary, just before the 1918 death spike, aspirin was recommended in regimens now known to be potentially toxic and to cause pulmonary edema and may therefore have contributed to overall pandemic mortality and several of its mysteries. Young adult mortality may be explained by willingness to use the new, recommended therapy and the presence of youth in regimented treatment settings (military). The lower mortality of children may be a result of less aspirin use. The major pediatric text [69] of 1918 recommended hydrotherapy for fever, not salicylate; its 1920 edition [70] condemned the practice of giving "coal tar products" in full doses for reduction of fever. The occurrence of Reye syndrome-like illness before the 1950s is debated and consistent with the fact that children's aspirin was not marketed until the late 1940s. Varying aspirin use may also contribute to the differences in mortality between cities and between military camps.

To determine the proportion of virus-induced pathology, subsequent bacterial infection, and overall 1918 pandemic mortality attributable to salicylate, experimental models and analysis of primary consecutive individual treatment and pathology records are needed. Prospectively, aspirin should be investigated in countries where aspirin is used for influenza.

ALEX JONES' INFOWARS.NET

Steve Watson

Death of the Internet:
Censorship Bills in UK, Australia, U.S. Aim to Block "Undesirable" Websites

Infowars, 17 December 2009
https://web.archive.org/web/20091221001722/http://www.infowars.net/articles/december2009/171209Internet.htm

Cutting off access altogether, massive fines and even jail time proposed for those who flout new laws.

Internet censorship bills currently working their way into law in the UK, Australia and the U.S. legislate for government powers to restrict and filter any website that it deems to be undesirable for public consumption.

In the UK, legislation slated as the "Digital Economy Bill", currently being debated in the House of Lords, would allow the Home Secretary to place “a technical obligation on internet service providers” to block whichever sites it wishes.

Under clause 11 of the proposed legislation “technical obligation” is defined as follows:

A “technical obligation”, in relation to an internet service provider, is an obligation for the provider to take a technical measure against particular subscribers to its service.

A “technical measure” is a measure that:

(a) limits the speed or other capacity of the service provided to a subscriber;

(b) prevents a subscriber from using the service to gain access to particular material, or limits such use;

(c) suspends the service provided to a subscriber; or

(d) limits the service provided to a subscriber in another way.

In other words, the government will have the power to force ISPs to downgrade and even block your internet access to certain websites or altogether if it wishes.

The legislation comes in the wake of amplified UK government efforts to seize more power over the internet and those who use it.

For months now unelected "Secretary of State" Lord Mandelson has overseen government efforts to challenge the independence of the of UK’s internet infrastructure.

Mandelson also wants to impose harsh policies, via the Digital Economy Bill, that would see users' broadband access cut off indefinitely, in addition to a fine of up to £50,000 without evidence or trial, if they download copyrighted music and films. The plan has been identified as "potentially illegal" by experts.

The legislation would impose a duty on ISPs to effectively spy on all their customers by keeping records of the websites they have visited and the material they have downloaded. ISPs who refuse to cooperate could be fined £250,000.

As Journalist and copyright law expert Cory Doctrow has noted, the bill also gives the Secretary of State the power to make up as many new penalties and enforcement systems as he likes, without Parliamentary oversight or debate.

This could include the authority to appoint private militias, who will have the power to kick you off the internet, spy on your use of the network, demand the removal of files in addition to the blocking of websites.

Mandelson and his successors will have the power to invent any penalty, including jail time, for any digital transgression he deems Britons to be guilty of.

Despite being named the Digital Economy Bill, the legislation contains nothing that will actually stimulate the economy and is largely based on shifting control over the internet into government hands, allowing unaccountable bureaucrats to arbitrarily hide information from the public should they wish to do so.

Mandelson began the onslaught on the free internet in the UK after spending a luxury two week holiday at Nat Rothschild's Corfu mansion with multi-millionaire record company executive David Geffen.

The Digital Economy Bill is intrinsically linked to long term plans by the UK government to carry out an unprecedented extension of state powers by claiming the authority to monitor all emails, phone calls and internet activity nationwide.

Last year the government announced its intention to create a massive central database, gathering details on every text sent, e-mail sent, phone call made and website visited by everyone in the UK.

The programme, known as the "Interception Modernisation Programme", would allow spy chiefs at GCHQ, the government's secret eavesdropping agency, the centre for Signal Intelligence (SIGINT) activities (pictured above), to effectively place a "live tap" on every electronic communication in Britain in the name of preventing terrorism.

Following outcry over the announcement, the government suggested last April that it was scaling down the plans, with then Home Secretary Jacqui Smith stating that there were "absolutely no plans for a single central store" of communications data.

However, as the "climbdown" was celebrated by civil liberties advocates and the plan was "replaced" by new laws requiring ISPs to store details of emails and internet telephony for just 12 months, fresh details emerged indicating the government was implementing a big brother spy system that far outstrips the original public announcement.

The London Times published leaked details of a secret mass internet surveillance project known as "Mastering the Internet" (MTI).

Costing hundreds of millions in public funds, the system is already being implemented by GCHQ with the aid of American defence giant Lockheed Martin and British IT firm Detica, which has close ties to the intelligence agencies.

A group of over 300 internet service providers and telecommunications firms has attempted to fight back over the radical plans, describing the proposals as an unwarranted invasion of people's privacy.

Currently, any interception of a communication in Britain must be authorised by a warrant signed by the home secretary or a minister of equivalent rank. Only individuals who are the subject of police or security service investigations may be subject to surveillance.

If the GCHQ's MTI project is completed, black-box probes would be placed at critical traffic junctions with internet service providers and telephone companies, allowing eavesdroppers to instantly monitor the communications of every person in the country without the need for a warrant.

Even if you believe GCHQ's denial that it has any plans to create a huge monitoring system, the current law under the RIPA (the Regulation of Investigatory Powers Act) allows hundreds of government agencies access to the records of every internet provider in the country.

In publicly announced proposals to extend these powers, firms will be asked to collect and store even more vast amounts of data, including from social networking sites such as Facebook.

If the plans go ahead, every internet user will be given a unique ID code and all their data will be stored in one place. Government agencies such as the police and security services will have access to the data should they request it with respect to criminal or terrorist investigations.

This is clearly the next step in an incremental program to implement an already exposed full scale big brother spy system designed to completely obliterate privacy, a fundamental right under Article 8 of the European Convention on Human Rights.

Similar efforts to place restrictions on the internet are unfolding in Australia where the government is implementing a mandatory and wide-ranging internet filter modeled on that of the Communist Chinese government.

Australian communication minister Stephen Conroy said the government would be the final arbiter on what sites would be blacklisted under "refused classification."

The official justification for the filter is to block child pornography, however, as the watchdog group Electronic Frontiers Australia has pointed out, the law will also allow the government to block any website it desires while the pornographers can relatively easily skirt around the filters.

Earlier this year, the Wikileaks website published a leaked secret list of sites slated to be blocked by Australia's state-sponsored parental filter.

The list revealed that blacklisted sites included "online poker sites, YouTube links, regular gay and straight porn sites, Wikipedia entries, euthanasia sites, websites of fringe religions such as satanic sites, fetish sites, Christian sites, the website of a tour operator and even a Queensland dentist."

The filter will even block web-based games deemed unsuitable for anyone over the age of fifteen, according to the Australian government.

The broad attack on the free internet is not only restricted to the UK and Australia.

The European Union, Finland, Denmark, Germany and other countries in Europe have all proposed blocking or limiting access to the internet and using filters like those used in Iran, Syria, China, and other repressive regimes.

In 2008 in the U.S., The Motion Picture Association of America asked president Obama to introduce laws that would allow the federal government to effectively spy on the entire Internet, establishing a system where being accused of copyright infringement would result in loss of your Internet connection.

In 2009 the Cybersecurity Act was introduced, proposing to allow the federal government to tap into any digital aspect of every citizen's information without a warrant. Banking, business and medical records would be wide open to inspection, as well as personal instant message and e mail communications.

The legislation, introduced by Senators John Rockefeller (D-W. Va.) and Olympia Snowe (R-Maine) in April, gives the president the ability to "declare a cybersecurity emergency" and shut down or limit Internet traffic in any "critical" information network "in the interest of national security." The bill does not define a critical information network or a cybersecurity emergency. That definition would be left to the president, according to a Mother Jones report.

During a hearing on the bill, Senator John Rockefeller betrayed the true intent behind the legislation when he stated, "Would it have been better if we'd have never invented the Internet," while fearmongering about cyber attacks on the U.S. government and how the country could be shut down.

Watch the clip below.

The Obama White House has also sought a private contractor to "crawl and archive" data such as comments, tag lines, e-mail, audio and video from any place online where the White House "maintains a presence" – for a period of up to eight years.

Obama has also proposed scaling back a long-standing ban on tracking how people use government Internet sites with "cookies" and other technologies.

Recent disclosures under the Freedom Of Information Act also reveal that the federal government has several contracts with social media outlets such as Youtube (Google), Facebook, Myspace and Flickr (Yahoo) that waive rules on monitoring users and permit companies to track visitors to government web sites for advertising purposes.

The U.S. military also has some $30 Billion invested in it's own mastering the internet projects.

We have extensively covered efforts to scrap the internet as we know it and move toward a greatly restricted "internet 2" system. All of the above represents stepping stones toward the realisation of that agenda.

The free internet is under attack the world over, only by exposing the true intentions of our governments to restrict the flow of data can we defeat such efforts and preserve the last vestige of independent information.

MERCOLA
Take Control of Your Health

Joseph Mercola

New Doubt Cast on True Cause of Deaths in 1918-19 Flu Pandemic

Dr. Joseph Mercola, 8 April 2010

https://web.archive.org/web/20100613225124/http://www.theflucase.com/index.php?option=com_content&view=article&id=3235%3Anew-doubt-cast-on-true-cause-of-deaths-in-1918-19-flu-pandemic-by-dr-mercola&catid=1%3Alatest-news&Itemid=64&lang=en

A researcher who authored one of the first articles connecting aspirin to Reye's Syndrome, a lethal disease that attacks the liver and brain, is suggesting that aspirin also could be to blame for a significant portion of deaths in the 1918-1919 influenza pandemic.

In an article in Clinical Infectious Diseases, California internist Dr. Karen M. Starko talks about the high doses of aspirin that were used to treat fever and the aches and pains of the early 20th century flu.

The symptoms of aspirin overdoses, she says, may have been difficult to distinguish from those of the flu, especially among those who died shortly after they became ill.

This information is particularly relevant today, not only because CDC officials are pushing for people to get the H1N1 shot before they go on spring break, but also because they have now decided that H1N1 will be part of the seasonal flu shot scheduled for the 2010-11 flu season.

They also have expanded the flu shot schedule to include the elderly and infants 6 months of age and older.

Dr. Mercola's Comments:

No one will ever know whether aspirin therapy was actually a culprit in the deaths of the 1918 pandemic. But the history lesson is important, especially since the 1918 pandemic is being used as a benchmark to fuel flu fears today.

Even as world health officials sit with egg on their faces, pondering why the 2009 H1N1 swine flu proved not to be the pandemic they predicted, they still insist people get vaccinated, even though the flu season is mostly over. And in a sky-is-falling move, they've also decided to include H1N1 in the seasonal flu vaccines for 2010-2011.

I have already commented on the hyped-up H1N1 numbers that the US was reporting during the "height" of this non-pandemic. The lid was blown off by CBS investigative reporter Sharyl Attkisson, who revealed that the vast majority of *"swine flu" cases were not H1N1 at all - but, rather, some sort of respiratory infection.*

In other words, it was flu-like-symptoms – not flu of ANY kind – that was making people sick during the so-called H1n1 "pandemic." The reason H1N1 numbers were so high was because the CDC had instructed health care officials to stop testing for H1N1, and just presume that everyone who showed up with flu-like symptoms was infected with H1N1.

It was a great game plan. Only it didn't work because some health officials tested anyway, and found out the truth.

Finally, a few weeks ago in February, after months of waiting for the hundreds of thousands of H1N1 deaths that didn't come, the World Health Organization admitted to Business Week magazine that "the overwhelming expression of [H1N1] was mild," and that they were going to use the pandemic-that-wasn't as a learning tool.

Apparently, what they learned is that, like it or not, H1N1 is going to be part of your flu shot package from now on.

History, Big Pharma, and the Flu

Before I talk about what the new flu shot recommendations mean let's go back to that 1918 flu, and look at how a pharmaceutical company may have contributed to countless deaths.

As Dr. Starko's research shows, some doubts about the causes of the 1918 flu deaths that were raised at the time. At least one pathologist thought that the amount of lung damage seen during autopsies was too little to attribute to viral pneumonia (a complication of the flu), and that the large amounts of bloody, watery liquid in the lungs must have had some other cause.

Without autopsy reports or other documents, Dr. Starko cannot definitively prove that aspirin was that other cause, but aspirin overdose stands out because the symptoms of aspirin overdose are similar to what that turn-of-the-century pathologist observed, she writes.

It also fits historically. Back then, aspirin was a fairly new drug, and its maker, Bayer, was advertising it heavily. Since aspirin packages had no warnings on them, and came with little or no instructions on dosages. All people really knew was that they could take this drug and feel better quickly.

So at the time people were taking large doses of Bayer aspirin. As Dr. Starko notes, when the flu popped up in late 1917 in Europe, the US Surgeon General and the US Navy began recommending aspirin to help alleviate flu symptoms for soldiers. Then, as the flu moved to the US, civilians followed suit.

With encouragement from the respected Journal of the American Medical Association, people downed 1,000-milligram doses of the drug every three hours, which today is the equivalent of downing 25 standard 325 milligram tablets in a 24-hour period.

The recommendations for this aspirin flu therapy came from government and health officials just before the October 1918 flu death spike, Dr. Starko says.

This level of high aspirin dosage is now known to, in some cases, cause toxicity and build-up of fluid in the lungs, which Dr. Starko theorizes may have contributed to the incidence and severity of symptoms, bacterial infections, and mortality, back then.

History Repeating Itself?

Anyone who has a child probably already knows that you're not supposed to give aspirin to sick children, because of the possible risk of Reyes Syndrome, a serious disease that can cause swelling in the liver and brain.

Reyes Syndrome most often affects children and teenagers, but it also can affect adults -- and when was the last time your health care provider told you not to give aspirin to your teenager, or not to take aspirin yourself when you are sick?

Since many people grab the aspirin bottle first when they're not feeling up to par, it's possible that more than a few people this past fall and winter did just that when they felt a cold or flu symptoms coming on.

It just makes me wonder if, like the 1918 flu, aspirin could have been partly to blame for all the "flu-like symptoms" reported to health officials during this past flu season?

Like the 1918 flu, it's a question that we'll never know the answer to. But it is a good reminder not to take aspirin for cold or flu symptoms.

Spring Break and Next Fall: Recycling the Leftovers

In the meantime, with flu season mostly over, and with plenty of unused H1N1 vaccine left on their shelves, the CDC has partnered with the American College Health Association to encourage students, faculty, and staff at colleges and universities to get vaccinated against the H1N1 flu virus for spring break.

Saying that the 2009 H1N1"pandemic" will continue for weeks, the CDC is urging the college crowd to get vaccinated right away.

At the same time the college letters came out, the CDC began predicting "a wave of flu activity" yet to come nationwide, and possibly even worldwide, even though the flu season is mostly over. On its website, it also warned that additional flu waves may come as late as May, with sporadic cases throughout the summer.

Anticipating that maybe this time the CDC and the WHO are correct – that H1N1 will hang around to become a pandemic later -- the Advisory Committee on Immunization Practices (ACIP) announced a provisional, updated recommendation regarding H1N1 vaccination on its website. For the upcoming 2010-2011 flu season, the ACIP says, H1N1 will be part of a trivalent shot that includes two regular flu viruses, along with H1N1.

Another important change for the coming year is that no one older than 6 months is exempt from flu shots anymore – the new rules state that everyone, including all children ages 6 months and up, as well as the elderly, should get flu shots from now on.

And watch out, senior citizens, because if you get this vaccine you'll be getting a quadruple hit. Posted March 2, the ACIP says:

A higher dose formulation of an inactivated seasonal influenza vaccine (Fluzone High-Dose, manufactured by Sanofi Pasteur, licensed by FDA on December 23, 2009) for use in people age 65 years and older will be available in the 2010-11 influenza season.

Fluzone High-Dose contains four times the amount of influenza antigen compared to other inactivated seasonal influenza vaccines.

Fluzone High-Dose vaccine in one study of people age 65 years and older produced higher antibody levels, but slightly higher frequency of local reactions.

Studies are underway to assess the relative effectiveness of Fluzone High-Dose compared to standard dose inactivated influenza vaccine, but results from those studies will not be available before the 2010-11 influenza season.

I added the boldface type to the ACIP's notice, to call attention to what our government health officials are recommending for senior citizens, some of whom may be in fragile health already: FOUR times the amount of antigen, of which the studies WILL NOT BE AVAILABLE before the vaccines are given.

This means that, once again, the public is being asked to be the guinea pig for a drug company's final clinical trial.

One More Time, the Evidence Shows Flu Shots Don't Work

Aside from the fact that a new Cochrane Systematic Review says that there is poor evidence that influenza vaccines work in the elderly, and that there is little or no evidence that they even work at all, a different study shows that flu vaccines don't work in children either.

This study, published in the October 2008 issues of JAMA and JAMA's Archives of Pediatrics & Adolescent Medicine, looked at children younger than age 5 who were seen in hospitals, emergency rooms or physicians' offices during the 2003-2004 and 2004-2005 flu seasons.

It found that use of the influenza vaccine was NOT associated with preventing hospitalizations or reducing visits to their pediatricians. I commented on this study when it first came out. But in case you missed it, here's what the study showed:

"Significant influenza vaccine effectiveness could not be demonstrated for any season, age or setting after adjusting for county, sex, insurance, chronic conditions recommended for influenza vaccination and timing of influenza."

The authors speculated that vaccinated children in this study got the flu anyway, because the vaccines for those years did not contain the actual flu virus that was going around – something that can happen in any year, since world health officials and manufacturers have to guess ahead of time which flu might be the predominant one in an upcoming year.

And finally, for more proof that there's no evidence that flu vaccines work, then why not hear it straight from the horse's mouth – the vaccine manufacturers themselves. For example, here are excerpts from the actual package inserts of the four flu vaccines that the CDC and ACIP are recommending for this coming fall:

- Fluzone High-Dose: There have been no controlled clinical studies demonstrating a decrease in influenza disease after vaccination with Fluzone High-Dose.
- Agriflu: No controlled efficacy trials have been performed to indicate a decrease in influenza disease after vaccination with AGRIFLU.

- Afluria: There have been no controlled clinical studies demonstrating a decrease in influenza disease after vaccination with AFLURIA.
- Fluarix: Specific levels of hemagglutination-inhibition (HI) antibody titer post-vaccination with inactivated influenza virus vaccines have not been correlated with protection from influenza illness but the HI antibody titers have been used as a measure of vaccine activity.

While Fluarix's wording is technical, it essentially is saying the same thing as the others: no clinical trials have been done to prove that these vaccines will keep you from getting the flu -- the only thing they have to go on is a measurement of antibodies to the specific flu virus in the blood of trial subjects.

And even then, it's anybody's guess whether the vaccine actually will protect you from the flu - just like that children's trial published in JAMA proved.

Compelling Evidence Not to Opt for the H1N1 Shot

If that's not enough to make you wonder why the CDC continues to come out almost daily with more flu warnings, more flu advisories, and more flu shot recommendations, then consider this little tidbit that came out just a couple weeks ago:

According to Science Daily: "New research from Tel Aviv University bacteria expert Prof. Eshel Ben-Jacob of the Raymond and Beverly Sackler School of Physics and Astronomy, grounded in the study of bacteria, presents compelling evidence to suggest there may be good reasons why most people should not automatically opt for the swine flu H1N1 shot."

The scientists used the mannerisms of the bacteria themselves to explain why people should not be so eager to jump on a new vaccine bandwagon.

"The simple rule we learned from bacteria is that anybody who has to make an important decision -- especially one of life and death at times of stress -- should wait to see the trend of changes, process the risks and odds in depth, and only then decide," says Prof. Ben-Jacob.

Proof that Vitamin D is the Best Flu 'Vaccine' Around

I couldn't have said it better myself. But I saved the best for last. For years now, I've been talking about how important vitamin D is to your overall good health, and how it can help you in warding off illnesses like the flu.

I've cited numerous studies supporting my stand on vitamin D, but this one, published March 10, 2010 in the American Journal of Clinical Nutrition, is a new one that reinforces everything I've ever said about what vitamin D can do.

In this first-ever, rigorously designed, randomized, double-blind, placebo-controlled trial on the topic, researchers investigated the effect of Vitamin D3 supplements on the incidence of seasonal influenza A in schoolchildren.

The study is recent, done from December 2008 to March 2009. What these researchers found was astounding, but not surprising: that vitamin D3 supplementation during the winter may reduce the incidence of influenza A, especially in specific subgroups of schoolchildren.

It was particularly noticeable in children with a previous diagnosis of asthma, the researchers said. In the children taking the supplements, asthma attacks as a secondary outcome of the flu were one-sixth of what they were in children not taking the supplements.

I'm thrilled that, finally, a clinical trial proves what I've been saying all along – that it's a good idea to take a natural nutrient in the form of vitamin D to help you stay healthy. Do the benefit/risk equation yourself when you compare natural vitamin D supplementation with vaccines manufactured with destructive chemicals, preservatives and adjuvants.

I'm sure this is something that the flu vaccine makers aren't going to like. I'm also certain you're not going to read about it on the CDC's website, even though, as I wrote about in this previous article, they should have already noticed that a majority of children who died this season of H1N1 had diseases associated with vitamin D deficiency.

The good news is, the information is out there, and more and more health officials are beginning to take notice, including the Canadian government which, as I wrote about last year, is also studying vitamin D's effect on the flu.

Ольга Четверикова

ММСП 2005 как административный инструмент ВОЗ
За фасадом ВОЗ.
Рокфеллер, Гейтс и заговор большой фармы против человечества

М.: Книжный мир, 2021
http://flibusta.site/b/641447/read#n_179

Глава 9. ММСП 2005 – как административный инструмент ВОЗ

Чтобы лучше понять, каким образом «Большая фарма» и финансовые игроки использует ВОЗ в своих интересах, в качестве механизма реализации своей политики, надо проследить, как изменялись полномочия и возможности ВОЗ в качестве международной организации.

Напомним, что в соответствии с ст. 21 Устава ВОЗ Ассамблея здравоохранения ВОЗ имеет полномочия устанавливать права, касающиеся санитарных и карантинных требований, номенклатур болезней, стандартов диагностических методов исследования и пр. При этом в ст. 22 говорится, что «правила, принимаемые в соответствии со ст. 21, становятся обязательными для всех членов после того, как будет сделано должным образом оповещение об их принятии Ассамблеей здравоохранения, за исключением тех членов Организации, которые известят генерального директора в указанный в оповещении срок об отклонении их или оговорках в отношении них».[168]

Таким образом, правила, установленные ВОЗ, не носят автоматически обязательного или приказного характера, и принятие или отклонение их зависит от согласия самих государств-членов.

Проводит в жизнь решения Ассамблеи Исполнительный комитет, который может, в соответствии со ст. 28 (i) «в пределах круга ведения и финансовых возможностей принимать чрезвычайные меры в случаях, требующих немедленных действий. В частности, он может уполномочить Генерального директора принимать необходимые меры по борьбе с эпидемиями, принимать участие в организации медицинской помощи жертвам народных бедствий» и пр.

С 1969 г. действовали Международные медико-санитарные правила (ММСП), обеспечивавшие мониторинг и контроль 6 серьёзных инфекционных заболеваний: холеры, чумы, жёлтой лихорадки, оспы, возвратного тифа и эпидемического тифа. Но при этом только 3 болезни подлежали международной регистрации, при которой государства должны были уведомить ВОЗ о появлении этих болезней на своей территории: это холера, чума и жёлтая лихорадка.

Однако в связи с тем, что в начале 90-х годов в условиях обострения общей геополитической обстановки вновь стали распространяться такие болезни, как холера и чума, а также появились новые инфекционные заболевания (лихорадка Эбола), ВОЗ приняла в 1995 г. на своей 48 сессии резолюцию о пересмотре ММСП. В качестве аргументов, обосновавших необходимость пересмотра, были приведены зависимость от официальной системы уведомления об этих болезнях и отсутствие формального и международного скоординированного механизма для предотвращения их распространения.

В итоге 23 мая 2005 г. на 58 сессии ВОЗ были приняты новые *Международные медико-санитарные правила* (**ММСП**), вступившие в силу в 2007 г. и ставшие одним из базовых документов, регламентирующих деятельность этой организации.[169]

ММСП представляют собой международный договор (закон), устанавливающий глобальные правила в области общественного здравоохранения с целью усиления медико-санитарной безопасности на национальном, региональном и международном уровнях. Его цель – предупредить международное распространение болезней, проводя профилактические и противоэпидемические мероприятия. Они нацелены на укрепление коллективной защиты здоровья населения от многочисленных и разнообразных рисков в современном глобализированном мире, которые могут быстро распространяться в глобальном масштабе в результате увеличивающихся объёмов международных поездок и торговли. Руководство работой ВОЗ по координации осуществления ММСП ведет Департамент по глобальному потенциалу в области предупреждения о вспышках болезней и ответных действий.

Этот договор расширил возможности и полномочия ВОЗ и его генерального директора и стал инструментом, играющим ключевую роль в обеспечении глобальной безопасности в области здравоохранения.[170]

Основные изменения, внесённые в ММСП, заключаются в следующем.

МММСП расширяют масштаб правил и охватывают теперь существующие, новые и вновь возникающие болезни, включая острые патологические состояния, вызванные неинфекционными болезнетворными агентами. В силу новой правовой основы ММСП обеспечивают быстрый сбор информации, общее понимание того, что могут представлять собой *чрезвычайные ситуации в области общественного здравоохранения, имеющие международное значение* (**ЧСОЗМЗ**), а также возможность оказания странам международной помощи.

...

Таким образом, Гендиректор ВОЗ получает, как мы уже указывали, очень большие полномочия, и с учётом крайне размытых критериев для объявления ЧСЗМЗ и определяющего значения теневых механизмов и личного влияния всё это открывает неограниченные возможности для произвола.

Что касается правового статуса ММСП, то, в соответствии с Уставом ВОЗ, они автоматически становятся обязательными для всех государств-членов ВОЗ, если они активно и в течение ограниченного периода времени не заявили о своём несогласии с ММСП. Однако ни одно государство-член ВОЗ не вышло полностью из-под действия этих Правил, и только две страны сделали по ним определённые оговорки.

Одна – это Индия, сделавшая оговорку по поводу распространения на её территории жёлтой лихорадки. А вторая – это США, которые оставили за собой право принять обязательства по ММСП в форме, совместимой с её фундаментальными принципами федерализма. То есть правила эти будут выполняться Федеральным правительством или правительствами штатов в соответствии с конституцией, и в той степени, в какой обязательства подпадают под правовую юрисдикцию правительства штатов, Федеральное правительство представит такие обязательства вниманию соответствующих властей штатов.

...

И одновременно государства приобретают **следующие обязанности**, среди которых, в частности:

– назначение национального координатора по ММСП;

– проведение оценки событий, происходящих на их территории, и оповещение ВОЗ о всех событиях, которые могут представлять собой ЧСОЗМЗ;

– ответ на запросы, касающиеся проверки информации относительно событий, которые могут представлять собой ЧСОЗМЗ;

– направление в ВОЗ любых фактических данных об идентифицированных за пределами их территории рисках для здоровья населения, которые могут вызвать международное распространение болезни;

– применения усилий для проведения рекомендуемых мер;

– сотрудничество с другими государствами-участниками и ВОЗ в целях выполнения ММСП (2005 г.).

Соответственно новые функции и обязанности приобретает и ВОЗ ...

...

Согласно ММСП (2005 г.), ВОЗ следует в обязательном порядке уведомлять обо всех случаях следующих четырёх болезней: оспа, полиомиелит, вызванный диким полиовирусом, тяжёлый острый респираторный синдром (ТОРС) и человеческий грипп, вызванный новым подтипом вируса.

Одновременно с ММСП ВОЗ в том же году разработала шкалу, включавшую 6 «фаз предупреждений о вероятности пандемии» для гриппа и новых разновидностей гриппа:

1 фаза – низкий уровень риска заражения;

2 фаза – значительный риск заражения;

3 фаза – «случаи инфицирования человека новой разновидностью гриппа»;

4 фаза – передача вируса от человека к человеку ограничивается редкими случаями;

5 фаза – хотя «вирус всё еще не является в полной мере заразным, появляется значительный риск возникновения пандемии»;

6 фаза – соответствует периоду пандемии.

Таким образом, как мы видим, ММСП превратились в эффективный инструмент влияния ВОЗ, которая приобрела исключительные полномочия объявлять чрезвычайные ситуации в области глобального здравоохранения. После этого началась подготовка к большой пандемии гриппа.

...

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Ольга Четверикова

Репетиции большой пандемии

За фасадом ВОЗ.

Рокфеллер, Гейтс и заговор большой фармы против человечества

М.: Книжный мир, 2021

http://flibusta.site/b/641447/read#n_179

Глава 10. Репетиции большой пандемии

Всем понятно, чем выгодна пандемия компаниям «Большой фармы», и как они на ней зарабатывают. Но тут есть ещё важный момент, который становится главным. Пандемия даёт фармкомпаниям возможность создать новую бизнес-модель, которая позволяет им работать без рисков и постоянно наращивать свою прибыль. Речь идёт не о лечении, а о предотвра-

щении и профилактике болезней с помощью вакцинации. Но продвижению вакцинации препятствуют два фактора. Первый связан с принципом её добровольности, сохраняющимся в большинстве стран. А второй – с тем, что вакцинация против определённых видов заболеваний ведёт к появлению устойчивого иммунитета на всю жизнь к этим болезням и делает ненужной её повторение, что приносит фармкомпаниям первоначальный доход, который затем неуклонно снижается.

Решить эти проблемы можно следующим образом. Во-первых, сделать вакцинацию обязательной, напугав людей настолько, чтобы они приняли её как единственное спасение, и подстраховавшись соответствующими нормативно-правовыми актами. Во-вторых, вакцинировать от тех «вирусов», от которых невозможно получить устойчивый иммунитет в силу того, что они постоянно мутируют. Такими вирусами являются «вирусы» ОРВИ или гриппа.[174]

Именно к возможной пандемии гриппа и стала готовиться ВОЗ ещё с конца 90-х годов.

В 1999 г. она выпустила первый в своей истории документ, в котором говорилось о грядущей пандемии гриппа и который назывался *«План подготовки к пандемии гриппа: роль ВОЗ и руководство для национального и регионального планирования».*[175] Он был подготовлен рядом учёных в сотрудничестве с европейской научной рабочей группой по гриппу (ESWI), играющей центральную роль в обеспечении связей ВОЗ с исследовательскими европейскими институтами.[176] Поскольку эта группа спонсируется компаниями «Большой фармы», она находится под их влиянием. Среди них Roche, Sanof Pasteur, Novartis, GlaxoSmithKline, Astra Zeneca, Baxter и др. В состав группы тогда входили профессор К. Николсон из Лестерского университета в Великобритании и профессор А. Остерхауз из Университета Эразма в Нидерландах, участвовавшие в разработке препарата «Тамифлю» компании Roche. Последний был председателем исполкома ESWI. И показательно, что в том же году лекарство «Тамифлю» было выведено на рынок США вместе с другим препаратом, «Реленза» компании Glaxo Wellcome, вошедшей затем в состав GlaxoSmithKline.

В 2002 г. в штаб-квартире ВОЗ в Женеве прошла встреча экспертов по гриппу, на которой присутствовали представители фармкомпаний Roche и Aventis Pasteur и материалы которой вошли в *«Руководство по использованию вакцин и противовирусных препаратов во время пандемии гриппа»,* опубликованное ВОЗ в 2004 г.[177] А приложение к руководству с рекомендациями по использованию этих препаратов было написано Ф. Хайденом из Виргинского университета, получавшим деньги за лекции и консультации компании Roche и GlaxoSmithKline. В нём рекомендовалось всем странам иметь большой запас противовирусных препаратов на случай пандемии. Авторами других приложений (по вакцинации в условиях пандемии и по пандемическому гриппу) были учёные А. Монто из Мичиганского университета и К. Николсон, которые также получали гонорары за консультации и помощь в проведении исследований Roche, GlaxoSmithKline (GSK) и ViroPharma, Wyeth, Chiron и Berna Biotech.[178]

Для внесения определённой ясности по поводу пандемии гриппа ВОЗ в 2003 г. на своей странице «Готовность к пандемии» дала такую информацию: «Пандемия гриппа возникает, когда появляется новый вирус гриппа, против которого у человеческого населения нет исходного иммунитета, *что приводит к нескольким одновременным эпидемиям по всему миру с огромным числом умерших и заболевших*. С ростом глобального транспорта и коммуникаций, а также урбанизацией и перенаселённостью, эпидемии, вызванные новым вирусом гриппа, вероятно, быстро распространятся по всему миру».[179]

В те же годы в США была разработана программа тотального карантина для населения, которую инициировал тогдашний министр обороны Джон Рамсфелд (2001–2006). Вряд ли было совпадением то, что в 1997–2001 гг. он возглавлял американскую биотехнологическую компанию Gilead Sciences, занимающуюся исследованиями, разработкой и коммерциализацией низкомолекулярных противовирусных препаратов, и именно у неё в 1996 г. купила лицензию на производство «Тамифлю» компания Roche. Став министром, Рамсфелд оставил за собой большой пакет акций компании.[180]

При Рамсфелде и Буше-младшем военное руководство активно изучало возможность противодействия атакам с использованием биологического оружия против американских военных, дислоцированных за пределами страны. В 2005 г. Министерство обороны и Служба охраны здоровья США предложили определённую методику карантина, которая превращала военные базы в объекты, недоступные для ликвидации с помощью биологического оружия. Военные базы США должны были быть превращены в закрытые города, способные выдержать длительную осаду и в которых можно без проблем прожить несколько месяцев. Для этого всех больных солдат необходимо изолировать в госпиталях, а для здоровых ввести казарменный режим с запретом покидать базы. Поскольку в представлении неоконсерваторов террористами являются все иностранные граждане, а у тех нет возможности проникнуть в расположения американских военных, базы будут защищены.[181][182]

Такую же методику Рамсфелд распорядился распространить на всё население США. То есть, в случае широкого применения биологического оружия тотальный карантин, который вначале собирались задействовать только на базах, должен был быть введён и для гражданских лиц. Разработать соответствующий план было поручено доктору К. Мехеру и доктору Р. Дж. Хэтчетту из Совета национальной безопасности, которые осуществили это в 2006 г. в Центрах по контролю и профилактике заболеваний (*Centers for Disease Control and Prevention* – CDC), представляющих собой федеральное агентство министерства здравоохранения США.[183]

План этот предполагал и введение социального дистанцирования как меры немедикаментозного вмешательства при борьбе с эпидемиями, которая впервые была широко применена в период средневековья. Озвучена эта идея была в Национальной стратегии по борьбе с пандемическим гриппом 2006 г., в которой говорилось: «Меры по защите границ и прекращению транспортировок будут наиболее эффективны для замедления пандемии, если они являются частью более масштабной стратегии, которая включает в себя другие виды вмешательства, такие, как меры по борьбе с инфекцией и гигиена рук и правила кашля, социальное дистанцирование, изоляция, вакцинация и лечение антивирусными препаратами». Как указал по этому поводу один из исследователей, «одна из закрытых сторон коронавирусного кризиса – это то, что идея, родившаяся из просьбы президента Буша-младшего по обеспечению лучшей готовности нации к следующей вспышке заразной болезни, стала сердцем национального руководства по ответу на пандемию»[184].

Надо отметить, что когда Мехер и Хэтчетт представили свой план, высокие чиновники, привыкшие опираться на фарминдустрию с её препаратами, встретили это предложение со скепсисом и насмешкой, поскольку оно рассматривалось как невыполнимое. Никто не мог представить, что эта идея будет доведена до абсурда и станет реальностью.

Однако тут важно подчеркнуть, что программа Рамсфелда рассматривалась им не столько как борьба против локальной эпидемии, сколько как инструмент реализации политического глобального плана, с помощью которого можно будет перестроить всю финансовую и социально-экономическую систему мира. Всемирная всеобщая самоизоляция приведёт к перестройке всего мирового сообщества и перераспределению задач по регионам, запустит ещё большую специализацию глобальной экономики, в результате которой США оставят себе главный сектор. Зоны, не интегрированные в глобальную экономику, должны быть лишены государственных институтов власти и превращены в простые резервуары природных ресурсов. Достаточно развитые зоны (в числе которых ЕС, Россия и Китай) будут ответственны за производство товаров широкого потребления, а производство вооружений для армии и полиции во всём мире будут обеспечивать только США.

Похожие идеи разрабатывались в Американском институте предпринимательства группой «Проект нового американского века». Но с этим связана и доктрина глобального разделения труда, именуемая доктрина Цебровски.[185]

А. К. Цебровски – вице-адмирал ВМС США, специалист по сетевым войнам, сторонник глобальной перестройки, предполагающей перераспределение производительных сил в пользу США, разрушение ряда производств и переориентацию промышленности в пользу вооруже-

ний и внедрение тотального электронного контроля над населением через мобильные телефоны. Главная ответственность за напряжённость в мире при этом возлагается на Китай, что требует его наказания и переустройства мира. Существует и ещё один важный пункт: переключение неявного финансирования СМИ, с интересов нефтяных на интересы фармацевтических компаний.

Таким образом, идея «всеобщей обязательной изоляции», предложенная 15 лет назад администрацией Буша, была изначально направлена не на обеспечение здоровья людей, а на милитаризацию американского общества на случай биологической атаки и для введения непрерывного управления, сметающего всю существующую официальную власть в США.

Тогда эта идея вызвала бурю протестов, которые возглавил профессор Дональд Хендерсон, руководивший одновременно Школой медицины при университете Джона Хопкинса и американской системой реагирования на эпидемии. Он оценил эти планы как окончательное скатывание администрации к тоталитаризму, приведшему к принятию «Патриотического акта» после теракта 11 сентября, и нарушение Конвенции о защите прав человека и основных свобод.[186] В 2017 г. при Трампе все официальные документы, в которых упоминались указанные меры, были уничтожены, а Ричард Хэтчетт стал директором Коалиции за инновации по предупреждению эпидемий (CEPI), которая координирует деятельность по разработке новых вакцин (к ней мы ещё вернёмся).

Однако инструкции были готовы и ждали своего часа. Так же, как уже были приняты новые международные медико-санитарные правила (ММСП), которые должны были вступить в силу в 2007 г.

Показательно, что разработка указанного плана и новых ММСП совпала по времени со вспышкой так называемого птичьего гриппа (H5N1), который начал распространяться ещё в конце 2004 г. Большую роль в пропаганде идеи о смертельной опасности этого гриппа сыграл уже упомянутый А. Остерхауз. До этого он способствовал раскручиванию паники по поводу атипичной пневмонии 2003 г., но эта тема уже была неактуальна и исчезла из поля зрения общественности, так что он перенёс своё внимание на новую болезнь.

Ещё в 1997 г. Остерхауз начал бить тревогу в связи со смертями в Гонконге нескольких человек, которые имели прямой контакт с птицами. Тогда он перешёл к продвижению в европейских правительствах утверждения о новой смертельной мутации птичьего гриппа, который передаётся людям. В своём интервью BBC о новой опасности в октябре 2005 г. он заявил, что «если вирус на самом деле мутировал таким образом, что он теперь может передаваться от человека к человеку, то мы имеем совершенно иную ситуацию, мы, возможно, стоим на пороге пандемии». Вирус так и не смог мутировать, но Остерхауз уже тогда был готов делать эксперименты, причём за огромные деньги.[187]

В декабре 2004 г. на сайте ВОЗ появилась информация, что распространение гриппа H5N1 может спровоцировать пандемию, характеристики которой предсказать невозможно, но это может затронуть от 20 % до 50 % всего населения. Указывалось, что большая часть мира не готова к пандемии и даже при самых оптимальных её сценариях от 2 до 7 млн человек умрут, а десятки миллионов потребуют медицинской помощи. Такую же цифру оглашал тогдашний руководитель программы ВОЗ по борьбе с гриппом, немецкий вирусолог и эпидемиолог Клаус Штёр. В связи с этим ВОЗ, подчеркнув, что глобальное распространение пандемии невозможно остановить, но надо снизить её воздействие, рекомендовала накапливать запасы противовирусных препаратов и вакцин и работать над продвижением разработки вакцин против пандемических вирусов[188].

В ответ на это многие правительства стали закупать большие объёмы лекарств «Тамифлю» и «Реленза», которые позиционировали как наиболее успешные в борьбе против гриппа. Особенно мощная кампания была развязана в США. О том, что страна должна быть готова к тому, что перелётные птицы, заражённые вирусом, доберутся до неё в течение последующих

нескольких месяцев, заявил, в частности, глава Министерства внутренней безопасности Майкл Чертофф. По инициативе Буша-младшего американский конгресс, напуганный гипотетическими последствиями гриппа (с возможным летальным исходом от 200 тыс. до 2 млн человек), выделил на борьбу с ним 7,1 млрд. долл., из которых 2 млрд. пошло на закупку 20 млн. доз «Тамифлю». Массовые закупки США поддержали правительства Великобритании, Японии, Израиля и других государств, в результате чего Roche заработала от продажи лекарства более миллиарда швейцарских франков.[189] Что же касается Рамсфелда, то на пике страхов относительно угрозы эпидемии он удачно продал часть своих акций, получив чистую прибыль в 5 млн долл.[190]

Однако опасность птичьего гриппа оказалась не просто преувеличенной, но фальшивой, вместо прогнозируемых 7 млн человек жертвами гриппа оказались 400. Штёр, сыгравший решающую роль в принятой тогда стратегии ВОЗ, покинул эту организацию, заняв высокую должность в фармацевтической компании Novartis.

Волна массовых человеческих смертей не стала реальностью, но Roche и GSK уже вложили миллиарды долларов в производство неэффективных и опасных препаратов в надежде на государственные закупки в огромных масштабах. Поэтому не успела закончиться вспышка птичьего гриппа, как близкие к ВОЗ и Большой фарме учёные-медики стали предупреждать о возможной новой пандемии гриппа, подобного вирусу H1N1, который может иметь страшные последствия.[191] Так, в 2006 г. группа исследователи из Гарварда опубликовала в журнале «The Lancet» свои прогнозы о возможной гибели 62 млн человек, а оценка советника министра здравоохранения и социальных служб США профессора Остерхольма была ещё более драматичной – от 180 до 360 млн. погибших.[192] Активное участие в этой информационной кампании принимал всё тот же А. Остерхауз, прозванный «Доктором Гриппом».

В итоге, когда в марте 2009 г. из небольшой деревни Ла-Глория в мексиканском штате Веракрус пришло сообщение о заболевании, которому дали название «свиной грипп»,[193] а затем подобные случаи были зафиксированы в США, пропагандистский аппарат ВОЗ с непристойной поспешностью стал нагнетать обстановку.[194] 24 апреля ВОЗ выпускает первое сообщение о вспышке болезни по данному вопросу, подтверждающее инфицирование людей в Мексике и США «вирусами свиного гриппа A/ H1N1… ранее не обнаруживавшихся среди свиней или людей», а 25 апреля она собрала Чрезвычайный комитет (ЧК), по совету которого гендиректор объявил ЧСЗМЗ, а в США начинается Неделя вакцинаций. 27 апреля после заседания ЧК ВОЗ поднимает уровень предупреждения о пандемии до 4-й фазы, а 29 апреля – до 5-й. Как заявила тогда гендиректор ВОЗ Маргарет Чен, все страны должны немедленно активировать свои планы по обеспечению готовности к пандемии. Во многих странах был введён масочный режим, учебные заведения закрывались, запрещены были массовые гуляния.

Однако для объявления пандемии оснований не было, так как не было «огромного числа умерших и заболевших» (критерий ВОЗ). Более того, сама М. Чан отметила тогда после жарких дебатов внутри ВОЗ, что «на сегодняшний день подавляющее большинство пациентов испытывает лёгкие симптомы и достигает быстрого и полного восстановления, часто в отсутствие какого-либо медицинского лечения» и что «во всём мире число смертей мало» и они не ожидают «увидеть внезапного и резкого всплеска числа серьёзных или смертельных инфекций».[195]

Но 4 мая на сайте CNN появляется статья, в которой профессор охраны окружающей среды Бостонского университета Д. Озонофф заявил, что слово «пандемия» не так страшно, как кажется, и что оно относится к тому, насколько широко распространена болезнь, а не к тому, насколько она серьёзна и сколько от неё умерло людей. В связи с этим один из репортёров CNN отметил несоответствие между этим утверждением и определением, данным на сайте ВОЗ. На что, в свою очередь, тут же ответила пресс-секретарь ВОЗ Натали Буду, заявившая, что определение ВОЗ было ошибочно и что оно удалено. Аргументировано это было тем, что определение было дано давно, оно рисует довольно мрачную картину и внушает страх. В итоге появилось «правильное определение», заключающееся в том, что «пандемия»

не имеет никакого отношения к тяжести заболеваний или числу смертей и означает вспышки новых заболеваний по крайней мере в двух из 6 регионов, на которые ВОЗ делит мир.[196]

Позже пресс-секретарь ВОЗ Г. Хартл в интервью медицинскому сайту *Medscape* вообще заявил, что старое определение пандемии было только описанием, а не официальным определением: «Это не определение, но мы признаём, что оно могло быть так воспринято. Мы виноваты в путанице между определениями и описаниями». Это подтвердила и гендиректор Ч. Мон, заявившая, что старое определение пандемии было неофициальным.[197] И уже 11 июня ВОЗ заявила о 6 фазе, объявив, таким образом, впервые о пандемии гриппа.[198]

А чуть позже она ввела изменения в требования к отчётности по вирусной инфекции пандемического гриппа. Сославшись на то, что пандемия распространяется с беспрецедентной скоростью и что странам становится сложно или невозможно проверять и подтверждать эти случаи путём лабораторного тестирования, ВОЗ отменила выпуск глобальных таблиц с количеством подтверждённых случаев заболевания во всех странах. После чего точное число заболевших и умерших установить стало невозможно. Так, в США, по оценкам CDC, за год пандемии диапазон заболеваний составил от 43,4 до 89,3 млн человек, а диапазон умерших – от 8,8 до 18,3 тысяч.[199]

Что же касается числа умерших от свиного гриппа в мире в целом, то если по данным CDC оно составило от 151 до 575 тысяч,[200] то по данным ВОЗ – 18449 человек (при 491,3 тысячах подтверждённых лабораторно случаях заболевания).[201]

Для лечения ВОЗ рекомендовала всё те же «Тамифлю» и «Релензу», которые стали закупаться в огромных объёмах: 85 стран закупили 220 млн упаковок «Тамифлю» на сумму около 18 млрд. долл. (в России продажи препарата в 2009 г. выросли на 1000 %). То же самое произошло с вакцинами.

А в то время директором Инициативы ВОЗ по исследованию вакцин была д-р М.-П. Кини, которая до 1988 г. работала в биотехнологической компании Transgene SA, имевшей стратегические партнёрские отношения по производству вакцин с компанией Roche. До прихода в ВОЗ Кини также принимала активное участие в европейской инициативе по вакцинам (European Vaccine Iniciative – EVI),[202] которая представляет собой ведущее европейское некоммерческое партнёрство, занимающееся разработкой вакцин, клиническими исследованиями и подготовкой учёных из стран с низким и средним уровнем доходов.

Его учредителями стали Стокгольмский и Гейдельбергский университеты, а членами:
– Центр биомедицинских исследований приматов (Рейсвейк, Нидерланды);
– Гейдельбергский университет (Гейдельберг, Германия);
– Фонд вакцин Дженнер (Оксфорд, Великобритания);
– Институт Пастера (Париж), и
– Королевский колледж хирургов в Ирландии (Дублин).

А донорами партнёрства являются ВОЗ, ЕС, Коалиция по инновациям в обеспечении готовности к эпидемиям (CEPI), Партнёрство по клиническим исследованиям в Европе и развивающихся странах (EDCTP), Глобальный фонд инновационных технологий здравоохранения (GHIT), Инициатива по инновационным лекарственным средствам (IMI), Nobelpharma Co., Ltd., Специальная программа исследований и обучения тропических болезней ВОЗ, SAP, а также агентства и департаменты министерств иностранных дел Дании, Нидерландов, Ирландии, Швеции и др.[203] Все эти структуры активно продвигают новые вакцины.

В итоге вакцинацией оказались охвачены миллионы людей. Через ВОЗ в страны, не имевшие собственного производства вакцины, было поставлено около 78 млн доз. В США было вакцинировано около 75 млн. человек (25 % населения), в Канаде 13,5-15 млн. человек (40–45 %), а в Финляндии – всё население.[204]

Однако и в данном случае опасность гриппа была сильно преувеличена. Так, одна только Германия заказала лекарств и вакцин от гриппа на сумму 450 млн евро, но волна заражения в

стране была относительно лёгкой, а число смертей (258 смертей на 226 000 больных) оказалось меньше, чем обычная эпидемия сезонного гриппа. В итоге государственные запасы, оплаченные за счёт налоговых средств, из-за отсутствия спроса пришлось уничтожить. Великобритания первоначально подписала контракты о закупке 120 млн. доз вакцин, но из-за низкого числа заболевших было закуплено всего 44 млн. доз., причём из них к апрелю 2010 г. было использовано только 6 млн, а 3,8 млн. было передано структурам ВОЗ в Африке.[205]

Как выяснилось позже, по подсчёты банка JP Morgan, продажа вакцин должна была принести фармацевтическим компаниям дополнительную прибыль порядка 7,5-10 млрд долл. Ещё в 2005 году фармацевтические компании обязались держать свои лаборатории наготове и провести исследования, чтобы при необходимости приступить к быстрому производству вакцины против птичьего гриппа, а правительства при этом заверили, что закупят всё. В результате этой сделки фармацевтическая промышленность ничем не рисковала. Когда же встал вопрос о вакцине против свиного гриппа, компании потребовали, чтобы правительства выполнили свои обязательства. В результате последние закупили вакцины, но использовано их было всего 13–25 %, так что никто не знал, что делать с оставшимися закупленными препаратами.[206] Огромное количество вакцин и лекарств пришлось просто уничтожать в связи с истечением срока годности.

Когда так называемая пандемия пошла на спад, в адрес ВОЗ стало звучать всё больше критики. В связи со сложившейся ситуацией в декабре 2009 г. председатель комитета по здравоохранения ПАСЕ, немецкий врач и эпидемиолог Вольфганг Водарг подал ходатайство о вынесении рекомендации под названием *«Фальшивые пандемии – угроза здоровью»,* подписанное ещё 13 депутатами ПАСЕ.

В ходатайстве утверждалось, что с целью продвижения своих лекарств и вакцин фармкомпании повлияли на учёных и официальные структуры, ответственные за стандарты в области здравоохранения, которые подали сигнал тревоги правительствам всего мира. Пандемические кампании птичьего и свиного гриппа нанесли большой ущерб не только некоторым вакцинированным пациентам и бюджетам общественного здравоохранения, но и доверию и подотчётности международных учреждений здравоохранения, в связи с чем необходимо расследование их последствий на национальном и европейском уровнях.[207]

В январе 2010 г. в ПАСЕ впервые прошли слушания о роли ВОЗ в преувеличении опасности свиного гриппа и сговоре с фармацевтическими компаниями о необходимости вакцинации. На нём выступил с докладом один из авторов ходатайства П. Флинн, подчеркнувший, что общественность должна знать, как на самом деле принимаются решения о пандемии, поскольку есть убедительные доказательства того, что серьёзность пандемии была сильно преувеличена ВОЗ, а программа вакцинации была на самом деле «применением плацебо в громадных масштабах».

О том же говорил Водарг, назвавший историю со свиным гриппом «одним из крупнейших медицинских скандалов века» и обвинивший фармацевтические лаборатории в организации психоза вокруг него. Он подчеркнул, что изменение ВОЗ статуса пандемии позволило фармацевтическим компаниям «превратить эту возможность в звонкую монету посредством контрактов, которые в основном были тайными». В целом из-за решений ВОЗ борьба с эпидемией обошлась мировому сообществу в 18 млрд долл. Водарг также обвинил ВОЗ в использовании при разработке вакцин вещества, влияние которых на здоровье человека было недостаточно изученным. В итоге миллионы людей оказались привиты без каких-либо оснований, и неизвестно имеет ли вакцина позитивный эффект, так как она не была клинически протестирована. Вывод Водарга был однозначен: «ВОЗ предприняла непонятные меры, которые не могут быть оправданы научными фактами. Совет Европы должен провести расследование в отношении опасных действий ВОЗ».[208]

Водарг назвал историю с пандемией «одним из крупнейших медицинских скандалов века» и обвинил фармацевтические лаборатории в организации психоза пандемии, что является следствием «кровосмесительных связей между ВОЗ и фармацевтической промышленностью», позволяющих заработать фармкомпаниям на продаже вакцин.[209]

По итогам слушаний ПАСЕ в июне 2010 г. подавляющим большинством голосов приняла резолюцию № 1749 и рекомендацию № 1929, в которых говорилось о необходимости большей открытости ВОЗ.

Между тем самым серьёзным исследованием, посвящённым связям ВОЗ с фармацевтическими компаниями и их сговору о пандемии, стала статья журналистов Д. Коэн и Ф. Картера, опубликованная в «Британском медицинском журнале» (BMJ) в июне 2010 г. и носящая характерное название *«ВОЗ и «теории заговора» в связи с пандемическим гриппом».*[210] Название стало ответом на слова гендиректора ВОЗ М. Чан, заявившей, что все обвинения в фальшивости пандемии являются конспирологическими теориями. Авторы доказывают, что учёные, дававшие советы ВОЗ по планированию действий во время пандемии, выполняли оплачиваемую работу для фармацевтических компаний, которым были выгодны подготавливаемые рекомендации, но, естественно, об этом конфликте интересов ВОЗ никогда публично не заявляла. Среди них, в частности, доктор Дж. Вуд, работавший с противогриппозными вакцинами по договорам с Sanof Pasteur, CSL, IFPMA, Novartis и Powdermed; профессор А. Монто, консультировавший по гриппу компании GSK, Novartis, Roche, Baxter и Sanof, получавший от них соответствующие гонорары и, будучи членом Чрезвычайного комитета, принимавший решение об объявлении пандемии. Кстати, имена членов Чрезвычайного комитета не раскрывались вплоть до окончания пандемии, о которой было объявлено 10 августе 2010 г.

Руководство ВОЗ не могло проигнорировать критику в свой адрес, но реакция на неё была очень своеобразной. Оно отказалось от прежней шестифазной шкалы «предупреждений о вероятности пандемии», приняв решение, что в случае резкого ухудшения эпидемиологической обстановки будет объявлять ЧСЗМЗ, которая теперь может иметь три класса последствий: 1-й класс – минимальные, 2-й класс – умеренные и 3 класс – значительные.[211] Понятно, что данное положение открыло ещё больше возможностей для произвола в решении данного вопроса.

После этого и до появления COVID-19 ВОЗ 4 раза объявляла о ЧСЗМЗ – по поводу полиомиелита и лихорадки Эбола в Западной Африке в 2014 г., по поводу эпидемии лихорадки Зика в 2015–2016 г. и по поводу продолжающейся лихорадки Эбола в Киву в 2018 г.[212]

Что же касается пандемии, то с 24 февраля 2010 г. на сайте ВОЗ она определена следующим образом: «Пандемия – это распространение нового заболевания в мировых масштабах. Пандемия гриппа происходит, когда появляется новый вирус гриппа и распространяется по всему миру, и большинство людей не обладают иммунитетом».[213] То есть тяжесть заболевания для ВОЗ и высокие показатели смертности больше не являются критерием пандемии, хотя этот подход и вызывает решительную критику специалистов. А в сознании людей это слово ассоциируется именно с масштабным бедствием. Совершив такую подмену, ВОЗ приобрела возможность бесконтрольно манипулировать этим термином.

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Chapter 20

Examples

of the lost or not found

websites

404

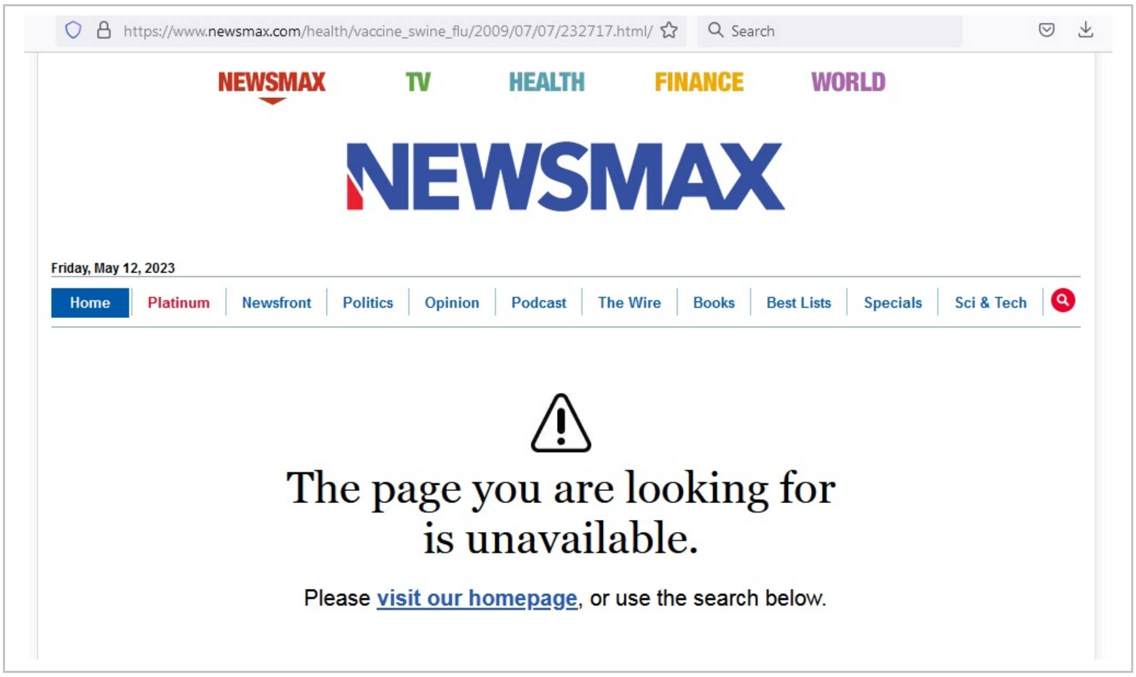
An explanation, why this chapter was published

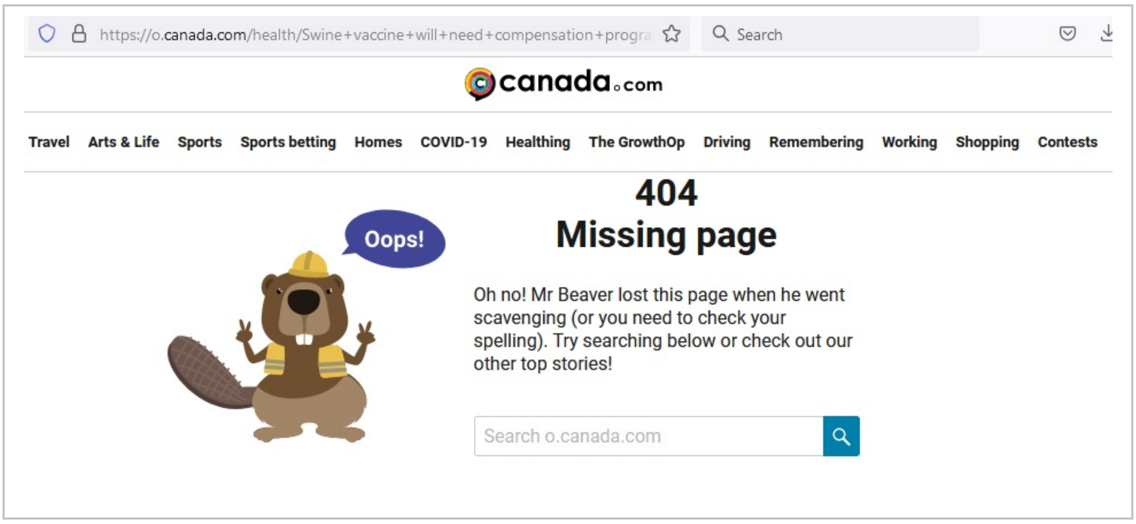
In the beginning of this research, it was found that many of the previously published articles on the Swine Flu Pandemic (2009-2010) were no longer available due to a change in internet address, or when switching to a new internet platform, or due to the supposed loss of their relevance, etc.

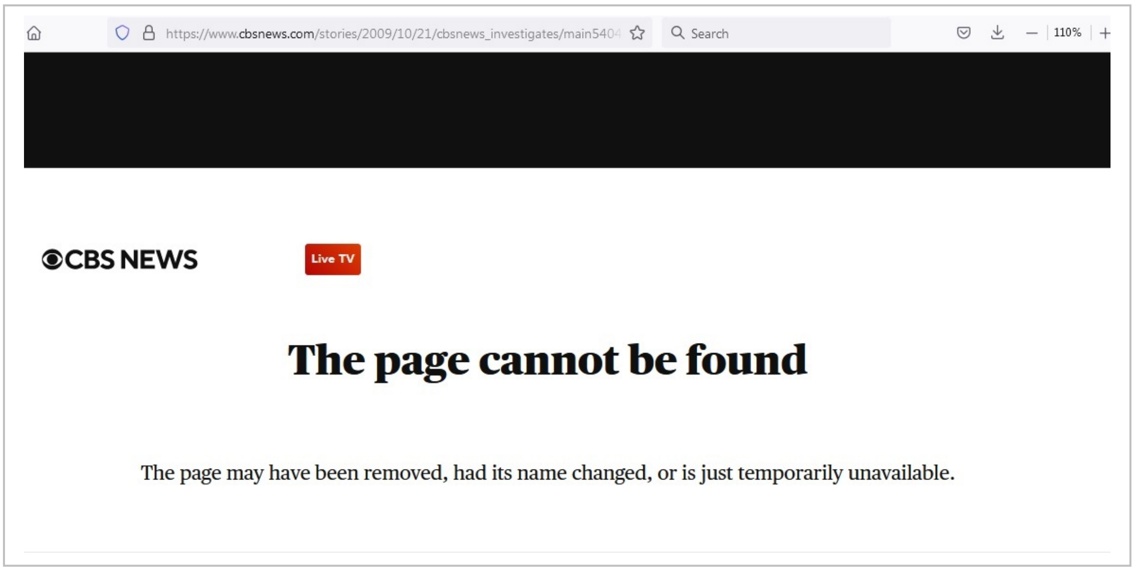
Therefore, an attempt was made to restore the lost information in order to be able to research the events related to the swine flu pandemic.

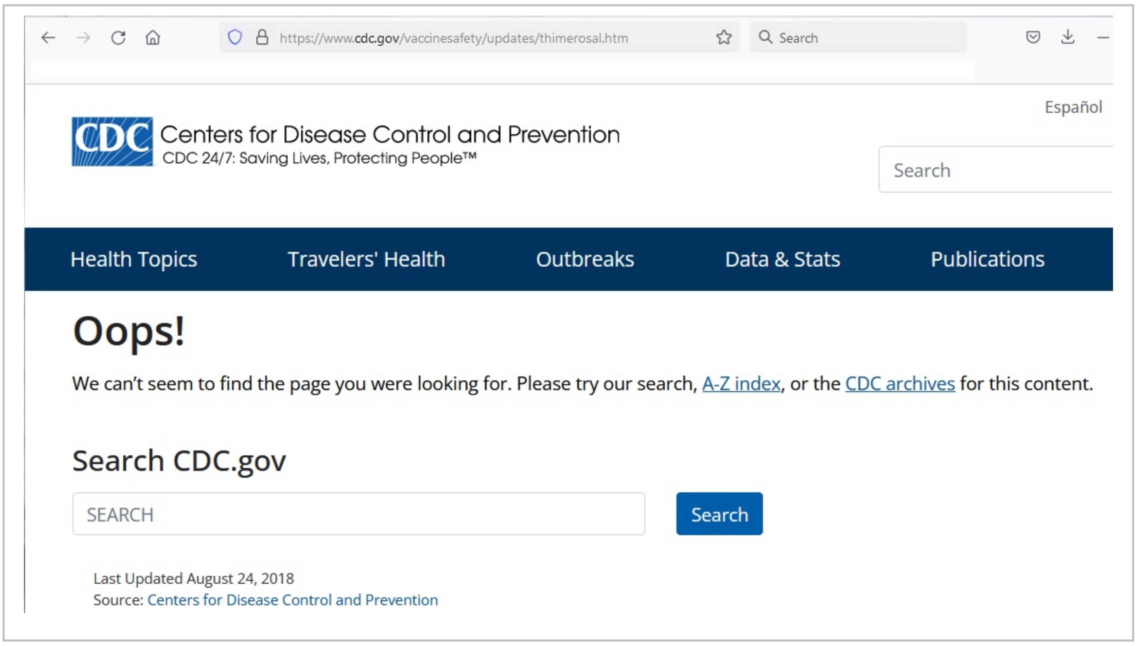
Most of the lost articles that disappeared from the original sites were found on the archive.org site, but some articles were preserved on third-party sites.

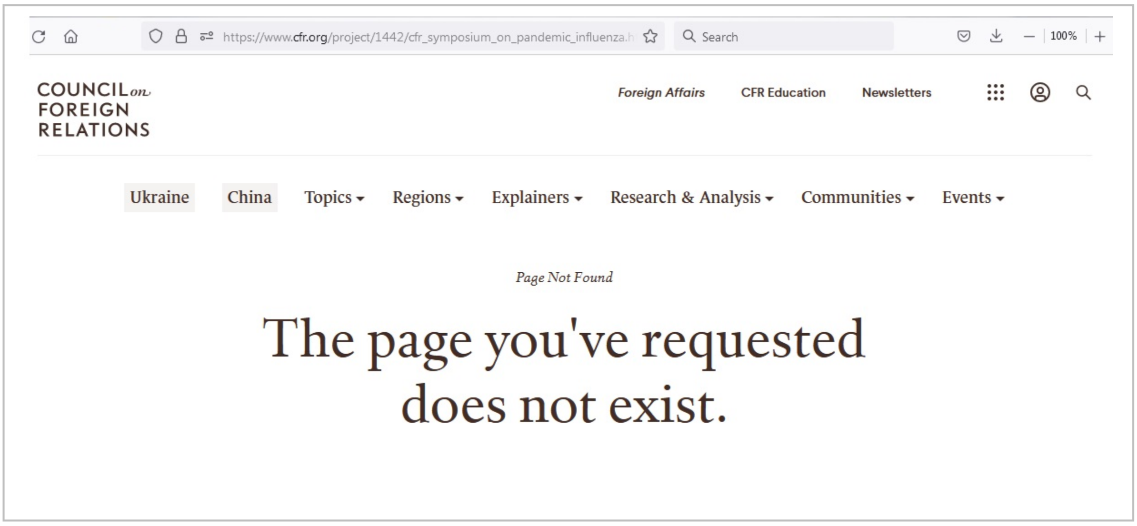
The following are examples of the articles that were not available on the original site or on the archive.org site.


https://www.newsmax.com/health/vaccine_swine_flu/2009/07/07/232717.html/
Search
NEWSMAX
TV
HEALTH
FINANCE
WORLD
NEWSMAX
Friday, May 12, 2023
Home
Platinum
Newsfront
Politics
Opinion
Podcast
The Wire
Books
Best Lists
Specials
Sci & Tech
The page you are looking for is unavailable.
Please visit our homepage, or use the search below.


https://o.canada.com/health/Swine+vaccine+will+need+compensation+progra
Search
canada.com
Travel
Arts & Life
Sports
Sports betting
Homes
COVID-19
Healthing
The GrowthOp
Driving
Remembering
Working
Shopping
Contests
404
Missing page
Oops!
Oh no! Mr Beaver lost this page when he went scavenging (or you need to check your spelling). Try searching below or check out our other top stories!
Search o.canada.com


https://www.cbsnews.com/stories/2009/10/21/cbsnews_investigates/main540
Search
110%
CBS NEWS
Live TV
The page cannot be found
The page may have been removed, had its name changed, or is just temporarily unavailable.


https://www.cdc.gov/vaccinesafety/updates/thimerosal.htm
Search
Español
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™
Search
Health Topics
Travelers' Health
Outbreaks
Data & Stats
Publications
Oops!
We can't seem to find the page you were looking for. Please try our search, A-Z index, or the CDC archives for this content.
Search CDC.gov
SEARCH
Search
Last Updated August 24, 2018
Source: Centers for Disease Control and Prevention


https://www.cfr.org/project/1442/cfr_symposium_on_pandemic_influenza.h
Search
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COUNCIL on FOREIGN RELATIONS
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Newsletters
Ukraine
China
Topics
Regions
Explainers
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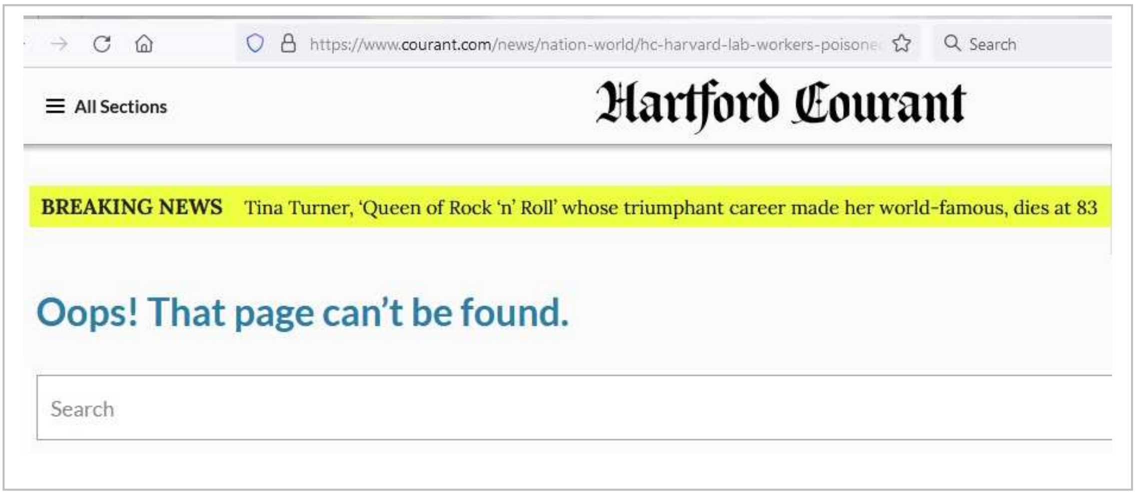
Communities
Events
Page Not Found
The page you've requested does not exist.


https://www.courant.com/news/nation-world/hc-harvard-lab-workers-poisone
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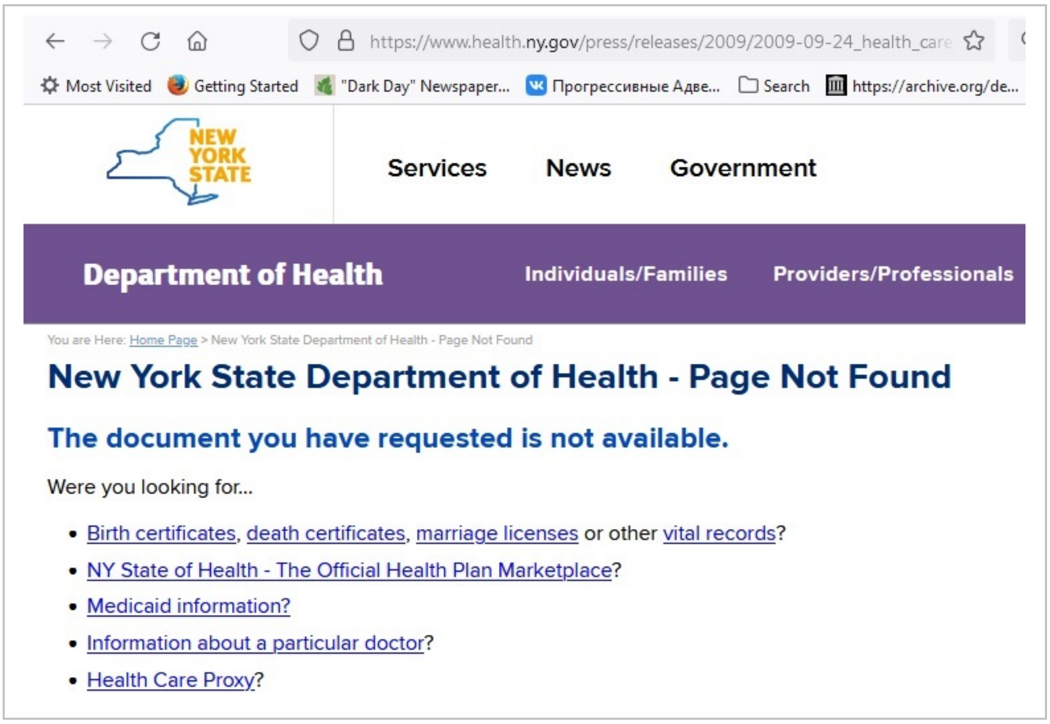
All Sections
Hartford Courant
BREAKING NEWS Tina Turner, 'Queen of Rock 'n' Roll' whose triumphant career made her world-famous, dies at 83
Oops! That page can't be found.
Search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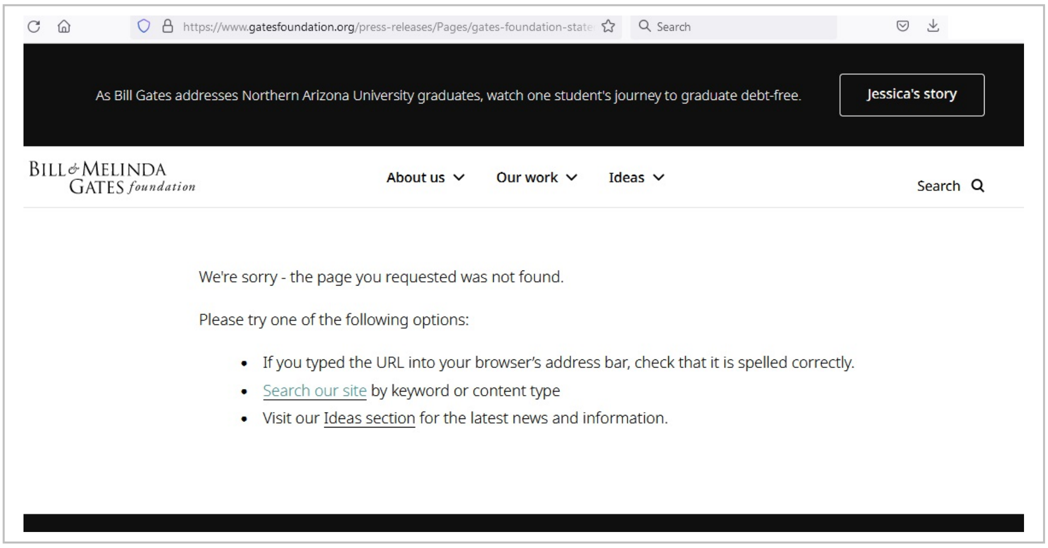
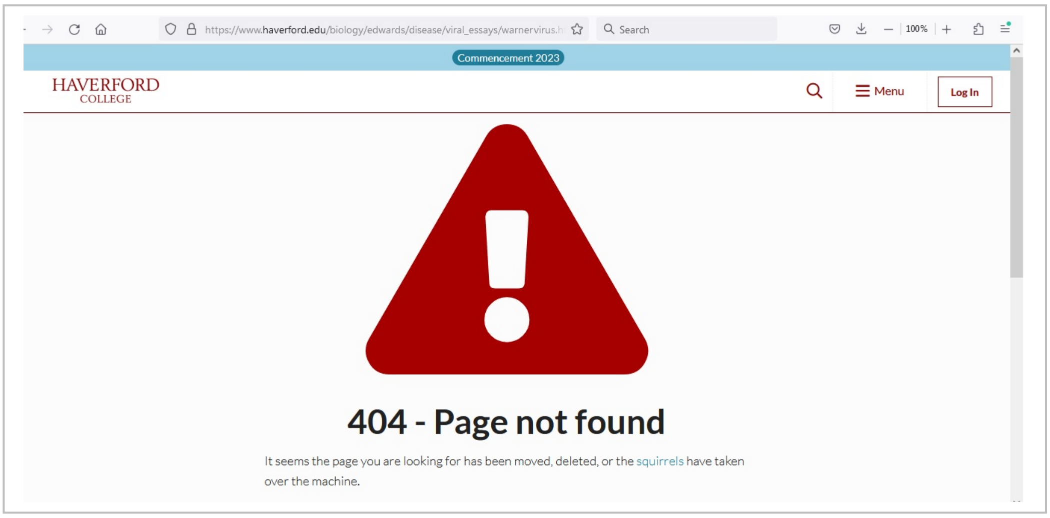
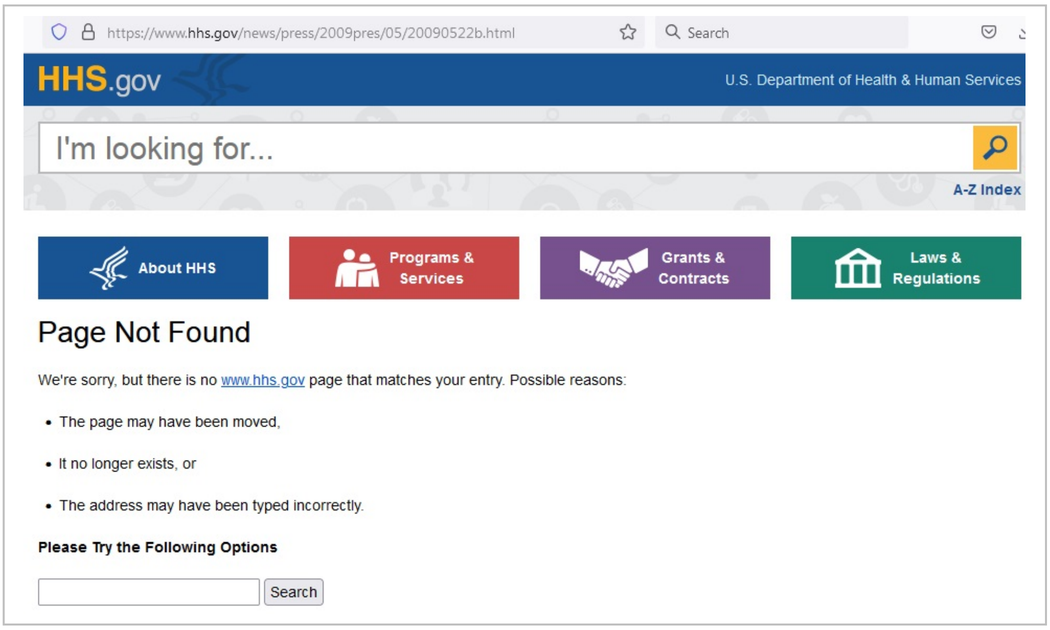
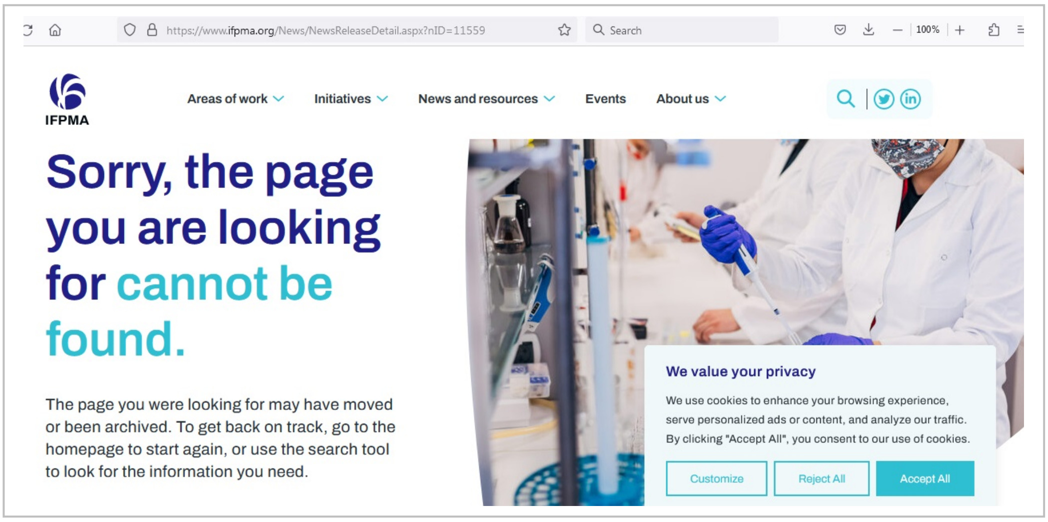
NEW YORK STATE
Services
News
Government
Department of Health
Individuals/Families
Providers/Professionals
You are Here: Home Page > New York State Department of Health - Page Not Found
New York State Department of Health - Page Not Found
The document you have requested is not available.
Were you looking for...
Birth certificates, death certificates, marriage licenses or other vital records?
NY State of Health - The Official Health Plan Marketplace?
Medicaid information?
Information about a particular doctor?
Health Care Proxy?


https://www.gatesfoundation.org/press-releases/Pages/gates-foundation-state
Search
As Bill Gates addresses Northern Arizona University graduates, watch one student's journey to graduate debt-free.
Jessica's story
BILL & MELINDA GATES foundation
About us
Our work
Ideas
Search
We're sorry - the page you requested was not found.
Please try one of the following options:
If you typed the URL into your browser's address bar, check that it is spelled correctly.
Search our site by keyword or content type
Visit our Ideas section for the latest news and information.


https://www.haverford.edu/biology/edwards/disease/viral_essays/warnervirus.h
Search
100%
Commencement 2023
HAVERFORD COLLEGE
Menu
Log In
404 - Page not found
It seems the page you are looking for has been moved, deleted, or the squirrels have taken over the machine.


https://www.hhs.gov/news/press/2009pres/05/20090522b.html
Search
HHS.gov
U.S. Department of Health & Human Services
I'm looking for...
A-Z Index
About HHS
Programs & Services
Grants & Contracts
Laws & Regulations
Page Not Found
We're sorry, but there is no www.hhs.gov page that matches your entry. Possible reasons:
• The page may have been moved,
• It no longer exists, or
• The address may have been typed incorrectly.
Please Try the Following Options
Search


https://www.ifpma.org/News/NewsReleaseDetail.aspx?nID=11559
Search
100%
IFPMA
Areas of work
Initiatives
News and resources
Events
About us
Sorry, the page you are looking for cannot be found.
The page you were looking for may have moved or been archived. To get back on track, go to the homepage to start again, or use the search tool to look for the information you need.
We value your privacy
We use cookies to enhance your browsing experience, serve personalized ads or content, and analyze our traffic. By clicking "Accept All", you consent to our use of cookies.
Customize
Reject All
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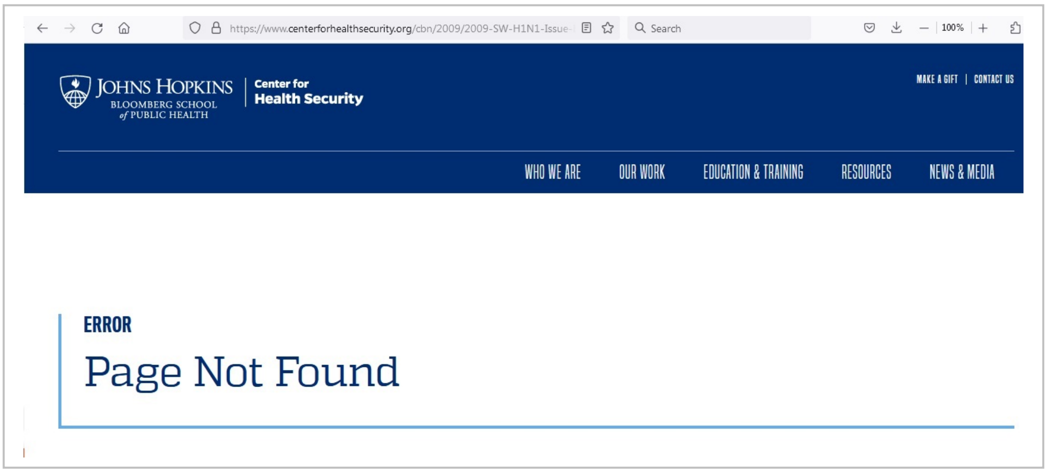
https://www.centerforhealthsecurity.org/cbn/2009/2009-SW-H1N1-Issue
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JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
Center for Health Security
MAKE A GIFT | CONTACT US
WHO WE ARE
OUR WORK
EDUCATION & TRAINING
RESOURCES
NEWS & MEDIA
ERROR
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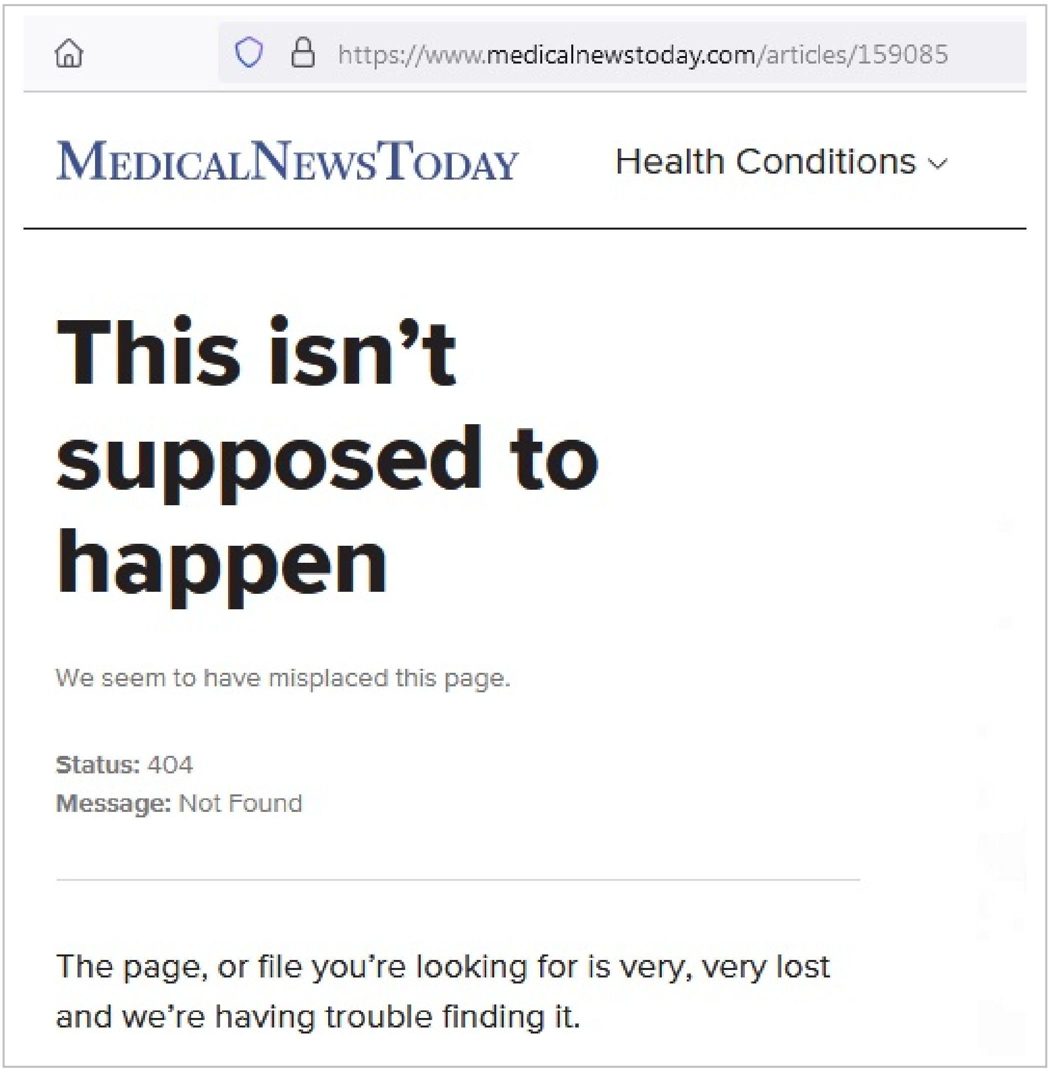
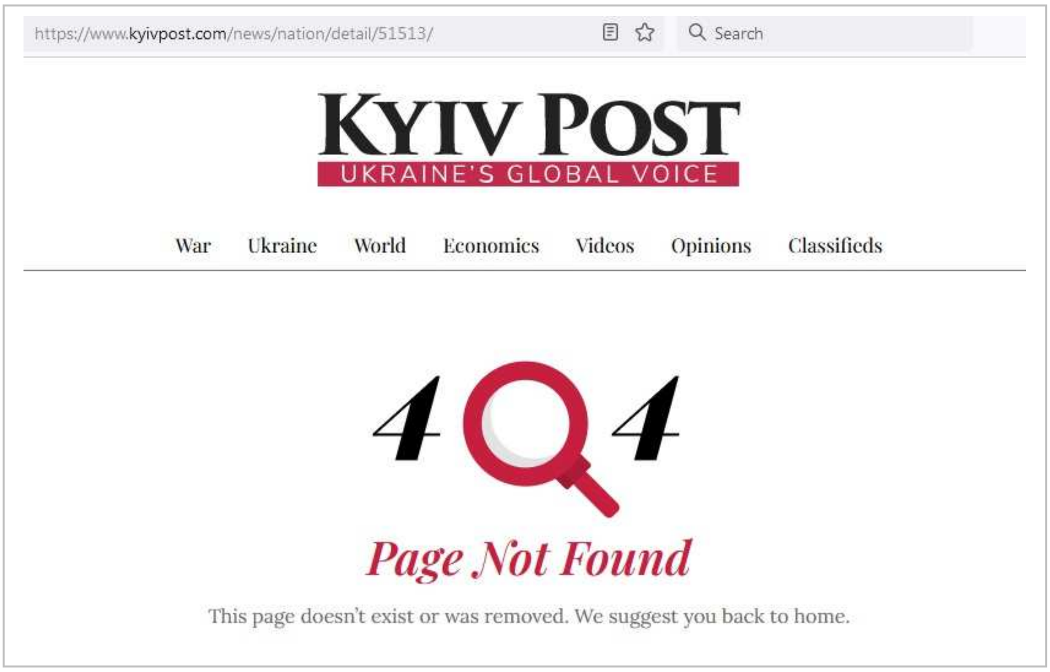
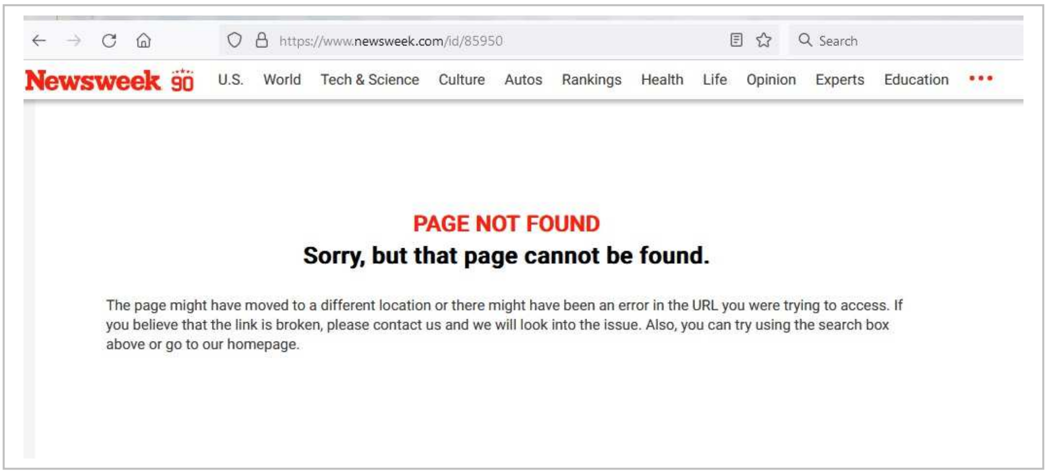
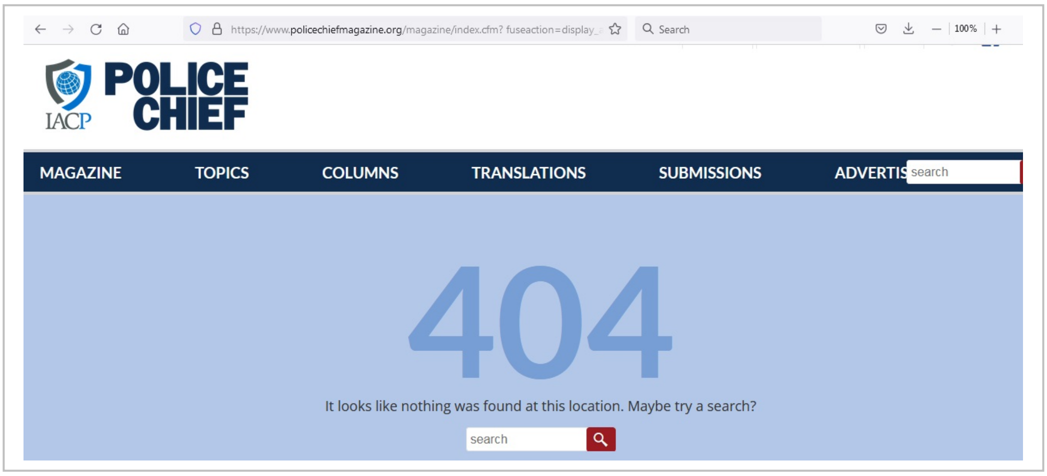
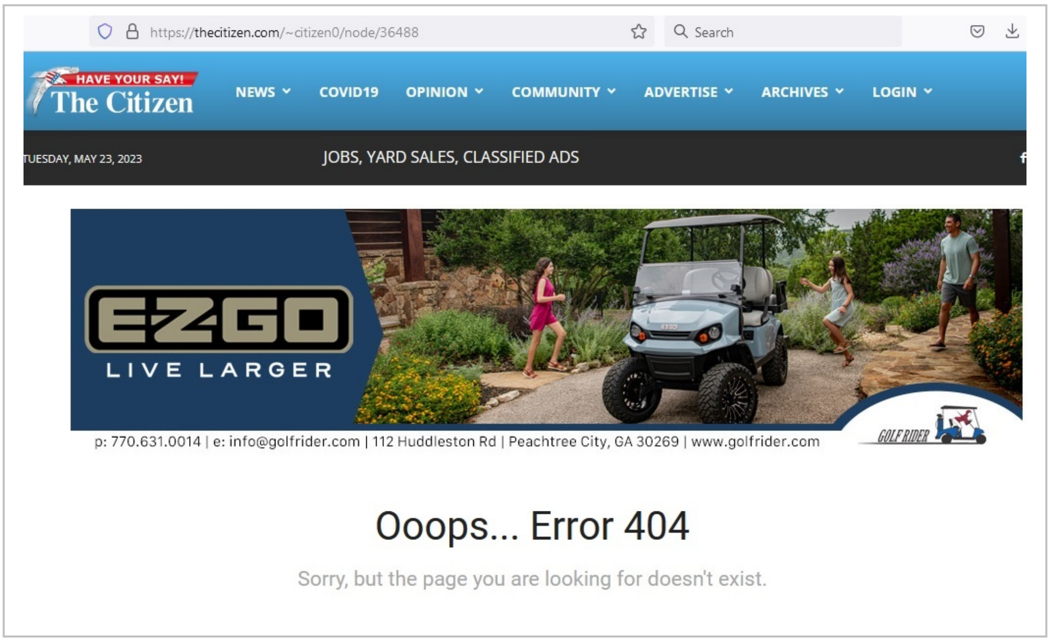

https://www.medicalnewstoday.com/articles/159085
MedicalNewsToday
Health Conditions
This isn't supposed to happen
We seem to have misplaced this page.
Status: 404
Message: Not Found
The page, or file you're looking for is very, very lost and we're having trouble finding it.

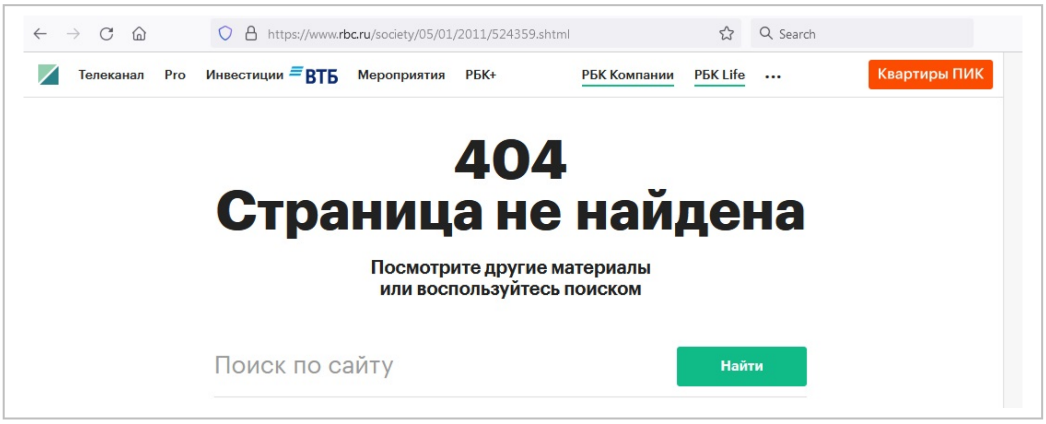
MedicalNewsToday
Health Conditions
Health Products
Discover
Tools
Connect
SUBSCRIBE
Oops! Looks like we've hit a bit of a snag.
We seem to have misplaced this page.
Status: 404
Message: Not Found
Let us know so we can get the page back up and running.
In the meantime, why not search for what you need right here on MNT?

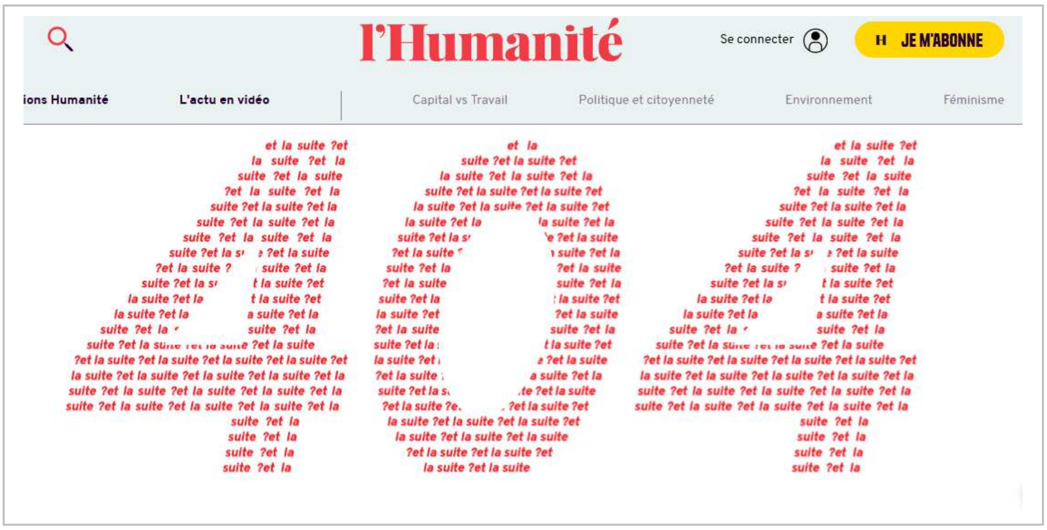

https://www.kyivpost.com/news/nation/detail/51513/
Search
KYIV POST
UKRAINE'S GLOBAL VOICE
War Ukraine World Economics Videos Opinions Classifieds
404
Page Not Found
This page doesn't exist or was removed. We suggest you back to home.

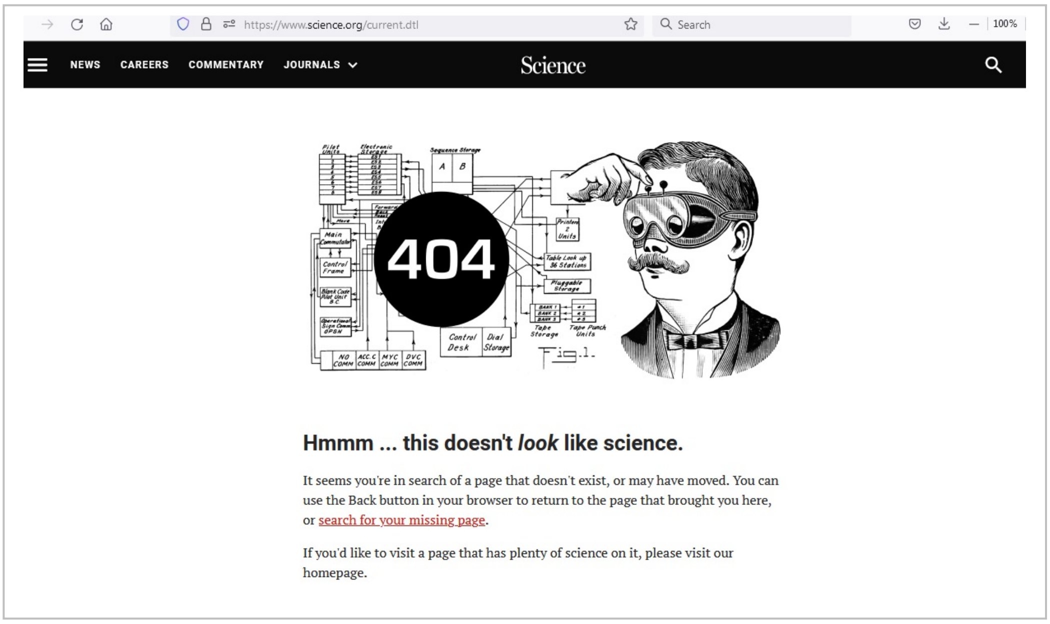

https://www.newsweek.com/id/85950
Search
Newsweek 90
U.S. World Tech & Science Culture Autos Rankings Health Life Opinion Experts Education
PAGE NOT FOUND
Sorry, but that page cannot be found.
The page might have moved to a different location or there might have been an error in the URL you were trying to access. If you believe that the link is broken, please contact us and we will look into the issue. Also, you can try using the search box above or go to our homepage.

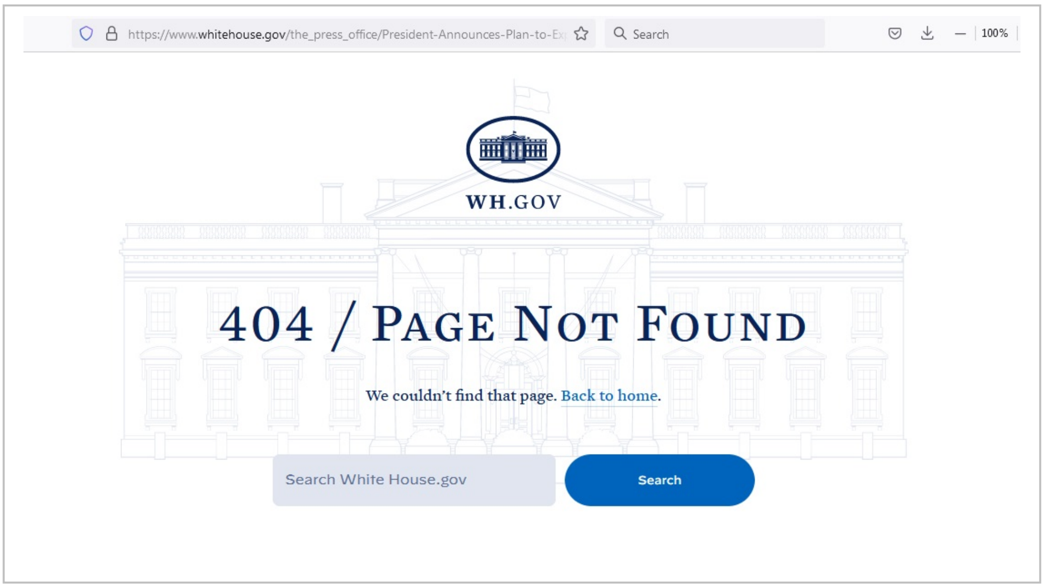

https://www.policechiefmagazine.org/magazine/index.cfm? fuseaction=display_
Search
100%
IACP
POLICE CHIEF
MAGAZINE TOPICS COLUMNS TRANSLATIONS SUBMISSIONS ADVERTIS
search
404
It looks like nothing was found at this location. Maybe try a search?
search

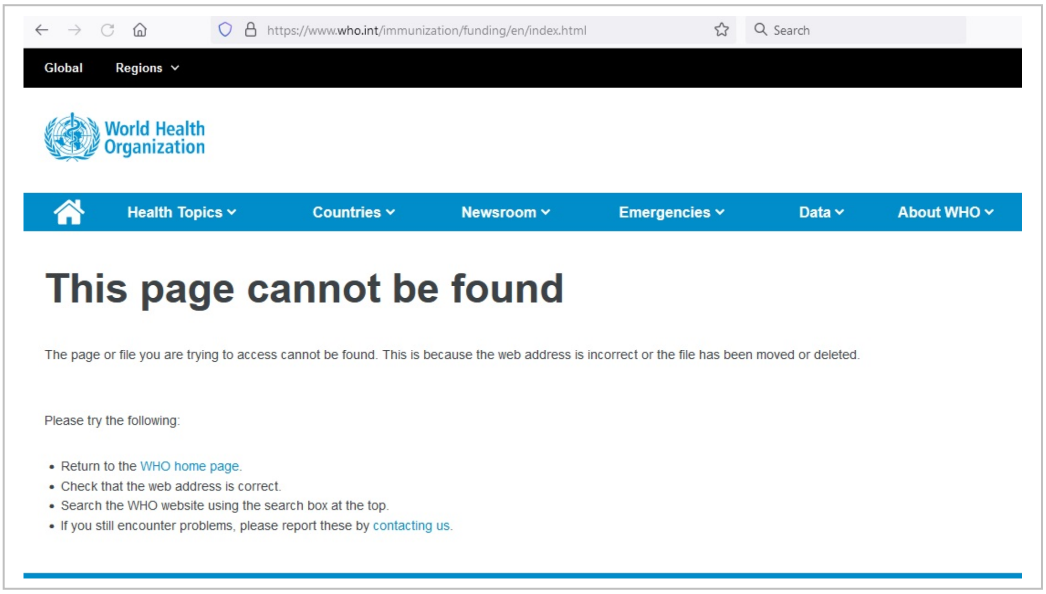

https://thecitizen.com/~citizen0/node/36488
Search
HAVE YOUR SAY!
The Citizen
NEWS
COVID19
OPINION
COMMUNITY
ADVERTISE
ARCHIVES
LOGIN
TUESDAY, MAY 23, 2023
JOBS, YARD SALES, CLASSIFIED ADS
EZGO
LIVE LARGER
p: 770.631.0014 | e: info@golfrider.com | 112 Huddleston Rd | Peachtree City, GA 30269 | www.golfrider.com
GOLF RIDER
Ooops... Error 404
Sorry, but the page you are looking for doesn't exist.


https://www.rbc.ru/society/05/01/2011/524359.shtml
Search
Телеканал
Pro
Инвестиции
ВТБ
Мероприятия
РБК+
РБК Компании
РБК Life
Квартиры ПИК
404
Страница не найдена
Посмотрите другие материалы
или воспользуйтесь поиском
Поиск по сайту
Найти


l'Humanité
Se connecter
JE M'ABONNE
ions Humanité
L'actu en vidéo
Capital vs Travail
Politique et citoyenneté
Environnement
Féminisme


https://www.science.org/current.dtl
Search
100%
NEWS
CAREERS
COMMENTARY
JOURNALS
Science
404
Hmmm ... this doesn't *look* like science.
It seems you're in search of a page that doesn't exist, or may have moved. You can use the Back button in your browser to return to the page that brought you here, or search for your missing page.
If you'd like to visit a page that has plenty of science on it, please visit our homepage.


https://www.whitehouse.gov/the_press_office/President-Announces-Plan-to-Ex
Search
100%
WH.GOV
404 / PAGE NOT FOUND
We couldn't find that page. Back to home.
Search White House.gov
Search


https://www.who.int/immunization/funding/en/index.html
Search
Global
Regions
World Health Organization
Health Topics
Countries
Newsroom
Emergencies
Data
About WHO
This page cannot be found
The page or file you are trying to access cannot be found. This is because the web address is incorrect or the file has been moved or deleted.
Please try the following:
• Return to the WHO home page.
• Check that the web address is correct.
• Search the WHO website using the search box at the top.
• If you still encounter problems, please report these by contacting us.

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https://www.ctvnews.ca › canada-not-expecting-swine-fl...
Canada not expecting swine flu vaccine shortages
Canada not expecting swine flu vaccine shortages. CTV.ca News Staff Published Thursday, July 30, 2009 9:24AM EDT Last Updated Friday, May 18, 2012 11:28PM ...
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Ottawa orders 50.4 million doses of flu vaccine
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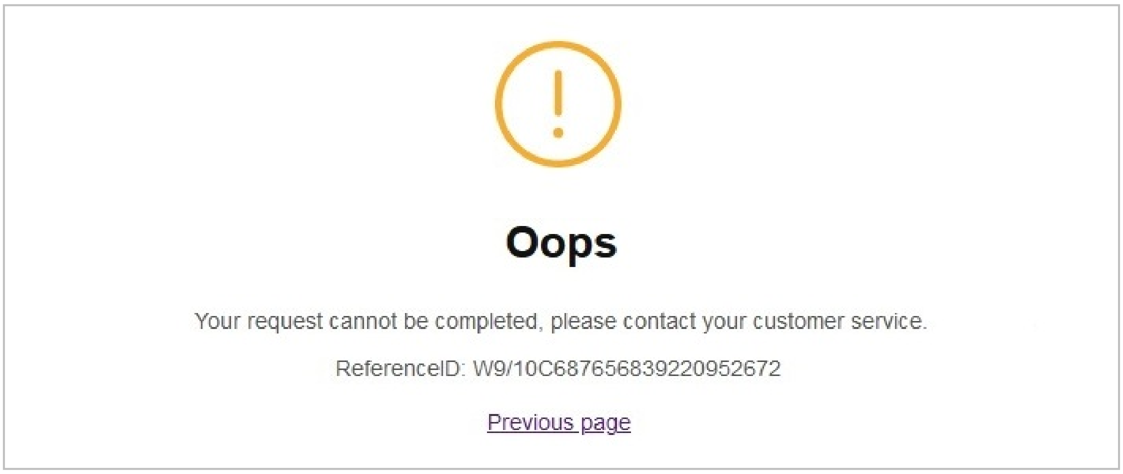
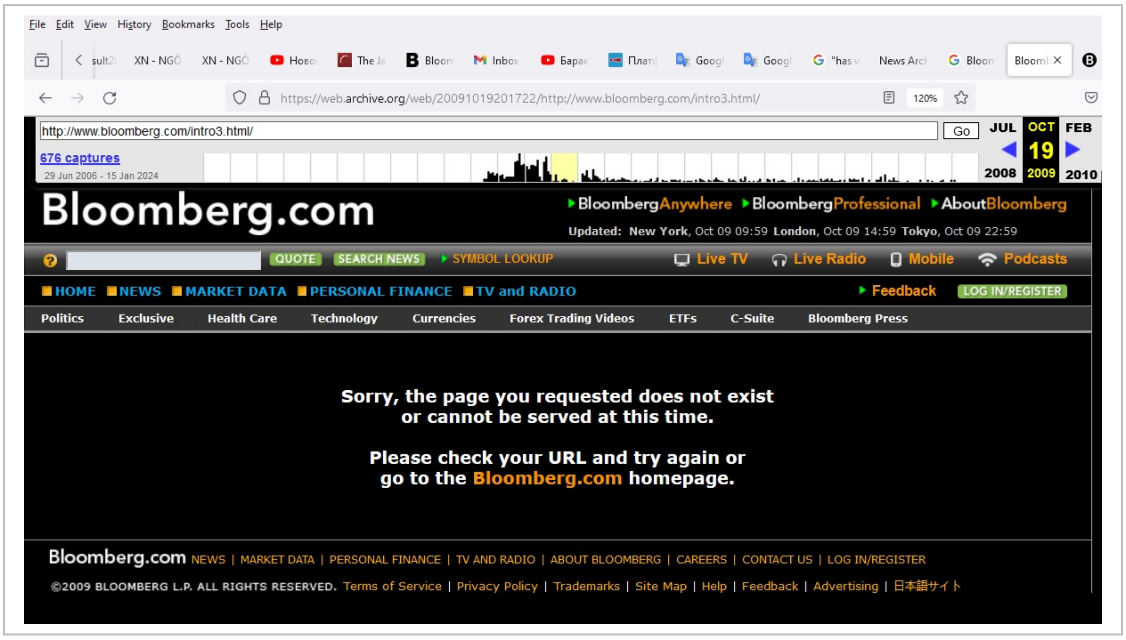

Oops
Your request cannot be completed, please contact your customer service.
ReferenceID: W9/10C687656839220952672
Previous page


https://web.archive.org/web/20091019201722/http://www.bloomberg.com/intro3.html/
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676 captures
29 Jun 2006 - 15 Jan 2024
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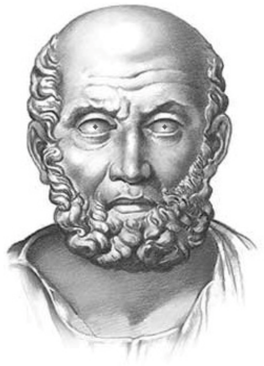
The End

of the Story, that should not happen Again